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

**State/Territory Connecticut**

**FFY 2022 – 24**

**Version: Amendment 4**

**Plan Status: Approved as of 2024-06-24 14:30:30 GMT**

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## 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.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and 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 (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
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 Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals 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.

### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

### *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 Leadership and Coordination with Relevant Systems and Funding Sources

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. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

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

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

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

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

Name of Lead Agency: **Office of Early Childhood**

Street Address: **450 Columbus Boulevard**

City: **Hartford**

State: **Connecticut**

ZIP Code: **06103**

Web Address for Lead Agency: **www.ctoec.org**

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Beth**

Lead Agency Official Last Name: **Bye**

Title: **Commissioner**

Phone Number: **860-500-4412**

Email Address: **Beth.Bye@ct.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: **Julie**

CCDF Administrator Last Name: **Giaccone**

Title of the CCDF Administrator: **Director of Family and Community Services**

Phone Number: **860-500-4650**

Email Address: **Julie.Giaccone@ct.gov**

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

CCDF Co-Administrator First Name: **Kristen**

CCDF Co-Administrator Last Name: **Dudanowicz**

Title of the CCDF Co-Administrator: **CCDF State Program Manager**

Phone Number: **860-500-4470**

Email Address: **kristen.dudanowicz@ct.gov**

Description of the Role of the Co-Administrator: **Work in conjunction with CCDF Administrator to coordinate and implement the Lead Agency CCDF Plan.**

1.2 CCDF Policy Decision Authority

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

1.2.1 CCDF program rules and policies are set or established at:

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

☒ a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

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

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

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

☐ C. Other. Describe:

ii. Sliding-fee scale is set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

☐ C. Other. Describe:

iii. Payment rates and payment policies are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

☐ C. Other. Describe:

iv. Licensing standards and processes are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

☐ C. Other. Describe.

v. Standards and monitoring processes for license-exempt providers are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

☐ C. Other. Describe:

vi. Quality improvement activities, including QRIS are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set.

☐ C. Other. Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

#### 1.2.2 Implementation responsibility

The Lead Agency has broad authority to operate (i.e., implement activities) through other



agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

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

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

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

**Amended: Effective Date 04/13/2024**

### 1.2.3 Processes to oversee and monitor CCDF administration and implementation

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

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
  - Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

**The OEC conducts daily monitoring of the United Way of Connecticut (UW of CT), the child care subsidy vendor, to assess performance of administrative responsibilities and**

implementation of the childcare subsidy program, Care 4 Kids through the C4K Child Care Daily Operational Report provided by UW of CT. This report contains the number of applications and renewals and their process status, as well as number of families and active certificates for each day, with a weekly and monthly summary. The OEC oversees the monthly monitoring of CTs Improper Payment Corrective Action Plan. The UW of CT expanded their case review categories and timelines. They now identify and correct case processing errors on authorized cases prior to payment issuance which has resulted in reduced payment error rates. In addition, a monthly review of United Way's UCOA Financial Reporting tool is performed in two steps in order to monitor, evaluate performance, and make budget/programmatic adjustments. The initial review is conducted by OEC's Leadership, Fiscal, and Program staff and includes the financial reporting for each of individual programs' activities and all related expenses. This monthly review procedure is performed by analyzing each of the Financial Reporting Activity Tabs and corresponding line item expenditure amounts vs. the approved budget. The OEC review team uses the pre-calculated formulas within the spreadsheet (Balance Remaining, Balance Expenses % Total Budget, Balance % Total Budget) as a guide to see which line items are over/under expenditure compared to cost expectations. This initial review provides the estimate of the yearly projected expenditure levels ensuring that expenses are within available funds as well as timing of the recommended programmatic activity throughout the SFY year. The second phase of the review process is a monthly meeting between United Way's Leadership, Program and Fiscal staff with OEC's review team to affirm fiscal expectations and review reported monthly expenditures by individual Program Activities. At this time, the OEC review team discusses with the United Way review team which Program Activities and specific expense line items are over or under expended based on a trend analysis. UW provides their insight on how programmatic activities are impacting the timing and amount of incurred expenses. These discussions allow for agreement for the need to re-allocate funds in order to coincide with current programmatic activities and expenses compared to the approved budget. The initial budget and any budget revisions are performed in the similar collaborative manner described above. The Fiscal account's name is on the approved spreadsheet as this individual has the approval password to the worksheet and also participates in the approval process.

The United Way of Connecticut will administer the Care 4 Kids Child

Care Assistance Program in accordance with state law (C.G.S. § 17b-

749); state regulations (Conn. Agencies Reg. §§ 17b-749-01 through 23 inclusive; federal statutes (42 U.S.C. Parts 58 and 98 and 42 U.S.C.

618); federal regulations (45 C.F.R. 98). This program serves annually over 18,000 children ages birth through 12 and over 3,000 participating childcare providers.

Major activities include:

Case Processing Management

Site Operation and Website

## Digital Operations

## Telephone and Internet Communications

## Consumer Materials, Input and Community Education and Outreach

## Program Reports

## Record Keeping

OEC program managers, through active contract management, have weekly touchpoint meetings with their respective connections at UWC for each of the above tasks they are responsible for. OEC conducts regularly scheduled internal UWC team meetings to review monitoring findings and adherence to timelines. OEC also conducts regularly scheduled external meetings with the UWC team to review input from OEC program managers in each of the tasks. Reconciliation of the UWC UCOA budget is also conducted at these monthly meetings.

Effective April 13, 2024, the CT Department of Social Services no longer makes Care 4 Kids payments on behalf of OEC, so a written agreement is no longer needed.

### 1.2.4 Information systems availability to public agencies

Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

**The code of software used for the childcare information system and information technology is under the OEC's purview and made available upon request to other public agencies including those in other states.**

### 1.2.5 Confidential and personal identifiable information policies

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.

**The OEC and UW of CT ensure that all confidential and personally-identifiable information about children and families is in accordance with FERPA requirements.**

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

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

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

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

#### 1.3.1 Consultation efforts

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

##### a. Consultation with general purpose local governments.

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

**The OEC funds local early childhood - school readiness councils across the state, where the chief elected officer from the local community and the school district's superintendent are jointly appointed to the council and oversee the local governance of the council. The OEC also funds liaisons, whose responsibility in part is as a communications conduit between local communities, councils and the OEC. The CCDF administrator made several attempts to contact the Connecticut Conference of Municipalities (CCM) in writing to request a meeting to discuss the development of CT's CCDF Plan on three separate occasions. Neither the Executive Director or the Deputy Director of CCM have responded to date. The OEC will continue to try to reach out to the CCM to be involved in further development and implementation A Public Notice of the CCDF Plan development was provided on Connecticut's Association for Human Resources' (CAHS) Listserv and the OEC's website to engage CTS Early Childhood Cabinet in the development of the CCDF. A virtual meeting was held on May 20, 2021 and was open to the public and included over 150 participants.**

##### b. Consultation with state advisory council or similar coordinating body.

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

**A meeting with a sub-group of Connecticut’s Early Childhood Cabinet was held on May 20, 2021. This meeting was attended by Early Childhood Cabinet (EC Cabinet) members who are appointed based upon their position as state employees, (CT Gen Stat § 10-16z (2014)). This meeting was open to the public and was attended by more than 150 people, all of whom had the opportunity to provide input during the open floor portion of the Cabinet meeting. Public notice was sent out to inform that remaining EC Cabinet members will be gubernatorially or legislatively appointed at a later date. The structure and content of the CCDF plan was reviewed during this meeting. The SAC sub-group provided input into the development of the plan, and had the opportunity to review all public comments prior to finalizing the plan for submission.**

c. Consultation with Indian tribes or tribal organizations within the State.

Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

**The OEC consulted with the new Social Services Case Manager and Social Services Specialist for the Mohegan Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and strategies for collaboration. Potential processes for data sharing, new background checks and emergency disaster plans were discussed. The OEC will continue to coordinate with the Mohegan Tribe as they develop their CCDF plan in order to share relevant resources. The OEC has reached out to the Mashantucket Pequot Tribe to discuss collaboration and resource sharing. The Director of the Mashantucket Pequot Tribal Nation’s Department of Education and Recreation responded with interest in learning more about CTs CCDF Plan. This is the first time this Tribal Nation has shown interest in the CCDF Plan. The Director was provided Region 1 technical assistance contact information, and the CT CCDF team will be available for any additional information or support needed.**

d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

**N/A**

1.3.2 Statewide or territory-wide public hearing process

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

a. Date of the public hearing.

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1,

2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

**06/08/2021**

b. Date of notice of public hearing (date for the notice of public hearing identified in a.. Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

**05/19/2021**

c. How was the public notified about the public hearing? Please include specific website links if used to provide notice.

**The public was notified through the (<http://www.ctoec.org>) OEC website, the Connecticut's Association for Human Services' ECE Listserv (reaching over 1,500 early child care providers and stakeholders), as well as OEC social media channels.**

d. Hearing site or method, including how geographic regions of the state or territory were addressed.

**Due to COVID-19, a virtual hearing, open to the public, was held on 6/8/2021. In addition to the virtual hearing, a user-friendly web-based survey was made available to solicit comments.**

e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)

**The draft CCDF Plan, along with a summary document highlighting the key initiatives in each section of the draft CCDF plan, was posted on the OEC website and the CAHS ECE Listserv.**

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

**All public comments were reviewed and considered for the completion of the final plan. A summary of comments was posted to the OEC website on the CCDF webpage, and sent electronically to the Early Childhood Cabinet (SAC).**

### 1.3.3 Public availability of plan, amendments and waivers

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

a. Website link for plan, amendments and waivers

Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

**(<http://www.ctoec.org>) [www.ctoec.org](http://www.ctoec.org) and  
(<http://www.211childcare.org>) [www.211childcare.org](http://www.211childcare.org) and  
(<https://www.ctoec.org/ccdf/> target="\_blank"  
title="<https://www.ctoec.org/ccdf/>) <https://www.ctoec.org/ccdf/>**

b. Other strategies for plan, amendments and waivers availability

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 OEC has engaged a diverse group of statewide stakeholders over the past year and a half to help create the agencies long-term vision for an integrated early care and education system. Stakeholders include representatives from Connecticut's State Advisory Council, the Early Childhood Cabinet, early care and education centers, family child care homes, School Readiness Liaisons, Child Day Care Directors, After School Networks, Staffed Family Child Care Networks, Summer and Youth Camp Directors, municipal leaders, families, legislators, and advocates. We have amended and changed our system reforms approach based on feedback from the field.

☒ Working with child care resource and referral agencies. Describe:

The UW of CT is the statewide CCR&R and also the state's child care subsidy vendor. The CCDF Plan and all amendments are available on their website.

☒ Providing translation in other languages. Describe:

**Spanish**

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

(<https://www.facebook.com/ctoec>) <https://www.facebook.com/ctoec>;  
([https://twitter.com/ct\\_oec](https://twitter.com/ct_oec)) [https://twitter.com/ct\\_oec](https://twitter.com/ct_oec);  
(<https://www.youtube.com/user/CTearlychild>) <https://www.youtube.com/user/CTearlychild>

☒ Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

The draft CCDF Plan, along with a summary document highlighting the key initiatives in each section of the draft CCDF plan, was posted on the OEC website and the CAHS ECE Listserv.

☐ Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

☒ Other. Describe:

The OEC posts announcements on Connecticut's Association for Human Resources' (CAHS) Listserv. This Early Childhood Education listserv is a dedicated email forum to provide information, advocacy and relevant announcements regarding early childhood issues and topics. Link to CAHS ECE listserv registration: [eceinfo-subscribe@lists.cahs.org](mailto:eceinfo-subscribe@lists.cahs.org)

## 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 Accessibility and continuity of care

Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of

working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

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

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

- extending the day or year of services for families.
- smoothing transitions for children between programs or as they age into school.
- enhancing and aligning the quality of services for infants and toddlers through school-age children.
- linking comprehensive services to children in child care or school-age settings.
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

a. Lead Agency coordination with required agencies

The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

**The OEC has been intentional over the past two years to increase the methods and strategies to engage diverse stakeholders inclusive of parents and families to inform agency planning and actions. One of these major efforts is the OEC's Early Care and Education System Redesign, a significant effort by OEC to understand the root causes of the challenges facing the state funded child care system and to develop a new vision. A collaborative approach was necessary because the implications of systems reform are far reaching and will impact providers and families across the state. It is critical that proposed changes draw on the wealth of experience and knowledge possessed by families and providers. Additionally, this process leveraged the expertise of the ECE/QI division staff who have pursued similar systems reform initiatives in the past and deeply understand the nature and sources of the system's current dysfunctions.**

**This work began by asking stakeholders for help in co-creating the vision for how the state-funded child care system should operate. The OEC first reached out to a group of trusted partners to gather initial feedback on how to engage the field. The approach included numerous meetings with multiple groups including center-based providers, family child care, advocates, families, and philanthropy. After each meeting, the OEC would ensure that findings and analysis were shared back to complete the feedback loop, and that communication and follow-up meetings were held to continue the input throughout the process. Representatives from each of these groups, including parents, were then invited to participate in a legislative strategy group where specific input was provided for potential legislative changes aligned with the new vision. Results of this work include an agency vision for the ECE System that drives current efforts, and**



legislative changes passed to move toward that vision.

This approach now serves as a model for other agency efforts including the co-creation of the OEC Parent Cabinet, engagement of businesses on the Governor's Workforce Council, and design and roll-out of the American Rescue Plan Child Care Stabilization funding. Each of these efforts included significant continuous input by stakeholders and in the end, the final product looks very different from the beginning due to the OEC listening and learning from the field and making changes as a result.

The OEC will continue to implement current and new strategies to ensure continuous input and feedback on agency efforts. Two major bodies for this will be the new OEC Parent Cabinet and the State Advisory Council, CT's Early Childhood Cabinet.

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

The Governor's Early Childhood Cabinet (SAC) is co-chaired by the Lieutenant Governor and the OEC's Commissioner. The Cabinet plays a key role in advancing the integration of state and local services to better support young children and families. The SAC was reinstated this year with approximately half of the membership appointments completed. The remaining gubernatorial and legislative appointments will be made later this year. CTS Early Childhood Cabinet met virtually on May 20, 2021. The meeting was open to the public with over 150 in attendance. The vision and mission of the OEC and alignment to the CCDF plan and implementation of the plan were reviewed and discussed. All attendees were provided the opportunity to ask questions, make comments, and provide input, which were recorded for analysis prior to the finalizing the plan for submission. A specific focus going forward is to have the SAC play a critical role in providing input and collaborating with OEC as we continue to work on systems reform.

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

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

The OEC consulted with the new Social Services Case Manager and Social Services Specialist for the Mohegan Sun Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and strategies for collaboration. The OEC will continue to coordinate with the Mohegan Sun as they develop their CCDF plan in order to share relevant resources. The OEC and the Mohegan Tribe are collaborating to develop a cross-check system for families receiving Care4 Kids to ensure a single receipt of funding per family. The OEC is also supporting the Mohegan Tribe in their development of Emergency Response Plans that will meet their specific needs. The OEC has reached out to the Mashantucket Pequot Tribe to discuss

collaboration and resource sharing. The Director of the Mashantucket Pequot Tribal Nation's Department of Education and Recreation responded with interest in learning more about CCDF. This is the first time this Tribal Nation has shown interest in the CCDF plan. The Director was provided Region 1 technical assistance contact information, and the CCDF team was available to the Director for any additional information or support. The OEC consulted with the new Social Services Case Manager and Social Services Specialist for the Mohegan Sun Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and strategies for collaboration. The OEC will continue to coordinate with the Mohegan Sun as they develop their CCDF plan in order to share relevant resources. The OEC and the Mohegan Tribe are collaborating to develop a cross-check system for families receiving Care4 Kids to ensure a single receipt of funding per family. The OEC is also supporting the Mohegan Tribe in their development of Emergency Response Plans that will meet their specific needs. The OEC has reached out to the Mashantucket Pequot Tribe to discuss collaboration and resource sharing. The Director of the Mashantucket Pequot Tribal Nation's Department of Education and Recreation responded with interest in learning more about CCDF. This is the first time this Tribal Nation has shown interest in the CCDF plan. The Director was provided Region 1 technical assistance contact information, and the CCDF team was available to the Director for any additional information or support.

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

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

The OEC's Division of Early Care and Education oversees all state and federally funded early childhood programs, with the exception of IDEA Part B Section 619 preschool special education. The OEC is working closely with the Part B state coordinator to support community-based programs as they work with their public school counterparts to ensure that children who are eligible to receive special education and related services are provided with a program that ensure continuity and consistency in the least restrictive environment. The OEC's Division of Quality Improvement has collaborated with CTs Regional Educational Service Centers' (RESC) Alliance to revise state trainings and materials for virtual, interactive presentation for the EC workforce. The revision of these materials and trainings include content specific to infant / toddler teachers who work with diverse children and families. The CCDF Administrator is working closely with the OEC's Family Support Division who oversees the agency's Birth to Three, IDEA, Part C Program, to raise awareness and provide information regarding the importance of early screening and referral, as well as outreach strategies to engage families in these important practices. In addition, the OEC will continue to pursue strategies to build provider comfort and confidence in supporting children with special needs, and to better coordinate access to early intervention in all child care settings. The OEC is pursuing ways to connect the CCDF program with the State Systemic Improvement Plan, specifically around improving education and outreach to increase access for children with special needs. Through Sparkler, a mobile family engagement platform, available in English and Spanish, Connecticut parents and caregivers are empowered as first teachers and helps outreach systems serve families better, together.

For families with children from birth to kindergarten, Sparkler offers: (1) mobile screening to provide easy access to developmental screening and support, (2) a library of 1000+ play activities and parenting tips, just right to spark parent-child co-play and development, and (3) connection with other parents/caregivers and parenting support from professionals. For educators and providers, Sparkler connects families with children ages 0-5 directly with early intervention based upon results from their answers to the integrated Ages and Stages Questionnaire screening tool.

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

The role of the CT Head Start State Collaboration Office (HSSCO) is to facilitate partnerships between Head Start and state agencies and systems to address identified needs of low-income children and families. The CT HSSCO sits within the Office of Early Childhood (OEC) and serves as a hub for coordination within the agency regarding strategic planning to redesign an integrated early childhood system to assure alignment and reform that include Head Start. These efforts have resulted in the following: (1) Inclusion of Head Start in statewide COVID response efforts including emergency child care for essential workers, food and formula insecurity, remote learning and family engagement efforts, and technology access for program staff and families; (2) Leadership role for planning and implementation of American Rescue Plan Act funding to ensure equitable distribution of funds to providers and communities that have been disproportionately impacted by COVID; (3) Creation of a long-term ECE vision that focuses on six pillars: access, community voice, ECE workforce, outcomes-oriented, equitable distribution, and high-quality. This long-term vision is the foundation from which agency strategies are grounded; and (4) Close collaboration with and support by the Governor's Workforce Council to support child care short and long-term systems reform efforts and business engagement strategies.

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

OEC coordinated with Department of Public Health and State Department of Education regarding the removal of religious exemptions to immunization requirements pursuant to CT Public Act 21-6, and the associated transition and phasing in of the new requirements in state law. During the COVID-19 crisis, the OEC and CT UW (CCR&R) worked closely with the Department of Public Health (DPH) to coordinate mass administration of COVID-19 vaccinations. As part of this effort, child care staff were prioritized for vaccination to keep child care open and safe for children, families and staff. The COVID-19 crisis has heightened the awareness of the importance of vaccinations and the need for coordinated access to health and immunization records for families, especially those experiencing homelessness and children residing in foster care. Ongoing collaboration with DPH will continue to address these issues.

- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

Working with the Department of Labor (DOL), the Office of Workforce Competitiveness (OWC), the OEC surveyed child care providers around the state to better understand the need to expand nontraditional hours of care. The DOL and OWC will work with local adult education programs run by the public schools to identify strategies to expand access for these services. The OEC is exploring options to expand

the definition of education to include attainment of educational credentials in targeted industries to long-term outcomes such as wage growth and sustained employment, which are tied to families' ability to move towards economic stability. The OEC recently submitted an amendment to Conn. Gen. Stat. Section 17b-749 in Substitute House Bill No. 6558 to expand the eligibility for the State Subsidy Program, Care 4 Kids, by allowing the use of ARPA funds for child care services for families where the parent or caretaker is enrolled in a high school equivalent diploma program, workforce training or higher education programs.

Additionally, during the COVID-19 pandemic, using CARES funding, OEC coordinated with the Workforce Investment Boards in CT to provide no-cost child care slots for parents participating in workforce training programs.

- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The CT's CCDF Administrator and OEC staff continue to work with the McKinney Vento State Administrator, who is a staff member of the State Department of Education, on relevant issues related to the Plan's activities in order to better serve families experiencing homelessness. Furthermore, three members of the Governor's Early Childhood Cabinet (SAC) are staff from the State Department of Education, including the Deputy Commissioner and the IDEA Part B State Coordinator. In addition, the OEC works collaboratively with the Connecticut Association of Public School Superintendents and continues to work collaboratively to ensure all health and safety requirements are being met for children in public schools who receive a childcare subsidy. The OEC's Quality Improvement Division works collaboratively with the state's Regional Educational Service Centers (RESCs) and CTAEYC our state NAEYC affiliate to provide training and coaching to public school preschool staff around best practices for curriculum, instruction and assessment. This collaboration also supports the building and strengthening of relationships between the public school preschools and the local community based preschool programs for continuity of services and effective transition.

During COVID-19, OEC and the State Department of Education worked collaboratively to align public health guidance, develop programming for summer and met regularly with Superintendents with SDE to answer questions and address concerns.

- ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The Division of Child Care Licensing is part of the CCDF lead agency. In partnership with the statewide child care resource and referral service, the Connecticut Office of Early Childhood's Division of Licensing launched an enhanced child care search tool in November 2020. This tool now allows families to easily find detailed program offerings and licensing and inspection information about home and center-based child care providers and youth camps all in one place. In addition, in March 2021, the OEC implemented significant revisions to the family child care licensing regulations.

- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

**The OEC works with the State Department of Education to provide required training and bilingual materials on the Child and Adult Care Food Program (CACFP) to family-based care providers. This training is focused on educating providers on the value of the CACFP, as well as provide support in navigating the administrative requirements to access this underutilized cost reimbursement resource. This coordination results in increased access of the CACFP for family child care providers.**

- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

**The OEC is engaged in ongoing and regular communication with the State McKinney Vento Coordinator to improve the referral pathway into education programs for children experiencing homelessness. OEC provides state-wide training to child care providers on The Trauma of Homelessness: The Impact on Very Young Children & Families. The training focuses on the McKinney Vento the definition of homelessness. The OEC requires local McKinney Vento Liaisons to be members of local School Readiness Councils. This coordination improves child care provider's knowledge serving for children experiencing homeless. OEC is working through the Head Start Efforts around homelessness with the Department of Housing to assign 150 housing vouchers specifically to families with young children. We are also working with the Coalition to End Homelessness on homeless diversion with flexible funds for families to avoid homelessness through PDG. The OEC is engaged in ongoing and regular communication with the State McKinney Vento Coordinator to improve the referral pathway into education programs for children experiencing homelessness. OEC provides state-wide training to child care providers on The Trauma of Homelessness: The Impact on Very Young Children & Families. The training focuses on the McKinney Vento the definition of homelessness. The OEC requires local McKinney Vento Liaisons to be members of local School Readiness Councils. This coordination improves child care provider's knowledge serving for children experiencing homeless.**

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

**TANF case workers provide information and referrals to clients regarding child care subsidy. The result is better coordination of subsidy benefits for families. Families in the Temporary Family Assistance (TFA) program for TANF Cash Assistance, that are employed or in the Jobs First Training Program are eligible for and receive Care 4 Kids child care subsidy and up to five years after being a TFA recipient. In FFY20, the Care 4 Kids program had 21.6% of families in TFA or post TFA. The coordination of services to these families is with multiple organizations including the Connecticut's Department of Social Services, Department of Labor and Regional Workforce Boards, Office of Early Childhood, and United Way of Connecticut. In addition, the TANF program supports participation of families in the School Readiness program for preschool age children. This is done in coordination and state funding from the Connecticut Office of Early Childhood, the Department of Social Services, and community and public school based School Readiness preschool programs.**

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

The Community Health Network for Connecticut administers the Medicaid and the state Children's Health Insurance Program (HUSKY). Once an individual or family goes through the application process, they are automatically enrolled in HUSKY. In 2017, the Community Health Network for Connecticut launched community engagement hub networks to provide additional support and resources to HUSKY clients. The Community Health Network works with boards of education, nonprofits, shelters, and other community -based organizations to meet families where they are. Currently, these networks refer HUSKY members to a range of different resources, such as utility assistance, immigration services, and employment services, but do not refer members to Care 4 Kids. The Community Health Network has agreed to work closely with the OEC and now includes Care 4 Kids as a program that their networks actively refer families to. OEC is working with the Office of Health Strategy and Medicaid agency on an effort to deploy ARP funds to deploy Community Health workers and help families access services like health care and housing. This is planned in collaboration with universal home visiting. The Community Health Network for Connecticut administers the Medicaid and the state Children's Health Insurance Program (HUSKY). Once an individual or family goes through the application process, they are automatically enrolled in HUSKY. In 2017, the Community Health Network for Connecticut launched community engagement hub networks to provide additional support and resources to HUSKY clients. The Community Health Network works with boards of education, nonprofits, shelters, and other community -based organizations to meet families where they are. Currently, these networks refer HUSKY members to a range of different resources, such as utility assistance, immigration services, and employment services, but do not refer members to Care 4 Kids. The Community Health Network has agreed to work closely with the OEC and now includes Care 4 Kids as a program that their networks actively refer families to.

- xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

DCF is responsible for early childhood mental health. OEC works closely with them, issuing a joint contract for child care based intervention for children and families through the Early Childhood Consultation Project. We also collaborate on Child First, a clinically based home visiting program for families with young children. Both agencies have contracts with this provider. IN CT home visiting services are in the same agency, and ECE and HV collaborate closely. Home visiting is a prevention model -- looking to support families before then need mental health services. The OEC reached out several times to schedule an interview with the Department of Mental Health and Addiction Services but to date has not scheduled a meeting. The OEC will continue to contact DMHAS to explore future collaboration and coordination. The OEC has been working with the Department of Social Services and Home Visiting to develop an early childhood behavioral health plan, that can capitalize on Medicaid match funding. After two years, this plan is ready to submit as part of CT's Medicaid Plan amendment. IT will require funding, so that part of the plan is in consideration during budget talks presently. Preschool Development Grant funds have funded the national consultation for this project. The Department of Mental Health and Addiction Services has been involved in the plan during the ARP proposal process. The OEC reached out several times to schedule an interview with the Department of Mental Health and Addiction Services but to date has not scheduled a meeting. The OEC will continue to contact DMHAS to explore future collaboration and coordination. The OEC has been working with the Department of Social Services and Home Visiting to develop an early childhood behavioral health plan, that can capitalize on Medicaid match funding. After two years, this plan is ready to submit as part of CT's Medicaid Plan amendment. IT will require funding, so that part of the plan is in consideration during budget talks presently. Preschool

Development Grant funds have funded the national consultation for this project. The Department of Mental Health and Addiction Services has been involved in the plan during the ARP proposal process.

- xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals, processes, and results:

**The OEC has a written contract with United Way of Connecticut, our state's CCR &R, to inform families of all childcare services available across the state.**

- xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

**The OEC is working with the Connecticut After School Network to address the pressing issue of ensuring quality in afterschool programs. The Connecticut After School Network provides a fee for service training and consultation that meets providers where they are and helps to assess progress made towards goals. The OEC will continue to explore opportunities so providers can easily access webinars and trainings to promote high quality before and after school care. Additionally, OEC Contracts with the After School Network to help build local coordinating entities for early childhood services. This is also funded and coordinated by CT's Early Childhood Funders Collaborative. This assures that local planning efforts around child care include planning for after school services. The State Department of Education is the agency that funds after school programs directly. OEC funds the parent vouchers for after school care. The OEC is working with the Connecticut After School Network to address the pressing issue of ensuring quality in afterschool programs. The Connecticut After School Network provides a fee for service training and consultation that meets providers where they are and helps to assess progress made towards goals. The OEC will continue to explore opportunities so providers can easily access webinars and trainings to promote high quality before and after school care. Additionally, OEC Contracts with the After School Network to help build local coordinating entities for early childhood services. This is also funded and coordinated by CT's Early Childhood Funders Collaborative. This assures that local planning efforts around child care include planning for after school services.**

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

**The OEC works directly with the Department of Emergency Services and Public Protection to coordinate preparedness activities. A staff member from the OEC's Division of Early Care and Education co-chairs the statewide Child Emergency Preparedness Committee. The Child Emergency Preparedness Committee convenes regularly with members from state agencies and community based organizations. The CEPC's scope includes: Identification and facilitation of emergency preparedness planning activities in settings serving children; Collaboration with national, state, and local emergency management organizations to share ideas and strategies; and Identification of areas where members can work together to optimally address child crisis preparedness needs. A**  
**(<https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/Child-Emergency-Preparedness--Resource-Page>) webpage with Emergency Preparedness information shares resources and is managed and updated by the group. An annual report is provided to the Legislature each year.**

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

☒ i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

The OEC works very closely with Connecticut's three federally funded EHS-CCP grantees to ensure continuity and stability of childcare through regularly scheduled meetings and telephone conference calls. The OEC has dedicated a portion of a staff member's time from the Division of Early Care and Education to work directly with the three grantees. The OEC provides over \$1 million annually in state funds for families who are not currently eligible for C4K subsidy. The OEC will continue to explore opportunities to expand upon the EHS-CCP model to increase access to care in high need areas through the use of grants or contracts, and build capacity among family child care providers to serve infants and toddlers

☒ ii. State/territory institutions for higher education, including community colleges. Describe:

The Office of Early Childhood meets quarterly with the Early Childhood Higher Education Consortia (ECHEC) comprised of representatives from all 2- and 4- year institutions of higher education to discuss best practices and strategies to increase coordination and continuity regarding pre-service teacher preparation. The OEC is exploring options to expand the definition of education to include attainment of educational credentials in targeted industries to long-term outcomes such as wage growth and sustained employment, which are tied to families' ability to move towards economic stability. OEC will make stronger linkages to local Adult Education programs and support models similar to Even Start. In addition, the OEC will be engaging in a Lab School Investment project with the CT State College and University System using COVID relief funds. This project will build a robust early childhood education practicum experience at public and private higher education institutions, and support regional centers of excellence linked to higher education opportunities. The Lab School Investment project will provide support to stabilize and expand lab school activities within the higher education community and their surrounding communities. It will provide faculty staff and students with a Professional Learning Community, host quarterly meetings in collaboration with Early Childhood Higher Education Consortium and CSCU, and provide professional development for the local early childhood community. Lab schools will also work with OEC and its contractors to ensure the inclusion of the Connecticut Early Learning and Development Standards (CT ELDS), strategies and resources related to supporting multilingual learners, and Pyramid model practices in higher ed curriculum and in lab school implementation, and will support programs with best practices in curriculum and assessment.

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

The OEC in collaboration with Connecticut's State Department of



Education (CSDE) provided training and technical assistance to licensed center-based and family-based child care programs to support the remote learning needs of school-age children displaced from public schools due to COVID closures.

[x] iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

The Office of Early Childhood's Division of Family Support is the recipient of the MIECHV Grant program. In an effort to move the home visiting system "upstream" and produce better outcomes for families, MIECHV and state home visiting programs will be prioritizing enrollment for three sub-populations: families, including fathers, who enroll prenatally or with children up to six months of age; mothers and fathers under the age of 20; and women at highest risk for poor pregnancy outcomes and low birth weight babies as defined by the Centers for Disease Control, which includes Black and American Indian/Alaska Native women. MIECHV funding has also supported the enhancement of family-centered approaches to incarcerated fathers, with children under five years old, living in the Department of Corrections re-entry units. Through regular home visits conducted at the re-entry units, fathers have the opportunity to meaningfully connect with their children and, ideally, instill a greater sense of parental responsibility and family connection. Grant funding has been used to develop on-line training modules for home visitors. The MIECHV modules cover topics such as child development, safe sleep, nutrition and moving early, working with fathers, and supporting families affected by substance use disorder. Additionally, as part of Governor Lamont's ARPA proposal, legislation has been proposed adding universal home visiting to existing home visiting services in CT.

[x] v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

CT's State Department of Education is responsible for providing B-3 services and works collaboratively with the CCDF Administrator; together these partners have expanded the Help Me Grow program to enhance technology so early screening and support activities are more accessible to families, pediatricians, and providers. Families and providers are able to track children's development through a new mobile application, Sparkler, and alerts are sent to the child's pediatrician as well as childcare providers. Furthermore, information is given to families who have a child with disabilities about their rights to access childcare. The OEC has offered training for childcare providers on how to use the ASQ screening tool along with families' use of Sparkler.

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

OEC and Department of Children and Families co-invest in behavioral health services for preschool aged children through the Early Childhood Consultation Project. OEC has also been a member of the governance committee planning DCF's Prevention focused strategy.

[x] vii. Provider groups or associations. Describe:

The OEC contracts with the Early Child RESC Alliance and CTAEYC

on goals pertaining to access and quality. As a result of this partnership, the EC RESC Alliance provides NAEYC accreditation support to licensed programs, conducts rating scales for program improvement, trainings and technical assistance to support professional growth and development for the EC workforce, and through the Governor's Education Emergency Relief Fund (GEER), provided technology, access to internet and training for providers around working with families remotely, and training staff to support children's, ages 3-11, to access and engagement in remote learning during over the past year. The OEC collaborates with the CT EC Alliance and the Service Employees International Union (SEIU) to share information statewide with stakeholders about services and solicit feedback to integrate into service structures and systems. The OEC is funding twelve state-wide family childcare networks. The funding of these networks are to increase the supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back office support.

[ ] viii. Parent groups or organizations. Describe:

[ ] ix. Other. Describe:

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

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

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

### 1.5.1 Combined funding for CCDF services

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

☐ No (If no, skip to question 1.5.2)

☒ Yes. If yes, describe at a minimum:

a. How you define “combine”

**Providers serving children birth through 12 years and who receive state funding are allowed to braid and blend funds to support the administration and operations of their program. Combining funding allows programs to support wrap around services including extending the school day and the school year and provide more comprehensive services when necessary.**

b. Which funds you will combine?

**All state funds for School Readiness, Smart Start, Preschool Development, Child Day Care Contracts, and Early Head Start Partnerships are allowed to be combined.**

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

**By combining multiple funding sources, programs are better able to support families through wrap around services including extending the school day and year of services and providing more comprehensive services when necessary.**

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?

**Combining funds is done at the program level.**

e. How are the funds tracked and method of oversight

**Programs submit monthly utilization and spending reports to local coordinating councils and to the state who in turn track the funds across all sources.**

### 1.5.2 CCDF Matching and MOE Requirements

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

*Note:* Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its

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

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

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

☒ b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-

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

i. If checked, identify the source of funds:

**State General Fund Appropriation**

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

i. If checked, are those funds:

☐ A. Donated directly to the state?

☐ B. Donated to a separate entity(ies) designated to receive private donated funds?

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

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

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

- ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
  - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):  
?
  - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:
- [x] f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.
- i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?  
?N/A

## 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 Lead Agency public-private partnerships

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

At the onset of the COVID-19 pandemic, OEC received a philanthropic donation of \$3 Million from the Dalio Foundation. OEC and the Dalio Foundation partnered to contract with child care programs within close proximity to 26 CT hospitals to remain open to serve families of hospital workers (Project 26). OEC also partnered with the CT Governor's Workforce Council to support the child care infrastructure throughout the COVID-19 pandemic by creating the following CT CARES initiatives as well as the use of the ARPA funding and creating an equitable formula to distribute stabilization funding to the child care field. In addition, OEC contracts with the Women's Business Development Council (WBDC) to deliver training and fiscally targeted technical assistance to support providers in their ability to manage their business, generate business documents for the purposes of tax filing, grant and bank applications, as well as COVID-19 relief packages. WBDC is also tasked with reviewing OEC's fiscal and business-related offerings to be sure they are current, aligned and sequenced. The two-year commitment to this work with WBDC positions OEC to engage providers in work that will increase providers' business acumen and support their engagement with community-based supports. The CT Early Childhood Funder

Collaborative (ECFC) is comprised of 21 funders from across the state including community, private and family foundations and United Ways. ECFC is a project of the Connecticut Council for Philanthropy, which serves as the fiscal sponsor. ECFC played an important role establishment of a separate Office of Early Childhood (OEC) through legislation. The ECFC and OEC have built a unique partnership of a state agency and philanthropy working together as thought partners to advance better outcomes for children and their families. ECFC and OEC's joint efforts have focused on: Building and supporting OEC's organizational capacity Supporting coordination between OEC and state Department of Education on issues of mutual interest Capacity building for child care centers Improved family child care fiscal capacity and expertise Improved state-local coordination through the establishment of a statewide intermediary connecting state agencies to local early childhood councils Most recently, ECFC has provided financial support, enabling OEC to work with Third Sector Capital Partners to build strategies and identify vehicles to align and integrate Connecticut's early care and education system.

## 1.7 Coordination with Child Care Resource and Referral Systems

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

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

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

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

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

### 1.7.1 Funding local or regional CCR&R organizations

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

☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

☒ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

Connecticut funds a state-wide CCR&R (UW of CT) to provide information to the public seeking quality affordable child care and to child care providers who offer quality child care services. Activities include: (1) Counseling and consumer education regarding all legal child care options in Connecticut; (2) Developmentally appropriate learning activities based on Connecticut's Early Learning and Development Standards; (3) Researched-based information on the long-term impact of high quality early childhood education and development; (4) Assistance for low income families to access child care and early education services; (5) Maintenance of a referral system to provider services and information to support families and providers; (6) Information for families of services available through the Help Me Grow/Child Development InfoLine regarding Birth to Three services and managing the state-wide Ages and Stages Child Monitoring program for families to track the development of child from birth to five years of age. Help Me Grow has a database that tracks demographics, client service needs and outcomes of referrals; (7) Conducting educational workshops and presentations for child care providers, and parent education activities state-wide (all training content is aligned with Connecticut's Early Learning and Development Standards and Core Knowledge and Competency Framework; and (8) Providing technical assistance through on-site visits to newly licensed child care providers. There are a variety of ways that the UW of CT collaborates with public and private entities to increase the supply and quality of child care in the state. One way is their involvement in local and state-wide provider associations such as their membership in the Early Childhood Alliance which is a state-wide organization for early childhood agencies (state and local organizations.) The Early Childhood Alliance provides information sharing, networking, policy development and advocacy for over 100 members serving thousands of young children. The UW of CT also connects with health and human services to help families and providers get connected to needed resources.

## 1.8 Disaster Preparedness and Response Plan

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

### 1.8.1 Statewide disaster plan updates

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

☒ No

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

### 1.8.2 Statewide disaster plan continued compliance

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

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

☒ i. State human services agency

☒ ii. State emergency management agency

☒ iii. State licensing agency

☒ iv. State health department or public health department

☒ v. Local and state child care resource and referral agencies

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

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

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

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

☒ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

☒ i. Procedures for evacuation

☒ ii. Procedures for relocation

☒ iii. Procedures for shelter-in-place

☒ iv. Procedures for communication and reunification with families

☒ v. Procedures for continuity of operations

☒ vi. Procedures for accommodations of infants and toddlers

☒ vii. Procedures for accommodations of children with disabilities



- [x] viii. Procedures for accommodations of children with chronic medical conditions
- [x] f. The plan contains procedures for staff and volunteer emergency preparedness training.
- [x] g. The plan contains procedures for staff and volunteer practice drills.

#### 1.8.3 Website link to statewide child care disaster plan

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

<https://www.ctoec.org/emergency-planning-and-response/>

## 2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

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

### 2.1 Outreach for Limited English Proficiency and Persons with Disabilities

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

### 2.1.1 Strategies to provide outreach and services to eligible families

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

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

The OEC has a multi-year contract with the O'Donnell Company to increase awareness of why quality childcare is important and what services are available to families. This campaign will ensure consistent messaging through a set of communications that are easily accessed by families. Through this contract a list of community partners, non-profits who work with families, and key influences, for example, local community action groups and churches are given print friendly and attractive materials for distribution in five languages. These materials include information regarding the importance of quality child care, what to look for in quality childcare and the important roles families play in their child's life. Outreach to targeted groups including English as a second language, homeless, deep poverty and families with new infants. Strategies include press outreach, Google ads, Facebook, community newspapers in English and Spanish billboard and bus cards, and shelter ads in major cities.

### 2.1.2 Strategies to provide outreach and services to disabled family members

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

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

[x] g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

[x] h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children

[x] i. Other. Describe:

IDEA Part C is a program of the lead agency and works collaboratively with the CCDF Administrator; together these partners will have expanded the Help Me Grow program to enhance technology so early screening and support activities are more accessible to families, pediatricians, and providers. Families and providers are able to track children's development through a new mobile application, Sparkler, and alerts are sent to the child's pediatrician as well as childcare providers. Furthermore, information is given to families who have a child with disabilities about their rights to access childcare. The OEC has offered training for childcare providers on how to use the ASQ screening tool along with families' use of Sparkler.

## 2.2 Parental Complaint Process

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

### 2.2.1 Reporting process for submitting complaints

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:

**Parents and other interested parties may file complaints against child care providers, including youth camps, by calling the OEC Licensing Complaint Line at 860-500-4450 (or 800-282-6063) or can download and complete a OEC Complaint Intake Form. This information can be found on the OEC website and the form can be found at <https://www.ctoec.org/file-a-complaint/>. Complaints may be filed anonymously. Parents and other interested parties may file complaints against child care providers, including youth camps, by calling the OEC Licensing Complaint Line at 860-500-4450 (or 800-282-6063) or can download and complete a OEC Complaint Intake Form. This information can be found on the OEC website and the form can be found at <https://www.ctoec.org/file-a-complaint/>. Complaints may be filed anonymously.**

### 2.2.2 Process and timeline for screening, substantiating, and responding to complaints

For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

**All complaints that allege violations of the licensing regulations/statutes or health & safety requirements are accepted for investigation. Upon intake, complaints are screened and prioritized as either a Level 0 (involves a death), Level 1 (involves alleged abuse and/or neglect) or Level 2 (all others). Level 0 and Level 1 complaints are**

assigned to an investigator and initiated the same day. Level 2 complaints are assigned within 24 hours and are initiated within one week. 99% of investigations involve an on-site unannounced visit to the program (during the pandemic more investigations have been conducted without an on-site visit). Additionally, the investigative process involves conducting interviews, reviewing of records, review of program's compliance history, etc. The OEC collaborates with the Department of Children and Families if the allegations involve abuse/neglect and collaborates with law enforcement if allegations are criminal in nature. The investigation of complaints is the same for CCDF vs. non-CCDF licensed providers, including license-exempt. Level 0 and 1 complaints on average are completed within 45 days. Other complaints are completed within 30 days on average.

#### 2.2.3 Maintaining records of substantiated parental complaints

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

**All complaints are tracked in the OEC licensing database, which includes complaints for license-exempt providers. The processes for the investigation of complaints is the same for CCDF vs. non-CCDF licensed and license-exempt providers.**

#### 2.2.4 Making information about substantiated parental complaints available to the public

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:

**All citations of complaints substantiated within the past 5 years are posted on the consumer education website along with all publicly disclosable inspection reports and corrective action plans. Interested parties may also request copies of documentation relative to complaints via FOI or call the OEC Help Desk for a listing of complaints.**

#### 2.2.5 *Citations related to parental complaints*

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

**Centers/Groups - CT General Statutes Sections 19a-80f and 19a-87a(d). Family - CT General Statutes Section 19a-87e(e). Camps - CT General Statutes Section 19a-429. Care 4 Kids Health and Safety Requirements for License Exempt Programs, Administration (h).**

### 2.3 Consumer Education Website

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

local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

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

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

### 2.3.1 Consumer-Friendly and easily accessible website

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

**The OEC contracts with the United Way of CT to implement its statewide CCR&R, 211 ChildCare. The 211 Child Care website provides families with a wealth of information on childcare providers and the links to consumer education materials. The website can be easily navigated; uses titles and taglines effectively; contains content that is simple and concise; uses visuals that enhance the content; and is responsive on mobile devices. Via links to chat, call, or email childcare referral specialists are available on all search query results. Displayed data is updated daily and uses family friendly terminology. Data elements include provider name, address, phone, geocache, capacity, ages served, hours of operation, fees, special needs experience, accreditations, geographic locations to local school districts, languages spoken. In addition, each profile holds a link to view the licensing inspection and complaint history that provides data on inspections conducted in the last five years as well as complaints and self-reported incidents within the last five years that resulted in a substantiation of at least one violation. Documents associated with licensing visits conducted after September 2019 are also allowed to be viewed. Families can use advanced filters by clicking on the "More Filters" link to narrow their search by type of care, hours of operation, weekend care, financial assistance, wheelchair accessibility, certification to administer medication, and special needs experience. Links to parent resources, resources for early care professionals, and publications and reports remain visible as a header on the search engine screen. Information is available on topics such as "What does quality look like?" "Selecting a provider," and "Licensing." The Licensing page provides information on child care statutes and regulations, the lead agency responsible for licensing child care programs, contact information of that lead agency, visits and inspections, background checks, how to find the complaint history of providers, and links to the licensing website that allows families to search for and view child care provider licensing data. Inspection and complaint reports are posted on the 211 website.**

### 2.3.2 Website access for families whose primary language is not English

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

**211 Child Care referral specialists are bilingual Spanish/English and correspond via phone, email and chat. For all other languages, translation services are available. Most of the consumer education materials are available in Spanish. The informational portions of the website feature a translation button prominent in the lower right corner of each page and offers translation in the eight most common languages used by consumers in Connecticut.**

### 2.3.3 Website access for persons with disabilities

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

**All webpages are laid out in a clear and simple format whenever feasible. Although those with some disabilities will not utilize the entire capability of the website, core information is always present on the page in a text readable format. There is minimal use of tables to ensure that screen readers will be able to read pages in the correct order. All buttons and content are rendered as text to ensure that the content is readable and easy to translate. All text is also designed to be scalable within the browser. All pages are also designed to be responsive, to be fully rendered on any device from desktop computers to cell phones at any zoom level. The website uses color pairings, background colors, and font size to optimize visual accessibility.**

### 2.3.4 Child care policies and procedures

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

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

**(<https://www.ctoec.org/licensing>) <https://www.ctoec.org/licensing> Unlicensed relative providers are exempt from licensing requirements; however relative providers receiving the Care 4 Kids subsidy are required to complete a pre-service health and safety training and maintain a current First Aid and CPR certificate.**

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

**Resource for home-based providers on maintaining licensing compliance can be found at (<https://www.ctcare4kids.com/provider-information/providertrainingrequirements/>) <https://www.ctcare4kids.com/provider-information/providertrainingrequirements/>**

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

**(<https://www.ctoec.org/background-checks/>) <https://www.ctoec.org/background-checks/>**

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

**(<https://www.ctoec.org/wp-content/uploads/2020/07/OEC-BG-checks-disqualifying-crimes-2017-09.pdf>) <https://www.ctoec.org/wp-content/uploads/2020/07/OEC-BG-checks-disqualifying-crimes-2017-09.pdf>**

### 2.3.5 Searchable list of providers

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

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

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

(<https://www.211childcare.org/>) <https://www.211childcare.org/>

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

- ☒ i. License-exempt center-based CCDF providers
- ☐ ii. License-exempt family child care (FCC) CCDF providers
- ☒ iii. License-exempt non-CCDF providers
- ☐ iv. Relative CCDF child care providers
- ☐ v. Other. Describe:

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

#### Provider Information Available in Searchable Results

##### All Licensed Providers

- ☒ Contact Information
- ☒ Enrollment capacity
- ☒ Hours, days and months of operation
- ☐ Provider education and training
- ☒ Languages spoken by the caregiver
- ☒ Quality information
- ☒ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☒ Ages of children served

##### License-Exempt CCDF Center-based Providers

- ☒ Contact Information
- ☒ Enrollment capacity
- ☒ Hours, days and months of operation
- ☐ Provider education and training
- ☒ Languages spoken by the caregiver
- ☒ Quality information

- ☒ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☒ Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- ☐ Contact Information
- ☐ Enrollment capacity
- ☐ Hours, days and months of operation
- ☐ Provider education and training
- ☐ Languages spoken by the caregiver
- ☐ Quality information
- ☐ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☐ Ages of children served

License-Exempt Non-CCDF Providers

- ☒ Contact Information
- ☒ Enrollment capacity
- ☒ Hours, days and months of operation
- ☐ Provider education and training
- ☒ Languages spoken by the caregiver
- ☐ Quality information
- ☐ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☒ Ages of children served

Relative CCDF Providers

- ☐ Contact Information
- ☐ Enrollment capacity
- ☐ Hours, days and months of operation
- ☐ Provider education and training
- ☐ Languages spoken by the caregiver
- ☐ Quality information
- ☐ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☐ Ages of children served

d. Other information included for:



- ☐ i. All Licensed providers.
- ☐ ii. License-exempt CCDF center-based providers.
- ☐ iii. License-exempt CCDF family child care providers.
- ☐ iv. License-exempt, non-CCDF providers.
- ☐ v. Relative CCDF providers.

#### 2.3.6 Provider-specific quality information

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

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

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

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

- ☒ i. Licensed CCDF providers. Describe the quality information:  
**National accreditation**
- ☒ ii. Licensed non-CCDF providers. Describe the quality information:  
**National accreditation**
- ☒ iii. License-exempt center-based CCDF providers. Describe the quality information:  
**National accreditation**
- ☐ iv. License-exempt FCC CCDF providers. Describe the quality information:
- ☒ v. License-exempt non-CCDF providers. Describe the quality information:  
**National accreditation**
- ☐ vii. Relative child care providers. Describe the quality information:
- ☐ viii. Other. Describe:

### 2.3.7 Monitoring and inspection reports on consumer education website

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

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

Certify by responding to the questions below:

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

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

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

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

**When View Inspection and Complaint History is selected, a separate column titled Violations is displayed with a direct link to the regulation number and plain language summary of the regulation.**

- ☒ Corrective action plans taken by the state and/or child care provider. Describe:  
**For each Visit Date, a link to Documents is provided which displays the inspection report and corrective action plan if applicable.**

- ☒ A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

- i. Provide the direct URL/website link to where the reports are posted.

(<https://search.211childcare.org>) <https://search.211childcare.org>

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

**For routine inspections, the inspection report is posted within 1 to 2 weeks of the visit date. Corrective action plans are posted once submitted and accepted, generally within 8 weeks of the visit. For complaint inspections, the inspection reports and corrective action plans are posted within 1 to 2 weeks of completion of the investigation. As of November 27, 2023, CT is posting pre-licensure/initial inspection reports for licensed center/group home and licensed family child care providers.**

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

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

**Prior to the launch of the website, the 211 Child Care, the site was user tested with parents and providers to ensure language is consumer friendly, information provided is comprehensive, and the monitoring is clear and easy to understand. Plain language is clear and succinct designed to ensure the reader gains a basic understanding of the entire requirement.**

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

**In addition to providing copies of the actual inspection form including checklist used, for each violation cited, a brief summary of the requirement is provided in plain language.**

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

**Concerned parties may report inaccuracies to the OEC for correction. Depending on the reason for the reported inaccuracies, the OEC will independently make the correction or request the assistance of the developers who maintain the consumer website.**

- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

**Child care providers may dispute report findings by discussing the findings with the inspector and if they do not agree with the results may request a supervisor to review the findings. If still not satisfied, the provider may request a managerial review of the findings. There are no time requirements for disputing findings. If findings are reversed, the website is updated immediately.**

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

**Monitoring and inspection reports and corresponding corrective action plans are maintained on the website for five years from visit date and the system has been programmed to automatically drop visits at the five year mark.**

#### 2.3.8 Aggregate data on serious injuries, deaths, and substantiated abuse

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer

education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

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

a. Certify by providing:

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

**License-exempt child care and youth camp providers and licensed youth camps are required to report serious injuries and deaths to the CT Office of Early Childhood (OEC). Licensed child care providers must report deaths and hospital admissions to the OEC. Changes to childcare licensing regulations include a requirement that providers must report all serious injuries to the OEC. The OEC receives reports by email, phone or in writing.**

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement.

**For purposes of this requirement, cases of abuse or neglect substantiated by the CT Department of Children and Families.**

- iii. The definition of “serious injury” used by the Lead Agency for this requirement.

**Diagnosed fracture, diagnosed second and third degree burn, diagnosed concussion, or admission to the hospital.**

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

☒ i. the total number of serious injuries of children in care by provider category/licensing status

☒ ii. the total number of deaths of children in care by provider category/licensing status

☒ iii. the total number of substantiated instances of child abuse in child care settings

☒ iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

(<https://resources.211childcare.org/reports/other-reports>)  
<https://resources.211childcare.org/reports/other-reports>

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

**The OEC contracts with United Way of Connecticut (as its CCR&R and they provide the state's consumer education website. Link to website: (<https://search.211childcare.org/>) <https://search.211childcare.org/> and (<https://resources.211childcare.org/>) <https://resources.211childcare.org/>**

#### 2.3.10 Lead Agency contact information on consumer education website

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

**The consumer education website provides a direct link to the Office of Early Childhood's website which is the Lead Agency for the CCDF program. (<https://search.211childcare.org/>) <https://search.211childcare.org/>.**

#### 2.3.11 *Consumer education website link*

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

**(<https://www.211childcare.org/>) <https://www.211childcare.org/>**

### 2.4 Additional Consumer and Provider Education Information of provider choices for parents

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

In questions 2.4.1 through 2.4.5, certify by describing:

#### 2.4.1 Information about child care and other services available for parents

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

Information about the full diversity of child care services available to parents of eligible children, providers, and the general public is made through Connecticut's CCR&R (United Way of Connecticut), the Office of Early Childhood's (OEC) website and microsite. The OEC provides materials for families that promote informed childcare choices, including consumer-friendly strategies. The website's Google translator posts all information on the OEC's website in html format to allow for translation. The Care 4 Kids eligibility case managers and availability of all state and federally funded financial support for child care, where funded childcare vacancies exist and how to access services. Additionally, information is provided on the OEC's website about the Care 4 Kids Child Care Subsidy Program, as well as information regarding other publicly funded early care and education programs including School Readiness, Child Day Care, Smart Start, federal Head Start, and the federal Early Head Start Child Care Partnerships.

#### 2.4.2 Required information provided to general public, and eligible parents

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

☒ a. Temporary Assistance for Needy Families program:

TANF is a federal program that provides assistance to needy families, (<https://portal.ct.gov/DSS/Economic-Security/Economic-Security---Financial-Assistance>) <https://portal.ct.gov/DSS/Economic-Security/Economic-Security---Financial-Assistance>. In Connecticut, it is administered by the CT Department of Social Services. Families can find information and eligibility requirements as well as links to more information and where to apply. Providers may also access this information in order to support the families they work with. (<http://www.211childcare.org/parents/financialassist/>) <http://www.211childcare.org/parents/financialassist/> and (<http://uwc.211ct.org/temporary-familiy-assistance-tfa-temporary-assistance-for-needy-families-tanf/>) <http://uwc.211ct.org/temporary-familiy-assistance-tfa-temporary-assistance-for-needy-families-tanf/>.

☒ b. Head Start and Early Head Start programs:

Families can search for a Head Start program by using the 211 search tool at (<http://search.211childcare.org/>) <http://search.211childcare.org/>. Families are screened for financial need during each contact with a 211 child care referral specialist and may receive an overview of Head Start services, eligibility and referrals for programs in their area. Families and child care providers can find additional information at (<https://www.ctoec.org/about-oec/partnerships/connecticut-head-start-state-collaboration-office/>) <https://www.ctoec.org/about-oec/partnerships/connecticut-head-start-state-collaboration-office/> and (<https://www.ctoec.org/state-head-start-supplement/>) <https://www.ctoec.org/state-head-start-supplement/>.

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

Information is available to families about the Low-Income Home Energy Assistance Program on the Connecticut 211 website, (<http://www.211ct.org>) [www.211ct.org](http://www.211ct.org). Information about electric, gas, utility disconnection protections, and utility budget billing is provided. Providers may also use this information to help support the families they work with. Additional information is available at: (<http://www.211childcare.org/parents/financialassist/>)

<http://www.211childcare.org/parents/financialassist/> and (<http://uwc.211ct.org/categorysearch/utility-assistance/>) <http://uwc.211ct.org/categorysearch/utility-assistance/>;  
(<https://portal.ct.gov/dss/Economic-Security/Winter-Heating-Assistance/Energy-Assistance---Winter-Heating>) <https://portal.ct.gov/dss/Economic-Security/Winter-Heating-Assistance/Energy-Assistance---Winter-Heating>.

[x] d. Supplemental Nutrition Assistance Program (SNAP):

Families can find information and eligibility requirements for the Supplemental Nutrition Assistance Program (SNAP), such as the application, information regarding the documents required for applying to the SNAP program, the way benefits are dispersed and the appeal process, in SNAP benefits are denied on the DSS website <https://portal.ct.gov/dss/SNAP/Supplemental-Nutrition-Assistance-Program---SNAP>. Child care providers can refer families in need to the prescreening tool listed in order to assist with eligibility questions. (<http://www.211childcare.org/parents/financialassist/>) <http://www.211childcare.org/parents/financialassist/>;  
(<https://www.211ct.org/search?term=food%20stamps&page1&locatio=ct&servicearea=connecticut>) <https://www.211ct.org/search?term=food%20stamps&page1&locatio=ct&servicearea=connecticut>; or (<http://uwc.211ct.org/food-stampssnap/>) <http://uwc.211ct.org/food-stampssnap/>.

[x] e. Women, Infants, and Children Program (WIC) program:

Families and child care providers can find eligibility information, benefits, and application instructions at: (<https://portal.ct.gov/dph/WIC/WIC>) <https://portal.ct.gov/dph/WIC/WIC>. On the 211 Child Care site, there are also links to websites and articles that related to healthy eating, breastfeeding, increasing physical activity, and reducing screen time.  
(<http://www.211childcare.org/professionals/healthy-for-life/parent-resources/>) <http://www.211childcare.org/professionals/healthy-for-life/parent-resources/>.

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

Child care providers can find contact information for the Child and Adult Care Food Program (CACFP) at (<https://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>) <https://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>. Providers will follow the links on the webpage to find additional information about program policies and meal pattern requirements. (<http://www.211childcare.org/professionals/child-and-adult-care-food-programs/>) <http://www.211childcare.org/professionals/child-and-adult-care-food-programs/>.

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

On the 211 Child Care website, there the direct links to service providers as well as a "Health Care Uninsured Guide" which includes explanations of specific HUSKY plans. The 211 Child Care site includes a link to "HUSKY Eligibility Manual." (<http://uwc.211ct.org/categorysearch/health-care/>) <http://uwc.211ct.org/categorysearch/health-care/>.

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

Families can locate information about the Individuals with Disabilities Education Act (IDEA) "a federal law to make sure children with disabilities have access to services, such as early intervention, special education, and other related services. The 211Childcare website includes links on early intervention, developmental milestones, as well as parent advocacy. Our OEC website contains a link to Connecticut Birth to Three (<https://www.birthe23.org/>) <https://www.birthe23.org/> and Child Development Infoline (<https://cdi.211ct.org>) [https://cdi.211ct.org/](https://cdi.211ct.org) where parents can request information and links to services. Child care providers may use this site to locate information to support the families they work with at (<http://www.211childcare.org/parents/idea/>)

<http://www.211childcare.org/parents/idea/>.

#### 2.4.3 Information available on physical health and development

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

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

**Information on our state's birth to age five Early Learning and Development Standards (CT ELDS) provides information to families, providers and the public on what children should know and be able to do. This information has been provided to programs through webinars, mailed materials, special events, as well as in person and virtual trainings. Existing materials: The materials which have been previously distributed in hard copy or through events/trainings and are currently housed on the OEC's website and available to all providers include: (1) Connecticut's Early Learning Development Standards (CT-ELDS): A comprehensive, content valid document which outlines eight learning domains and provides information on the skills and abilities children should have and at what ages. The standards are also available electronically in a mobile-friendly format on the website:**

**<https://www.ctoec.org/supporting-child-development/ct-elds/>. Supplemental CT ELDS guidance documents have been developed for working with dual language learners, children with special needs, and families. (2) Family Action Guides: A booklet with family-friendly strategies that engage families in supporting early learning and development at home. These action guides are available in English and Spanish and have been and continue to be distributed statewide. (3) Posters: The CT ELDS posters highlight each of the eight learning domains and can be displayed in programs, libraries, community centers, and pediatric offices for easy reference. (4) Principal's Guide provides a summary of the CT ELDS for school leaders and program directors describing their role in supporting early learning and development. (5) Guidance Documents: developed for providers to support English language learners and children with special needs. (6) Video Library: the OEC contracted with the Center for Early Childhood Education at Eastern Connecticut State University to develop videos and related training materials related to CT ELDS. This 10-part video collection provides information and training scenarios on the CT ELDS with strategies for working with children birth – age 5 in a variety of childcare settings. The videos can be on the Center for Early Childhood Education website and are accessible to the public. Accompanying guidance is available for use of the videos in a variety of professional learning settings such as higher education classrooms, center-based training and coaching sessions, regional and state conferences and webinars. Finally, the Center has developed a searchable web-based library to assist**



trainers, coaches, program administrators and higher education faculty to support professional learning of providers at career entry or mastery level. (7) Webinars: archived webinars are available on-demand on the OEC's website for principals, program administrators, childcare providers and higher education faculty, which provide an overview of the CT ELDS and how the standards can be applied in all settings and sectors. Current Training: the OEC also continues to invest in distributing free, to all providers, over 100 online training courses through CCEI/registry. The OEC plans to continue contracting with partners to provide community-based, free in-person and online training on the CT ELDS and other child development topics. Public Information Communications: As indicated in the Agency's Early Care and Education Action Plan, the OEC is currently developing improved ways to communicate with parents, providers and the public and build feedback loops to better inform stakeholders and to better include stakeholder feedback in policy setting. OEC is working with communications teams to develop new, routine, ongoing ways to communicate research and best practices (such as CT ELDS) which may include improved existing provider meetings, ongoing social media campaigns, better designed and utilized distribution lists, better translation practices, improved website content and management and design, new newsletters, focused onboarding to share old information with new providers, training of technical assistance providers, etc. Additionally, OEC is developing partnerships to support other sector's increased knowledge of early childhood services and best practices, for example homeless shelters. Routine communication topics on child development will include, at minimum: (1) CT Early Learning Development Standards: overview, tips, and reminders for incorporating into everyday teaching practices as well as new supplemental child-level assessment against these standards, Documentation and Observation for Teaching System (DOTS), to support teaching practices. (2) Best Practices for Family Engagement: OEC and CT State Department of Education (CSDE) have jointly developed, with the support of the Early Childhood Funders' Collaborative, a definition and best practices paper on high impact family engagement that focuses on relationships and partnership with families. OEC will support delivery of these best practices. (3) Healthy Eating and Physical Activity: OEC has participated in the "I Am Moving" campaign and will continue to share best practices for nutrition and physical activity.

#### 2.4.4 Information on social-emotional, behavioral issues and mental health

Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information. Description:

Existing materials and strategies on social-emotional and behavioral issues and early childhood mental health of young children: (1) OEC, in collaboration with Eastern Connecticut State University, has developed a series of video rich training modules for home visitors to improve their knowledge and skills in serving young children and families. These videos are posted on the Center

of Early Childhood's website and are available to the public. (2) The OEC also collaborated with the Connecticut Health and Development (CHDI) to develop training tools for child health care providers on infant mental health and maternal depression. These tools were utilized in workshops with pediatricians. (3) The OEC's "Help Me Grow" staff regularly hosts community networking sessions that bring together the public to share information. The OEC is implementing the use of enhanced technology in the form of a phone based mobile application, Sparkler, for early screening (ASQ) and (ASQ-SE). Families and providers can now track children's development through Sparkler and alerts are sent to the child's pediatrician, home visitor and child care providers. The Connecticut State Department of Education has requested that all school districts in CT post the link to the free app, Sparkler on their district website for families. (4) OEC continues to fund the work of the Association of Infant Mental Health to provide trainings, an infant mental health credential, and materials. (5) The OEC also continues to invest in the distribution of over 100 online training courses free of charge, to all providers, through CCEI/registry. The OEC plans to continue contracting with partners to provide community-based, free in-person and online training on social/emotional and behavioral issues. (6) The state currently provides limited access to the Early Childhood Consultation Partnership (ECCP) for providers, and expanded access to providers through the Preschool Development Grant. ECCP provides both in-person and remote professional learning opportunities as well as technical assistance for staff working with children with social-emotional and behavioral concerns. (7) OEC's home visiting program was awarded an Innovation Grant to develop online trainings for the field, which include a focus on infant mental health and social-emotional development and related issues. Public Information Communications: As indicated in the Agency's Early Care and Education Action Plan, the OEC is currently developing improved ways to routinely communicate with parents, providers, and the public and build feedback loops to better inform stakeholders and to better include stakeholder feedback in policy setting. Additionally, OEC is developing partnerships to support other sector's increased knowledge of early childhood services and best practices, for example, workers that refer families to homeless shelters and homeless shelter staff. OEC is working with the O'Donnell Company to develop ongoing communication about social-emotional developmental and behavioral issues and early childhood mental health of young children. The OEC and CSDE have jointly developed information on best practices on family support working with the Early Childhood Funder's Collaborative. This has culminated in a statewide definition and best practices white paper on high impact family engagement that focuses on relationships and partnership with families. CT is a Pyramid Model State and promotes the use of Pyramid Model for Supporting Social Emotional Competence in infants and young children through training and technical assistance to childcare providers. The OEC is a member of the Pyramid Model Consortium and three divisions of the OEC (Family Support, Quality Improvement, and the CT Head Start State Collaborative Office) provide resources, trainings and conferences to assist programs and providers in implementing the Pyramid Model for supporting social emotional competence in infants and young children.

#### 2.4.5 *Policies preventing suspension and expulsion*

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.

CT is a Pyramid Model State and promotes the use of Pyramid Model for Supporting Social Emotional Competence in infants and young children through training and technical assistance to childcare providers. The OEC is a member of the Pyramid Model Consortium and three divisions of the OEC (Family

Support, Quality Improvement, and the CT Head Start State Collaborative Office) provide resources, trainings and conferences to assist programs and providers in implementing the Pyramid Model for supporting social emotional competence in infants and young children. Pyramid implementation in programs was reduced due to COVID-19 but there are currently approximately 20 classrooms that are implementing to and have continued their data collection and implementation. Most of the programs in cohort 1 and 2 have continued to have their leadership teams meet to reduce behavioral issues. Teachers in Cohort 1 have been observed to be implementing the practices based on training and their Teaching Pyramid Observation scores have shown an increase in implementation following coaching. Programs are also working with a Program Coach to ensure that the program is scalable and sustainable. In addition the leadership uses data to make data-based decisions about implementation. The state Leadership team under OEC leadership has developed multiple resources, tip sheets and tool kits that are available on the OEC website in multiple languages to meet the needs of parents and providers. The webs site has multiple links to additional resources and links for families and the community on the Pyramid Model. These resources include specific strategies for reducing suspensions and expulsions in state funded pre-K programs. The policy requires School Readiness Councils to develop a Memorandum of Understanding with their local or regional board of education regarding the board's multi-tiered system of support and to collect data that can be shared cross-agency to show a reduction in suspensions and expulsions in the earliest years. The state currently provides limited funding to increase access to the Early Childhood Consultation Partnership (ECCP) for providers and expanded access through the Preschool Development Grant. The OEC will use the ECCP model and related strategies to support programs serving infants and toddler to prevent suspension and expulsion of these very young children. ECCP consultants have been trained on Pyramid practices and uses them in their work. They are also represented on our state leadership team for Pyramid to ensure that the work is closely aligned.

## 2.5 Procedures for Providing Information on Developmental Screenings

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

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

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### 2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and

where applicable, child care providers (98.15(b)(3)).

The OEC funds the Child Development Infoline and “Help Me Grow,” a prevention program for children up to age 5, which provides families and providers with a variety of community resources that address a child’s behavioral or development needs. Families with concern about their child’s development can access the Child Development Infoline and access referral support to help their children receive services, including childcare. Help Me Grow facilitates developmental screening in the state using the Ages and Stages program, which helps parents develop a better understanding of developmental milestones using a monitoring kit that includes questions and age-appropriate activities. The OEC has expanded the Help Me Grow program to include enhanced technology so early screening and support activities are more accessible to families, pediatricians and providers. Families and providers can now track children’s development through this new mobile application, Sparkler, and alerts are sent to the child’s pediatrician as well as childcare providers. Additionally, the Department of Social Services (DSS) has notified physicians, physician assistants, advanced practice nurses, medical clinics, outpatient general hospitals and federally qualified health centers regarding best practices and approved screening tools for developmental and behavioral screens administered as part of a primary care visit. The OEC has conducted preliminary assessment and has identified the fact that families with children who have a disability lack sufficient access to child care. The OEC is distributing information about the rights of parents with children who have disabilities (including the rights about accessing childcare) to parents, IDEA Part C providers (the Birth to Three Program), home visitors, licensing staff, and childcare providers. The OEC continues to offer a series of trainings for childcare providers to 1) learn how to use the ASQ as a screening tool; 2) gain knowledge of the state’s developmental delays services for young children.

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

On the United Way of Connecticut’s (CT’s CCR & R) website, family friendly information regarding EPSDT is available. <http://uwc.211ct.org/epsdtwell-child-visits/>. Also DSS Provider Bulletin 2015-70 was sent to all healthcare providers in November 2015. Additionally, when a family is engaged in Help Me Grow or Child Development Infoline, funded by the OEC, care coordinators are trained to listen and ask questions that identify developmental needs and resources. A child development care coordinator reviews the questionnaires and provides the parents with the results. If the coordinator has a concern about the child’s development, he or she will suggest services or an evaluation and help the family through the process. If a child is facing behavioral, learning or other developmental difficulties, child development community liaisons will identify resources available in the family’s community, making up to 12 calls to community agencies to find the right programs and or services, including referrals to EPSDT services.

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.

All Care 4 Kids families and childcare providers have access to the resource and services at 211 Child Care. The Care 4 Kids programs provides a brochure on the Help Me Grow program to all new families and providers. These brochures are mailed to families and \_\_\_\_\_

providers. In addition, the OEC and 211 Child Development collaborated to launch Sparkler, an evidence-based, mobile family engagement platform (available in English and Spanish) to help all CT families ages 0-5. Sparkler contains a tracking tool to screen and monitor children's social-emotional, cognitive, communicative, and physical development including Ages & Stages Questionnaires. Upon registration with providers, families download the application and complete the screening, which is tracked by the provider, 211 Child Development and the family. The system flags children at risk and 211 Child Development connects families with the appropriate services.

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.

All Care 4 Kids families and childcare providers have access to the resources and services at 211 Child Care. Additionally, the Care 4 Kids programs provides a brochure on the Help Me Grow program to all new families and providers. These brochures are mailed to families and providers. In addition, the OEC and 211 Child Development collaborated to launch Sparkler, an evidence-based, mobile family engagement platform (available in English and Spanish) to help all CT families ages 0-5. Sparkler contains a tracking tool to screen and monitor children's social-emotional, cognitive, communicative, and physical development including Ages & Stages Questionnaires. Upon registration with providers, families download the application and complete the screening, which is tracked by the provider, 211 Child Development and the family. The system flags children at risk and 211 Child Development connects families with the appropriate services.

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

Childcare providers receive information, training and technical assistance on developmental screening through a variety of ways. The OEC contracts with the CT ECE RESC Alliance to offer information and training on Sparkler, an evidence-based, mobile family engagement platform (available in English and Spanish) to help all CT families ages 0-5.  
<https://www.ctoec.org/storage/2021/03/Learn-About-How-to-Use-the-Sparkler-App-to-Increase-Family-Engagement-in-Your-Program-Tues.-Mar.-16-and-Thur.-Mar.18.pdf>

Sparkler contains a tracking tool to screen and monitor children's social-emotional, cognitive, communicative, and physical development including Ages & Stages Questionnaires. Upon registration with providers, families download the application and complete the screening, which is tracked by the provider, 211 Child Development and the family. The system flags children at risk and 211 Child Development connects families with the appropriate services. In addition, community trainings are held on developmental screening, which include training the use of Ages and Stages Screening tool. The OEC collaborated with 211 Child Development to launch Sparkler. Additional professional development offerings on Developmental Screenings are made available to providers through CT OEC Birth to Three.

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

(<https://www.ctoec.org/wp-content/uploads/2020/05/Procedure-for-providing-information-on-developmental-screening-2018-08.pdf>) <https://www.ctoec.org/wp-content/uploads/2020/05/Procedure-for-providing-information-on-developmental-screening-2018-08.pdf>

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

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

### 2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

**The Care 4 Kids program includes the following statement in the families notice of eligibility. ☐** Care 4 Kids subsidy program is designed to promote equal access to families for child care services. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800-505-1000 or [www.211childcare.org](http://www.211childcare.org). The 211 Child Care website includes links to child care program profiles with detailed information on quality, health, and safety, and regulatory requirements for the program you will be choosing for your child. To obtain specific information about a provider's health and safety history including requirements met during inspections, violations cited, and dates of the last inspections, call the Office of Early Childhood's Division of Licensing at 1-800-282-6063. If you have a complaint about your child care provider, contact the Office of Early Childhood's Division of Licensing at 1-800-282-6063. You will be asked a series of questions to gather information to assist in conducting a thorough investigation. ☐

- b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

☒ Health and safety requirements met by the provider

☒ Licensing or regulatory requirements met by the provider

☒ Date the provider was last inspected

☒ Any history of violations of these requirements

☒ Any voluntary quality standards met by the provider

☒ How CCDF subsidies are designed to promote equal access

☒ How to submit a complaint through the hotline

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

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

**Care 4 Kids subsidy program is designed to promote equal access to families for child care services. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800-505-1000 or [www.211childcare.org](http://www.211childcare.org). The 211 Child Care website includes links to child care program profiles with detailed information on quality, health, and safety, and regulatory requirements for the program you will be choosing for your child. To obtain specific information about a provider's health and safety history including requirements met during**

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### 3 Stable Child Care Financial Assistance for Families

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

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

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

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

#### 3.1 Eligible Children and Families

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

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

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

a. The CCDF program serves children from (weeks/months/years)

0

Through 12 years (under age 13).

12

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

The upper age is (may not equal or exceed age 19).

**18**

If yes, provide the Lead Agency definition of physical and/or mental incapacity:

**The OEC's definition of physically and/or mentally incapable of self-care is: (a) a physical handicap or health impairment that causes chronic or acute health problems such as a heart condition, orthopedic impairment, tuberculosis, asthma, epilepsy, cerebral palsy, leukemia, or congenital abnormality that has been diagnosed by the physician; (b) an intellectual incapacity or spectrum disorder as diagnosed by a physician, pediatrician, or psychologist; and (c) a behavioral or emotional disturbance, maladjustment or developmental delay that causes the child to exhibit marked and inappropriate behaviors or characteristics over extended periods that has been diagnosed by a psychologist, psychiatrist, or other clinically trained or state certified mental health professional acting within his or her scope or practice.**

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

The upper age is (may not equal or exceed age 19).

**18**

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

i. "residing with":

**means living with on a regular basis, including taking meals together and sleeping in the same home.**

ii. "in loco parentis":

**means a person with whom the child lives who is responsible for the day-to-day care and custody of the child when the child's parent by blood, marriage, adoption or court order is not performing such duties.**

### 3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

**Means employment in one or more jobs as an employee of another individual, a partnership, corporation or self-employment for which compensation is paid in the form of earned income.**

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

**Means enrollment in and regularly attending classes or compliance with the mandatory employment services requirements of the TANF program, including being available for work, reporting for interviews, attending group or individual orientation sessions and satisfactory participation in employment service activities. The OEC is interested in working with DSS and DOL to assess the costs and benefits of expanding the definitions to align with other federal programs, such as WIOA and the SNAP Education and Training programs.**

iii. Define what is accepted as "Education" (including activities and any hour requirements):



Education must meet employment services activities such as, GED, adult education, and technical/vocational secondary school leading to a diploma or certificate, and higher education as approved by the Office of Early Childhood and the Department of Labor. In addition, the OEC recently submitted an amendment to Conn. Gen. Stat. Section 17b-749 in Substitute House Bill No. 6558 to expand the eligibility for the State Subsidy Program, Care 4 Kids, by allowing the use of ARPA funds for child care services for families where the parent or caretaker is enrolled in a high school equivalent diploma program, workforce training or higher education programs.

After a delay due to the COVID-19 pandemic, OEC began a SNAP E&T pilot partnering with all twelve community colleges to allow any family enrolled in a SNAP E&T program a child care subsidy for their child(ren) under age 13. In partnership with the Department of Social Services and Connecticut State Colleges and Universities, OEC made considerable efforts to inform families that child care was available for SNAP E&T families who would like to pursue a higher education credential including social media posts, providing information to family-facing organizations such as 2-1-1, Foodshare, OEC home visiting providers, McKinney-Vento Liaisons, Family Resource Centers and Working Cities Challenge communities. Currently, there are 25 students enrolled in the study (10 receiving the child care subsidy and 15 that are not receiving the subsidy). The research team is now conducting follow-up surveys with the students and initial analysis of baseline results. Working in collaboration with CSCU, we expect to convene a parent focus group in the spring to learn more about the facilitators and barriers to enrollment and graduation, especially the impact of COVID-19.

- iv. Define what is accepted as “Attending” (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Attending job training means enrollment in and regularly attending classes or compliance with the mandatory employment service requirements of the TANF program, including being available for work, reporting for interviews, attending group or individual orientation sessions and satisfactory participation in employment service activities. OEC is exploring other areas of job training and education, including efforts connected with through the SNAP Education and Training Program and WIOA definitions. Education must meet employment services activities such as high school, GED, adult education, and technical/vocational secondary school leading to a diploma or certificate, and higher education as approved by the Office of Early Childhood and the Department of Labor. In addition, the OEC recently submitted an amendment to Conn. Gen. Stat. Section 17b-749 in Substitute House Bill No. 6558 to expand the eligibility for the State Subsidy Program, Care 4 Kids, by allowing the use of ARPA funds for child care services for families where the parent or caretaker is enrolled in a high school equivalent diploma program, workforce training or higher education programs.

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like to pursue a higher education credential including social media posts, providing information to family-facing organizations such as 2-1-1, Foodshare, OEC home visiting providers, McKinney-Vento Liaisons, Family Resource Centers and Working Cities Challenge communities. Currently, there are 25 students enrolled in the study (10 receiving the child care subsidy and 15 that are not receiving the subsidy). The research team is now conducting follow-up surveys with the students and initial analysis of baseline results. Working in collaboration with CSCU, we expect to convene a parent focus group in the spring to learn more about the facilitators and barriers to enrollment and graduation, especially the impact of COVID-19.

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

☒ Yes

☐ No. If no, describe the additional work requirements.

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

☐ No

☒ Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

**Protective Services means an at-risk population of children as defined by Connecticut General Statutes § 17b-749, for which eligibility is determined on a case-by-case basis. Such at-risk populations include (1) children placed in a foster home by the Department of Children and Families and for whom the parent or legal guardian receives foster care payments, (2) children who are adopted through the Department of Children and Families for one year from the date of adoption and (3) homeless children and youths, as defined in 42 USC 11434a, as amended from time to time.**

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

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

☐ No

☒ Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

☐ No

☒ Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to

receive, protective services on a case-by-case basis?

☐ No

☒ Yes

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

☒ No

☐ Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

- a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination?

**Countable income: Gross income less allowable deductions and excluded income; Earned income: Compensation for personal services, including, but not limited to wages, salaries, commissions, and bonuses.**

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$5,771.25	\$4,905.56	\$3,462.75	59.99%
2	\$7,547.08	\$6,415.02	\$4,528.25	59.99%
3	\$9,322.83	\$7,924.41	\$5,593.70	59.99%
4	\$11,098.67	\$9,433.87	\$6,659.20	59.99%
5	\$12,874.42	\$10,943.26	\$7,724.65	59.99%

- 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)).

**Income eligibility limits are statewide.**

- d. State Median Income (SMI) source and year

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss) .

[https://www.acf.hhs.gov/sites/default/files/documents/ocs/COMM\\_LIHEAP\\_Att1SMITable\\_FY2024.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ocs/COMM_LIHEAP_Att1SMITable_FY2024.pdf)

<https://www.ctoec.org/wp-content/uploads/2023/08/23-03-FY-2023-2034-State-Median-Income-Transmittal-and-attachment-2.pdf>

d. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

#### **North Central Region**

e. What is the effective date for these eligibility limits reported in 3.1.3 b?

**10/1/2023**

f. Provide the citation or link, if available, for the income eligibility limits.

<https://www.ctoec.org/wp-content/uploads/2023/08/23-03-FY-2023-2034-State-Median-Income-Transmittal-and-attachment-2.pdf>

#### **3.1.4 Family asset limit**

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 family certifies their household asset limit on the Care 4 Kids application and redetermination form.**

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

☐ No

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

**Yes, effective December 1, 2023, the asset limit will be waived for families eligible for protective services in accordance with and as outlined by C4K-POL-23-01.**

#### **3.1.5 Additional eligibility conditions**

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

a. eligibility determination.

**Effective July 1, 2021, using ARPA funding, OEC is increasing the eligibility threshold at application for families from fifty percent of the state median income to sixty percent of the state median income. The graduated phase out level will remain at sixty-five percent of the state median income. The current priority groups are: Priority Group 1. Parents receiving TFA cash assistance who are employed or participating in an approved**

employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies; Priority Group 2. Working parents whose cash assistance benefits were discontinued not more than five years prior to the date of application for CCAP; Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school; Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income. Effective July 1, 2021, this priority group will be extended to families with income below sixty percent of the state median income; Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive). Effective July 1, 2021, the income threshold for this priority group will change from between fifty and seventy-five percent of the state median income to sixty and seventy-five percent of the state median income; and Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income. (Currently inactive). Legislation recently passed expanding Care 4 Kids eligibility to parents or caretakers enrolled in a high school equivalent diploma program, workforce training or higher education programs, additional priority groups will be categorized as follows: Priority Group 7. Reserved for families in Early Head Start programs and are in an approved activity. Priority Group 8. Parents or caregivers enrolled in a GED or high school equivalency program. Priority Group 9. Parents or caregivers enrolled in a workforce program as approved by the Commissioner. Priority Group 10. Parents or caregivers enrolled in higher education programs. Eligibility for Priority Groups 7 through 10 opened on August 1, 2021. Funding for this proposal: ARPA, CRRSA & CCDF.

b. eligibility redetermination.

Effective July 1, 2021, using ARPA funding, OEC is increasing the eligibility threshold at application for families from fifty percent of the state median income to sixty percent of the state median income. The graduated phase out level will remain at sixty-five percent of the state median income. The current priority groups are: Priority Group 1. Parents receiving TFA cash assistance

who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies; Priority Group 2. Working parents whose cash assistance benefits were discontinued not more than five years prior to the date of application for CCAP; Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school; Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income. Effective July 1, 2021, this priority group will be extended to families with income below sixty percent of the state median income; Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive). Effective July 1, 2021, the income threshold for this priority group will change from between fifty and seventy-five percent of the state median income to sixty and seventy-five percent of the state median income; and Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income. (Currently inactive). Legislation recently passed expanding Care 4 Kids eligibility to parents or caretakers enrolled in a high school equivalent diploma program, workforce training or higher education programs, additional priority groups will be categorized as follows: Priority Group 7. Reserved for families in Early Head Start programs and are in an approved activity. Priority Group 8. Parents or caregivers enrolled in a GED or high school equivalency program. Priority Group 9. Parents or caregivers enrolled in a workforce program as approved by the Commissioner. Priority Group 10. Parents or caregivers enrolled in higher education programs. Eligibility for Priority Groups 7 through 10 opened on August 1, 2021. Funding for this proposal: ARPA, CRRSA & CCDF.

### 3.1.6 Continuity for Working Families

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

applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- ☐ a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- ☒ b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- ☒ c. Establishing minimum eligibility periods longer than 12 months
- ☒ d. Using cross-enrollment or referrals to other public benefits
- ☒ e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- ☐ f. Working with entities that may provide other child support services.
- ☐ g. Providing more intensive case management for families with children with multiple risk factors
- ☐ h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- ☐ i. Other. Describe:

### 3.1.7 How the Lead Agency accounts for Fluctuation in earnings.

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

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

### 3.1.8 Eligibility criteria at the time of eligibility determination and redetermination

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

**[x] a. Applicant identity**

**[x] Required at Initial Determination**

**[ ] Required at Redetermination**

**Information and Description**

**Applicants apply by mail, fax, upload via the Care 4 Kids website, or by dropping off materials to the UW of CT office. OEC, with the assistance of Deloitte, is currently in the development phase of an online parent portal which will allow families to submit electronic applications. Since face-to-face interviews are not required, applicants who are not already known to the agency through the TANF, SNAP, or medical programs must provide a photo ID.**

**[x] b. Applicant's relationship to the child**

**[x] Required at Initial Determination**

**[x] Required at Redetermination**

**Information and Description**

**At application and redetermination, the applicant should specify in Section 3 of the Care 4 Kids application, the child's relationship to the applicant.**

**[x] c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status)**

**[x] Required at Initial Determination**

**[ ] Required at Redetermination**

**Information and Description**

**Verification is only required if the child is not already known through the TANF, SNAP, or medical programs. Child information can be verified by birth certificate, or school and medical records from other agencies and entities.**

**[x] d. Work**

**[x] Required at Initial Determination**

**[x] Required at Redetermination**

**Information and Description**

**Employment is verified by wage receipts, employment letters, verification forms sent directly to employers, self-declared self-employment forms, IRS tax records, and business records.**

**[x] e. Job training or educational program**

**[x] Required at Initial Determination**

**[x] Required at Redetermination**

**Information and Description**

**TANF Job Training or Educational Programs are verified through the Department of Labor's online data system. High school attendance is verified by school letters, student class schedules, and progress reports. Effective August 1, 2021, eligibility was expanded allowing parents or caretakers enrolled in a high school equivalent diploma program, workforce training or higher education programs, these programs will be verified by school letters, student class schedules, work schedules through workforce development boards, and/or progress reports.**

**[x] f. Family income**

**[x] Required at Initial Determination**

**[x] Required at Redetermination**



#### Information and Description

Earnings are verified by wage receipts, employment letters, forms sent directly to employers, self-declared self-employment forms, IRS tax, and business records, or Equifax Verification Services. Unearned income is verified by the Department of Social Services online database, award letters, copies of benefit checks, or the Department of Labor online database. Earnings are verified by wage receipts, employment letters, forms sent directly to employers, self-declared self-employment forms, IRS tax, and business records or Equifax Verification Services. Unearned income is verified by Department of Social Services online data base, award letters, copies of benefit checks, or the Department of Labor online database.

☒ g. Household composition

☒ Required at Initial Determination

☒ Required at Redetermination

#### Information and Description

The applicant's statement is accepted unless it presents a conflict. If there is a conflict, acceptable forms of verification include a landlord's statement, a copy of a lease, school records or records of other agencies, a third party statement, and quality control investigations.

☒ h. Applicant residence. Describe:

☒ Required at Initial Determination

☒ Required at Redetermination

#### Information and Description

The applicant's statement is accepted upon application and redetermination.

☐ i. Other. Describe:

☐ Required at Initial Determination

☐ Required at Redetermination

#### Information and Description

### 3.1.9 Strategies for timely eligibility determinations

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

☒ a. Time limit for making eligibility determinations. Describe length of time:

**30 days from receipt of a properly completed application form.**

☒ b. Track and monitor the eligibility determination process

☒ c. Other. Describe:

**1. Applications shall be processed, and eligibility determined within 30 days of the date that the CCAP administrator receives the application form, unless otherwise specified in this subsection. The first day of the processing period shall begin on the day following the date the application form was received. The parent shall be notified of the eligibility decision in accordance with the requirements of Section 17b-749-07 of the Regulations of Connecticut State Agencies. The provider shall also be notified if a completed child care agreement form was submitted with the application. 2. Eligibility shall be determined when sufficient information exists to determine if the family is eligible or ineligible. If the application is incomplete, the CCAP administrator shall issue a notice to the parent requesting the missing information. The parent shall be given a minimum of 15 days from the date the notice is issued to return the information to the CCAP administrator. The first day of the 15-day period begins on the day the notice was issued. 3. If the parent has not selected a provider by the time eligibility is determined, the CCAP administrator shall determine if the family is eligible for the program without regard to eligibility for payments. The parent shall be notified of the decision and informed that**

eligibility will be terminated if a provider is not selected and the information needed to enroll the provider is not submitted within 30 days. The CCAP administrator shall determine if a child is eligible for payment within ten days of the date the provider information is submitted. The family shall become ineligible if the information needed to determine payment eligibility for at least one child is not submitted within 30 days of the date assistance was granted. 4. Incomplete applications shall be denied only if the parent has been given at least 15 days to comply with an initial request for missing information. 5. Parents shall be given additional time to respond to a request for missing information if good cause exists for not providing the information in accordance with the requirements of subsection (e) of section 17b-749-06 of the Regulations of Connecticut State Agencies. Applications that remain incomplete after the 15-day notice period has expired shall be processed without regard to the missing information if good cause does not exist. If eligibility has not been established, the application shall be denied and the parent notified. 6. The processing period shall be extended beyond 30 days under the following conditions as long as the parent continues to cooperate with the application process: a. If good cause exists for not providing verification in accordance with the requirements of subsection (e) of section 17b-749-06 of the Regulations of Connecticut State Agencies, and the delay causes the application to remain pending for more than 30 days; b. If the parent or provider was not given at least 15 days to respond to an initial request for information; c. If the parent responds timely to a request for missing information and the information submitted is either incomplete or requires additional verification before the application can be processed; or d. If the CCAP administrator has assumed responsibility for obtaining missing information and has not been able to obtain the information. 7. The application shall continue to be processed if a good cause extension is granted or while the CCAP administrator is waiting to obtain additional verification. The extension shall continue for as long as necessary provided that the parent continues to cooperate and responds to written requests for verification in a timely manner. Additional verification or re-verification of circumstances that have already been verified may be required if the application remains pending more than 30 days. The delay in processing the application shall be considered the responsibility of the parent as long as the CCAP administrator has taken prompt action to request the missing information in time to process the application within 30 days.

[ ] d. None

### 3.1.10 Exception to TANF work requirements

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:

## Department of Social Services

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

i. "Appropriate child care":

**Appropriate child care means care that meets the health and safety standards that are required for providers who receive payments under the provisions of the Child Care Assistance Program (CCAP), as mandated by Connecticut General Statutes, Section 17b-749.**

ii. "Reasonable distance":

**Reasonable distance means care that can be accessed by public transportation that is available to the client without interfering with the parent's ability to maintain employment. If transportation is not available, child care must be within reasonable walking distance from the person's home.**

iii. "Unsuitability of informal child care":

**Unsuitable informal care means care that is exempt from State's licensing requirements but does not meet the health and safety standards described above or is otherwise shown to be unsafe or inappropriate for the child.**

iv. "Affordable child care arrangements":

**Affordable child care arrangements means the cost of care (after subsidies) is no more than ten percent of family's total income.**

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

☒ i. In writing

☒ ii. Verbally

☐ iii. Other. Describe:

d. Provide the citation for the TANF policy or procedure:

**Connecticut State Department of Social Services Uniform Policy Manual transmittal UP-11-04 8500**

## 3.2 Family Contribution to Payments

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

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

### 3.2.1 CCDF payments according to family size

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

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

	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	\$1	\$.02	2%	\$3,462.75	\$346	10%
2	\$1	\$.02	2%	\$4,528.25	\$453	10%
3	\$1	\$.02	2%	\$5,593.70	\$559	10%
4	\$1	\$.02	2%	\$6,659.20	\$666	10%
5	\$1	\$.02	2%	\$7,724.65	\$772	10%

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

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

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

**10/01/2023**

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

**<https://www.ctoec.org/wp-content/uploads/2023/08/23-03-FY-2023-2034-State-Median-Income-Transmittal-and-attachment-2.pdf>**

### 3.2.2 Family contribution calculation

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

- ☐ a. The fee is a dollar amount and (check all that apply):
  - ☐ i. The fee is per child, with the same fee for each child.
  - ☐ ii. The fee is per child and is discounted for two or more children.
  - ☐ iii. The fee is per child up to a maximum per family.

- ☐ iv. No additional fee is charged after a certain number of children.
- ☐ v. The fee is per family.
- ☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

☐ vii. Other. Describe:

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

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

☐ vii. Other. Describe:

### 3.2.3 Other factors to determine family's co-payment

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

☒ No

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

☐ a. Number of hours the child is in care. Describe:

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

☐ c. Other. Describe:

### 3.2.4 Waiving family contributions/co-payments

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

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

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

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

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

**Yes, effective December 1, 2023, the co-payments will be waived for families eligible for protective services in accordance with and as outlined by C4K-POL-23-01.**

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

**Currently, all family fees are being waived for families receiving C4K due to the devastating economic impact of the pandemic. The family fee portion is being paid out to providers through CRRSA funds through November, 2021. Once the allocated funding to pay family fees is expended, families will be notified and required to resume payments to their provider.**

### 3.2.5 Graduated phase-out of assistance at redetermination

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  - (A) Takes into account the typical household budget of a low-income family.
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
    - (2) Reasonably allows a family to continue accessing child care services

without unnecessary disruption.

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

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

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

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

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

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

**The Care 4 Kids, CT's Subsidy Program, provides a second eligibility threshold (< 65% SMI) to a family who meet all other program eligibility requirements at the families redetermination. The income for a family of three is \$63,299 annually.**

- B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

**OEC utilized data from the United Way of Connecticut's ALICE Project Report (2018) to confirm the second eligibility threshold. The ALICE Project calculates a Household Survival Budget based on the average actual costs of basic necessities (housing, child care, food, health care, and transportation) in Connecticut, adjusted for different counties and household types.**

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

**The cost of living in Connecticut is high. Based on the 2018 ALICE Report calculations, the average Household Survival Budget for a household of 3 would be \$53,860. This annual budget accounts for cost of household basics such as housing, child care, food, transportation, health care, taxes, and other**

**miscellaneous essentials.**

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:  
**This level would allow a family to continue accessing child care while maintaining a basic survival budget for the family.**
4. Provide the citation for this policy or procedure related to the second eligibility threshold:

**Policy Transmittal C4K-POL-19-08**

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

☒ No

☐ Yes

- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

☐ No

☐ Yes. Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

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

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

#### 3.3.1 Increasing access for vulnerable children and families

Describe how the Lead Agency defines:

- a. “Children with special needs”:

**Special needs is defined as a child under the age of nineteen who meets the requirements of subsection (b) of Section 17b-149 of the Regulations of Connecticut State Agencies. A child shall be considered to have special needs if the child's independence, self-sufficiency and safety is dependent on others and the child requires extra supervision, care or assistance in the child care setting due to the following physical, mental, behavioral or emotional conditions, including, but not limited to: (a) a physical handicap or health impairment that causes chronic or acute health problems such as a heart condition, orthopedic impairment, tuberculosis, asthma,**



epilepsy, cerebral palsy, leukemia, or congenital abnormality that has been diagnosed by the physician; (b) intellectual incapacity or spectrum disorder as diagnosed by a physician, pediatrician, or psychologist; (c) a behavioral or emotional disturbance, maladjustment or developmental delay that causes the child to exhibit marked and inappropriate behaviors or characteristics over extended periods that has been diagnosed by a psychologist, psychiatrist, or other clinically trained or state certified mental health professional acting within his or her scope or practice; (d) a speech, vision, or hearing impairment that has been diagnosed by a physician or state certified healthcare professional acting within his or her scope; (e ) multiple handicaps that cause problems or interfere with the child's ability to function in the child care setting without extra care or supervision.

b. "Families with very low incomes":

**Connecticut defines families with very low income as those receiving Temporary Assistance for Needy Families (TANF) who are employed or in an approved Jobs First Employment Services Activities (JFES).**

### 3.3.2 Priority populations

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

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

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	[x]	[x]	[ ]	[x]	[ ]

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

### 3.3.3 Other priority groups

List and define any other priority groups established by the Lead Agency.

**Priority Group 1. Parents receiving TFA cash assistance who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies; Group 2. Working parents whose cash assistance benefits were discontinued not more than five years prior to the date of application for CCAP; Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school; Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income; Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive); and Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income. Effective August 1, 2021, eligibility was expanded to allow parents or caretakers enrolled in a high school equivalent diploma program, workforce training or higher education programs, additional priority groups will be categorized as follows: Priority Group 7. Reserved for families in Early Head Start programs and are in approved activity. Priority Group 8. Parents or caregivers enrolled in a GED or high school equivalency program. Priority Group 9. Parents or caregivers enrolled in a workforce program as approved by the Commissioner. Priority Group 10. Parents or caregivers enrolled in higher education programs.**

### 3.3.4 Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.

**Public Act 18-184: allows the OEC Commissioner to exercise discretion in prioritizing within and between existing priority groups, including, but not limited to, children described in 45 CFR98.46, as amended from time to time, and households with an infant or toddler.**

### 3.3.5 Enrollment and outreach for families experiencing homelessness

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

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

**Public Act 18-172 A ninety-day waiver of immunization documentation is provided to families experiencing homelessness. All families experiencing homelessness as defined in the McKinney-Vento Homeless Education Assistance Improvements Act of 2001,42 U.S.C. 11434a. and who are applying for child care subsidy (Care 4 Kids ) will be granted a 90-day grace period to obtain required Care 4 Kids documents necessary for program eligibility. At the end of the 90-day grace period all documents must be received by Care 4 Kids to continue program eligibility. Link to policy transmittal: ([https://www.ct.gov/oec/lib/oec/90\\_Day\\_Grace\\_Period\\_for\\_Families\\_Experiencing\\_Homelessness.pdf](https://www.ct.gov/oec/lib/oec/90_Day_Grace_Period_for_Families_Experiencing_Homelessness.pdf)) [https://www.ct.gov/oec/lib/oec/90\\_Day\\_Grace\\_Period\\_for\\_Families\\_Experiencing\\_Homelessness.pdf](https://www.ct.gov/oec/lib/oec/90_Day_Grace_Period_for_Families_Experiencing_Homelessness.pdf)**

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

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

**Connecticut is using a dedicated outreach process to inform families of the Care 4 Kids Subsidy Program. This will include "high touch" partnership to key influencers in the community, particularly those that serve the most isolated families, such as homeless families, to ensure they are aware of the program. For example, Connecticut has eight Coordinated Access Networks (CANs) which service providers work together to streamline and standardize the process for individuals and families experiencing homelessness to access assistance to resources. OEC may also increase CAN's capacity to perform the promising model of shelter diversion, including use of quality dollars for diversion support funding and outcomes payments for associated reductions in risk of child trauma and reductions in child care costs associated with entering shelter. The OEC will partner with CAN teams to refer families directly to the Care 4 Kids program. The OEC will also consider other strategies, such as data matching with sister state agencies to identify homeless families.**

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final

eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

### 3.3.6 Grace period

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

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

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

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

**The OEC defines homeless based on the McKinney Vento definition. Connecticut's Public Act 18-172 provides a 90-day grace period for families experiencing homeless to complying with immunization and physical examination requirements.**

Provide the citation for this policy and procedure.

**Public Act 18-172 (<https://www.cga.ct.gov/2018/ACT/pa/2018PA-00172-R00HB-05169-PA.htm>)**  
**<https://www.cga.ct.gov/2018/ACT/pa/2018PA-00172-R00HB-05169-PA.htm>**

- ii. Children who are in foster care.

**Public Act 19-121 provides a 45-day grace period to foster children to comply with immunization and other health and safety requirements. Public Act 19-121 allows all licensed programs to waive the immunization and other health and safety requirements for foster children for 45-days. The Public Act will help foster families access licensed care without having all the health and safety documents in place at time of enrollment. The Care 4 Kids regulation 17b-749-11 (f) provides a 60-day grace period to comply with immunization requirements related to children who receive the Care 4 Kids subsidy.**

Provide the citation for this policy and procedure.

**Care 4 Kids regulation 17b-749-11 (f) provides a 60-day grace period to comply with immunization requirements. Public Act 19-121 section 2-3.**

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 OEC collaborates with the CT Department of Public Health to obtain children's immunization records via Connecticut's immunization system to facilitate compliance with immunization requirements readily accessible on the licensing website, thereby minimizing provider and family reporting burden to find immunization records. The Department of Public Health (DPH) will have a public portal that will allow parents and guardians to have direct access. The DPH can also assist with locating a vaccinating healthcare provider for a child.**

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

☐ No

☒ Yes. Describe:

The Care 4 Kids regulation 17b-749-11 (f) provides a 60-day grace period to comply with immunization requirements related to children who receive the Care 4 Kids subsidy. If a child who receives care has not been immunized, the parent shall have sixty days from the date assistance is granted to verify that the child has begun the immunization process. The child's benefits shall be terminated if the parent does not provide the required verification within sixty days. The child shall remain ineligible until such time that the parent verifies that the child has been or is in the process of being immunized. If there are no other eligible children in the home, the family shall become ineligible.

### 3.4 Continuity for Working Families

#### 3.4.1 Minimum 12-month eligibility

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

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

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

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
2. any interruption in work for a seasonal worker who is not working
3. any student holiday or break for a parent participating in a training or educational program
4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
7. any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

**Effective January 1, 2016, the following changes will occur for the Care 4 Kids program. The Office of Early Childhood (OEC) and the United Way of Connecticut (UWC) will ensure that families whose 12 month certificate was discontinued for benefits effective 1/1/2016 due to income interim changes reported will have their certificate reinstated. Only families whose**

income is at or above 75% SMI will remain discontinued.

**Income Eligibility at Application:**

At initial application, parent (s) will need to be either working or in an approved activity and will be placed in applicable priority group and payment will be authorized based on available funding. The family fee will be based on the household's gross income and family size.

**Income Eligibility at Redetermination:**

At redetermination, parent (s) will need to be either working or in an approved activity and will be placed in applicable priority group and payment will be authorized based on available funding. The family fee will be based on the household's gross income and family size.

A non-temporary change is defined as:

cessation of an approved work, education, or training activity.

A temporary change is defined as:

any time-limited absence from work for employed parents due to reasons such as periods of family leave or sick leave;  
any interruption in work for a seasonal worker;  
any student holiday or break for a parent participating in training or education;  
any reduction in work, training or education hours, as long as the parent is still working or attending training or education;  
any change in age, including turning 13 years old during the eligibility period;  
any change in residency within the State, Territory, or Tribal service area; and  
any cessation of work or attendance in an approved training or education program that does not exceed three months.

Interim changes during the 12 Months eligibility period will be effective April 1, 2016:

Families must report any non-temporary cessation of an approved work, education, or training activity.

Families with a non-temporary change will be given a 3 month job search period and a reduction in the family fee.

Families experiencing a temporary change will continue their 12 month eligibility period.

Families must report household income that exceeds the program's income threshold of 85% of the State Median Income. If family income exceeds the program's income threshold

the family will be discontinued.

Families must report changes in family size if those changes result in the household income exceeding the program's income threshold.

Parents must report a change in provider.

Parents or providers may request to reduce the care level or discontinue their certificates.

If a parent reports a temporary change that results in a reduction in the family fee, the fee should be reduced. Once the temporary period ends and the activity is resumed the family fee will be reinstated.

Any changes to household composition will not affect the need for care unless requested.

Families must report if a child who is receiving a subsidy is no longer in the household.

Connecticut General Statute: PA 15-227 enacted the 12- month eligibility requirement. The ORC's policies and procedures can be found in a Program Operations Policy Transmittal (C4K-POL-16-02-Revised).

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

Minimum Required Element	Citation
<p>[x] i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy: <b>Parents experiencing a time-limited absence from work due to such reasons as the need to care for a family member or an illness will continue their 12 month eligibility period. A temporary change is defined as:</b></p> <p>any time-limited absence from work for employed parents due to reasons such as periods of family leave or sick leave; any interruption in work for a seasonal worker; any student holiday or break for a parent participating in training or education; any reduction in work, training or education hours, as long as the parent is still working or attending training or education; any change in age, including turning 13 years old during the eligibility period; any change in residency within the State, Territory, or Tribal service area; and any cessation of work or attendance in an approved training or education program that does not exceed three months.</p> <p>Families are not required to report a temporary change.</p>	<p><b>Program Operations Policy Transmittal (C4K-Pol-16-02 Revised) dated: September 14, 2021.Link: <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></b></p>

Minimum Required Element	Citation
<p><b>[x] ii.</b> Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: <b>Parents experiencing any interruption in work due to being a seasonal worker will continue their 12 month eligibility period. A temporary change is defined as:</b></p> <ul style="list-style-type: none"> <li>any time-limited absence from work for employed parents due to reasons such as periods of family leave or sick leave;</li> <li>any interruption in work for a seasonal worker;</li> <li>any student holiday or break for a parent participating in training or education;</li> <li>any reduction in work, training or education hours, as long as the parent is still working or attending training or education;</li> <li>any change in age, including turning 13 years old during the eligibility period;</li> <li>any change in residency within the State, Territory, or Tribal service area; and</li> <li>any cessation of work or attendance in an approved training or education program that does not exceed three months.</li> </ul> <p><b>Families are not required to report a temporary change.</b></p>	<p><b>Program Operations Policy Transmittal (C4K-Pol-16-02 Revised)</b> dated: September 14, 2021.Link: (<a href="http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf">http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf</a>) <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></p>
<p><b>[x] iii.</b> Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: <b>Parents experiencing a holiday or break while participating in a training or educational program will continue their 12 month eligibility period. A temporary change is defined as:</b></p> <ul style="list-style-type: none"> <li>any time-limited absence from work for employed parents due to reasons such as periods of family leave or sick leave;</li> <li>any interruption in work for a seasonal worker;</li> <li>any student holiday or break for a parent participating in training or education;</li> <li>any reduction in work, training or education hours, as long as the parent is still working or attending training or education;</li> <li>any change in age, including turning 13 years old during the eligibility period;</li> <li>any change in residency within the State, Territory, or Tribal service area; and</li> <li>any cessation of work or attendance in an approved training or education program that does not exceed three months.</li> </ul> <p><b>Families are not required to report a temporary change.</b></p>	<p><b>Program Operations Policy Transmittal (C4K-Pol-16-02 Revised)</b> dated: September 14, 2021.Link: (<a href="http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf">http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf</a>) <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></p>



Minimum Required Element	Citation
<p>[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: <b>Parents experiencing any reduction in work, training or education hours, as long as they are still working or attending training or education will continue their 12 month eligibility period. A temporary change is defined as:</b></p> <ul style="list-style-type: none"> <li>any time-limited absence from work for employed parents due to reasons such as periods of family leave or sick leave;</li> <li>any interruption in work for a seasonal worker;</li> <li>any student holiday or break for a parent participating in training or education;</li> <li>any reduction in work, training or education hours, as long as the parent is still working or attending training or education;</li> <li>any change in age, including turning 13 years old during the eligibility period;</li> <li>any change in residency within the State, Territory, or Tribal service area; and</li> <li>any cessation of work or attendance in an approved training or education program that does not exceed three months.</li> </ul> <p>Families are not required to report a temporary change.</p>	<p><b>Program Operations Policy Transmittal (C4K-Pol-16-02 Revised) dated: September 14, 2021.Link:</b>  <a href="http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf">http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf</a>  <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></p>

Minimum Required Element	Citation
<p>[x] v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: <b>Families experiencing a temporary change will continue their 12 month eligibility period. Families are not required to report a temporary change. A temporary change is defined as:</b></p> <ul style="list-style-type: none"> <li>any time-limited absence from work for employed parents due to reasons such as periods of family leave or sick leave;</li> <li>any interruption in work for a seasonal worker;</li> <li>any student holiday or break for a parent participating in training or education;</li> <li>any reduction in work, training or education hours, as long as the parent is still working or attending training or education;</li> <li>any change in age, including turning 13 years old during the eligibility period;</li> <li>any change in residency within the State, Territory, or Tribal service area; and</li> <li>any cessation of work or attendance in an approved training or education program that does not exceed three months.</li> </ul>	<p><b>Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016.Link:</b>  <a href="http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf">http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf</a>  <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></p>

Minimum Required Element	Citation
<p>[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency’s policy: <b>The child will be considered age eligible until the next redetermination as states in the Programs Operations Policy Transmittal. A child who turns 13 during his/her eligibility period shall remain age eligible until the next redetermination.</b></p>	<p>(<a href="https://www.ct.gov/oec/lib/oec/08-continued_eligibility_for_13_year-old_children.pdf">https://www.ct.gov/oec/lib/oec/08-continued_eligibility_for_13_year-old_children.pdf</a>)  <a href="https://www.ct.gov/oec/lib/oec/08-continued_eligibility_for_13_year-old_children.pdf">https://www.ct.gov/oec/lib/oec/08-continued_eligibility_for_13_year-old_children.pdf</a> and Program Operations Policy Transmittal (C4K-Pol-16-02 Revised) dated: September 14, 2021.Link: (<a href="http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf">http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf</a>)  <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></p>
<p>[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency’s policy: <b>There is no impact on eligibility when a family moves within state. The requirement is that the family must reside in Connecticut and does not indicate any negative action for moving within the State.</b></p>	<p><b>Regulations of Connecticut State Agencies section 17b-749-04 (a) and Program Operations Policy Transmittal (C4K-Pol-16-02 Revised) dated: September 14, 2021.Link: (<a href="http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf">http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf</a>)  <a href="https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf">https://www.ctoec.org/wp-content/uploads/2020/04/REVISED-12-Month-Eligibility-Transmittal-9-14-21.pdf</a></b></p>

c. Provide any other elements included in the state’s definition of “temporary change”, including those implemented during the pandemic, and provide the citation.

N/A

3.4.2 Assistance during the minimum 12-month eligibility period

Continuing assistance for “job search” and a Lead Agency’s option to discontinue assistance during the minimum 12-month eligibility period.

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

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

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

☒ No

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

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

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

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

- i. Provide a summary describing the Lead Agency’s policies and procedures for discontinuing assistance due to a parent’s non-temporary change:

**The parent is required to report a job loss to the Care 4 Kids Program within 10 days. Care 4 Kids will issue a 3-month job search certificate. At the end of the 3-month job search, if the parent has a new job, income information will be updated.**

- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

**The parent notifies the Care 4 Kids Program either by phone or in writing.**

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

**3 months.**

iv. Provide the citation for this policy or procedure.

**([http://www.ct.gov/oec/lib/oec/02-12\\_month\\_eligibility\\_transmittal.pdf](http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf))**

**[http://www.ct.gov/oec/lib/oec/02-12\\_month\\_eligibility\\_transmittal.pdf](http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf)**

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

☐ i. Not applicable

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

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

B. Provide the citation for this policy or procedure:

☒ iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

**If a parent moves out of state, the family's certificate will be discontinued. Care 4 Kids Program Regulations: 17b-749-04(a)(1).**

☒ iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

**If a parent commits fraud for the first time, a period of ineligibility shall be three months from the date of the notice of disqualification is issued or from the date the parent's benefits are discontinued, whichever is later. For the second finding of fraud, the disqualification period shall increase to 6 months. For any subsequent finding, the disqualification period shall be 1 year for each occurrence. Care 4 Kids Program Regulations: 17b-749-20(h)(3).**

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

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

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

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

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

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

☐ No

☒ Yes

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

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

☒ i. Additional changes that may impact a family's eligibility during the minimum 12-month period. Describe:

**Families must report changes in household composition and /or household income that exceeds the federal income threshold of 85% SMI and if the child no longer resides in the household.**

☒ ii. Changes that impact the Lead Agency's ability to contact the family. Describe:

**Families must report a change in address within 10 days of the date of the change.**

☒ iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe:

**Families must report any change in the child care arrangements, including changes in providers or the location where care is given, a change in the relationship of the provider to the child, cost, or the need for child care.**

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

☒ i. Phone

☒ ii. Email

☒ iii. Online forms

☐ iv. Extended submission hours

☒ v. Postal mail

☒ vi. Fax

☒ vii. In-person submission

☐ viii. Other. Describe:

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

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

has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.  
**Families are allowed to report changes of any kind at any time. The lead agency would act upon reported changes only if they benefit the family.**
- ii. Provide the citation for this policy or procedure.

**Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016.**Link:  
([http://www.ct.gov/oec/lib/oec/02-12\\_month\\_eligibility\\_transmittal.pdf](http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf))  
[http://www.ct.gov/oec/lib/oec/02-12\\_month\\_eligibility\\_transmittal.pdf](http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf) .

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

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

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

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

- ☒ i. Advance notice to parents of pending redetermination
- ☒ ii. Advance notice to providers of pending redetermination
- ☒ iii. Pre-populated subsidy renewal form
- ☒ iv. Online documentation submission
- ☐ v. Cross-program redeterminations
- ☐ vi. Extended office hours (evenings and/or weekends)
- ☐ vii. Consultation available via phone
- ☐ viii. Other:

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

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

non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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

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

#### 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

##### 4.1.1 Child care certificate

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 Care 4 Kids certificate is issued after the parent has selected a provider. The following information is listed on the certificate: (1) Family Name and Address; (2) Family Identification Number; (3) Case Manager; (4) Provider Identification Number; (5) Certificate Number; (6) Child Name; (7) Child's date of birth; (8) Start and end date of the certificate; (9) Approved Level of Care; (10) Provider Name; (11) Child's age group; (12) Reason the certificate is being issued along with the regulation number for the reason; (13) Family Fee listed in both weekly and monthly amounts; (14) Key with all levels of care; (15) C4K weekly reimbursement rate; (16) C4K monthly reimbursement rate; (17) Family Fee; (18) Total Payment Amount; (19) Information: if the provider charges more it is your responsibility to pay those amounts; (20) C4K contact information.**

##### 4.1.2 Child care certificate and parent choice

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



all that apply.

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

**The Notice of Eligibility that families receive includes a statement: "Care 4 Kids subsidy program is designed to promote equal access to families. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800-505-1000 or [www.211childcare.org](http://www.211childcare.org). The 211 Child Care website includes links to program profiles with detailed information on quality, health and safety, and regulatory requirements for the program you will be choosing for your child."**

#### 4.1.3 Equal access for families receiving CCDF-funded child care

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

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

**The Office of Early Childhood through the Care 4 Kids program funds the full range of providers (licensed centers, license-exempt centers, licensed family child care providers, and license exempt relative providers) in order to support parent choice and to ensure equal access to child care services comparable to those provided by families not receiving CCDF assistance. Providers must meet required health and safety standards. The OEC contracts with Connecticut's CCR&R (United Way of Connecticut) to provide resource and referral services to parents. Based on Connecticut's most recent market rate survey, the OEC is reviewing and analyzing several scenarios that will address providing rates aligned more closely to the market. In particular, rates for infants and toddlers in center-based settings will be increased to more closely align to those of family child care where rates have grown over the last four years. Many families receive additional support from state funded contracts allows parent to choose high quality providers. Care 4 Kids is widely accepted in CT and not restricted only to a small subset of programs, allowing for ample family choice.**

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

**Care 4 Kids is widely accepted in CT and not restricted only to a small subset of programs, allowing for ample family choice.**

**Currently, 52% of licensed child care centers, 43% of licensed family home child care, 57% of licensed group home, and 32% of license exempt programs participate in CT's Care 4 Kids subsidy program.**

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

**Providers have reported through stake holder meetings and state-wide EC Alliance calls that the rate of reimbursement does not cover the cost of quality care.**

#### 4.1.4 Procedures to ensuring unlimited access

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)).

**Connecticut's Office of Early Childhood Care 4 Kids Regulations: Section 17b-749-12 (b) -Provisions Applicable to all Providers states that providers shall allow parents' unlimited access to their children and to the location where childcare is provided.**

#### 4.1.5 Allowing and limiting in-home care

The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but

may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?  
☐ No

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

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

**The Office of Early Childhood will allow only the child's relative to provide care unless the provider has a license. The capacity of in-home care provided by relatives will be restricted to a total of three children with no more than two children under the age of two.**

☒ b. Restricted based on the provider meeting a minimum age requirement. Describe:

**The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems.**

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

☒ d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe:

**The Office of Early Childhood will allow only the child's relative to provide care unless the provider has a license. The capacity of in-home care provided by relatives will be restricted to a total of three children with no more than two children under the age of two.**

☐ e. Restricted to care for children with special needs or a medical condition.  
Describe:

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

☒ g. Other. Describe:

**The Office of Early Childhood will allow only the child's relative to provide care unless the provider has a license. The capacity of in-home care provided by relatives will be restricted to a total of three children with no more than two children under the age of two.**

#### 4.1.6 Child care services available through grants or contracts.

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

☒ No. If no, skip to 4.1.7

☐ Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

☐ Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:
- iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

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

☒ No

☐ Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
ii. Infants and toddlers	[ ]	[ ]
iii. School-age children	[ ]	[ ]
iv. Children needing non-traditional hour care	[ ]	[ ]
v. Children experiencing homelessness	[ ]	[ ]
vi. Children with diverse linguistic or cultural backgrounds	[ ]	[ ]
vii. Children in underserved areas	[ ]	[ ]
viii. Children in urban areas	[ ]	[ ]
ix. Children in rural areas	[ ]	[ ]
x. Other populations, please specify	[ ]	[ ]

#### 4.1.7 Shortages in supply of high-quality child care

Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

##### a. In child care centers.

In May 2021, Connecticut's Voices for Children published the "The State of Early Childhood During the COVID-19 Pandemic" documenting on page 18 ☐ There is a shortage of slots and programs to care for Connecticut's children A number of barriers stand in the way of universal access to high-quality early care, beginning with the number of slots and programs available to serve children. Commissioner Bye's pre-pandemic announcement of a 50,000 shortage of slots for infants and toddlers translated to capacity for only about a third of children in this age group statewide, leaving two-thirds of infants and toddlers without programs ready to serve them. This shortage reflected a national trend at the time, with the White House reporting in late 2019 a 30 percent decline in licensed providers over the last fifteen years, amounting to a loss of over half a million slots nationally. Family child care homes comprised the majority of these closures.<sup>44</sup> This inadequacy creates "child care deserts" in which there are at least three children in need of each available spot, and those able to pay higher rates are more likely to secure access.<sup>45</sup> The COVID-19 pandemic turned this concerning trend into an acute crisis. At the lowest point in the pandemic last year, fewer than one in four programs in the state were operational.<sup>46</sup> As explained in more detail in the section titled "Impacts and Opportunities of the COVID-19 Pandemic," by March of this year, the state was at 72 percent of its pre-pandemic program capacity, with 20 percent of programs permanently closed. These findings track with national trends, which show that an estimated 20,000 child care centers closed permanently thus far due to challenges stemming from the COVID-19 pandemic.<sup>47</sup> This loss is also reflected in a decrease in the number of available preschool slots from 2020 to 2021, as shown in Figure 4. At the same time, preschool programs saw a higher drop in enrollment than Kindergarten and other early grades: an 18.7 percent difference between 2019-20 to 2020-21 versus 11.8 percent for Kindergarteners.<sup>48</sup> In these data, slots are identified by provider, whether filled or vacant. The number of slots represents the number of children that a provider is licensed to care for and can be different from the number of actual vacancies. For example, a family child care home may be

licensed to have six children but decide to only provide for four children because they have two children of their own; they would therefore report six slots and four vacancies. The overall number of child care slots rose slightly until last year. In 2017, there were 16,710 infant and toddler slots in the state. By 2019, this increased to 19,497. In January 2020, it rose again to 22,732 and stayed mostly flat as of January of this year, perhaps because the family child care homes that serve this age group did not close in significant numbers. Preschool slots follow a different trajectory, decreasing overall over the past decade, and with a sharp decrease between 2020 and January of this year, from 64,789 to 54,537 slots, or a drop of about 15 percent. As shown in Table 8, there is also a reduction in the number of slots at preschool programs accredited by the National Association for the Educational of Young Children (NAEYC), New England Association of Schools and Colleges (NEASC), and Head Start, suggesting the investments in quality left programs more financially vulnerable. These decreases may be a result of both child care centers closing and physical distancing guidelines. While more research is needed to understand these changes in capacity, they show a clear and concerning decrease. Meanwhile, as shown in Figure 5, the number of licensed ECE programs in Connecticut shows a similar decline. (Source: [https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC\\_Just-Research-Final.pdf](https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Research-Final.pdf)) The OEC tracks Infant, Toddler, Preschool, and School Age capacity data through its CCR&R. OEC also monitors strategies that are implemented to increase Infant and Toddler capacity in specific settings and locations.

b. In child care homes.

In May 2021, Connecticut's Voices for Children published the "The State of Early Childhood During the COVID-19 Pandemic" documenting on page 18 ☐ There is a shortage of slots and programs to care for Connecticut's children A number of barriers stand in the way of universal access to high-quality early care, beginning with the number of slots and programs available to serve children. Commissioner Bye's pre-pandemic announcement of a 50,000 shortage of slots for infants and toddlers translated to capacity for only about a third of children in this age group statewide, leaving two-thirds of infants and toddlers without programs ready to serve them. This shortage reflected a national trend at the time, with the White House reporting in late 2019 a 30 percent decline in licensed providers over the last fifteen years, amounting to a loss of over half a million slots nationally. Family child care homes comprised the majority of these closures.<sup>44</sup> This inadequacy creates ☐child care deserts☐ in which there are at least three children in need of each available spot, and those able to pay higher rates are more likely to secure access.<sup>45</sup> The COVID-19 pandemic turned this concerning trend into an acute crisis. At the lowest point in the pandemic last year, fewer than one in four programs in the state were operational.<sup>46</sup> As explained in more detail in the section titled ☐Impacts and Opportunities of the COVID-19 Pandemic,☐ by March of this year, the state was at 72 percent of its pre-pandemic program capacity, with 20 percent of programs permanently closed. These findings track with national trends, which show that an estimated 20,000 child care centers closed permanently thus far due to challenges stemming from the COVID-19 pandemic.<sup>47</sup> This loss is also reflected in a decrease in the number of available preschool slots from 2020 to 2021, as shown in Figure 4. At the same time, preschool programs saw a higher drop in enrollment than Kindergarten and other early grades: an 18.7 percent difference between 2019-20 to 2020-21 versus 11.8 percent for Kindergarteners.<sup>48</sup> In these data, slots are identified by provider, whether filled or vacant. The number of slots represents the number of children that a provider is licensed to care for and can be different from the number of actual vacancies. For example, a family child care home may be licensed to have six children but decide to only provide for four children because they have two children of their own; they would therefore report six slots and four vacancies. The overall number of child care slots rose slightly until last year. In 2017, there were 16,710 infant and toddler slots in the state. By 2019, this increased to 19,497. In January 2020, it rose again to 22,732 and stayed mostly flat as of January of this year, perhaps because the family child care homes that serve this age group

did not close in significant numbers. Preschool slots follow a different trajectory, decreasing overall over the past decade, and with a sharp decrease between 2020 and January of this year, from 64,789 to 54,537 slots, or a drop of about 15 percent. As shown in Table 8, there is also a reduction in the number of slots at preschool programs accredited by the National Association for the Educational of Young Children (NAEYC), New England Association of Schools and Colleges (NEASC), and Head Start, suggesting the investments in quality left programs more financially vulnerable. These decreases may be a result of both child care centers closing and physical distancing guidelines. While more research is needed to understand these changes in capacity, they show a clear and concerning decrease. Meanwhile, as shown in Figure 5, the number of licensed ECE programs in Connecticut shows a similar decline. (Source: [https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC\\_Just-Research-Final.pdf](https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Research-Final.pdf) ) The OEC tracks Infant, Toddler, Preschool, and School Age capacity data through its CCR&R. OEC also monitors strategies that are implemented to increase Infant and Toddler capacity in specific settings and locations.

c. Other.

N/A

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

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

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

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

☒ ii. Targeted Family Child Care Support such as Family Child Care Networks.  
Describe:

The OEC is funding twelve state-wide family childcare networks. The funding of these networks are to increase the supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back office support. As OEC works with providers to make infant and toddler care more affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care.

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

The OEC's Division of Early Care and Education oversees all state and federally funded early childhood programs, with the exception of IDEA Part B Section 619 preschool special education. The OEC is working closely with the Part B state coordinator to support community-based programs as they work with their public school counterparts to ensure that children who are eligible to receive special education and related services are provided with a program that ensures continuity and consistency in the least restrictive environment. The OEC is funding twelve state-wide family childcare networks. The funding of these networks are to increase the

supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back office support. As OEC works with providers to make infant and toddler care more affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care. Additionally, Connecticut funds a state-wide CCR&R (UW of CT) to provide information to the public seeking quality affordable child care and to child care providers who offer quality child care services. Activities include: (1) Counseling and consumer education regarding all legal child care options in Connecticut; (2) Developmentally appropriate learning activities based on Connecticut's Early Learning and Development Standards; (3) Researched-based information on the long-term impact of high quality early childhood education and development; (4) Assistance for low income families to access child care and early education services; (5) Maintenance of a referral system to provider services and information to support families and providers; (6) Information for families of services available through the Help Me Grow/Child Development InfoLine regarding Birth to Three services and managing the state-wide Ages and Stages Child Monitoring program for families to track the development of child from birth to five years of age. Help Me Grow has a database that tracks demographics, client service needs and outcomes of referrals; (7) Conducting educational workshops and presentations for child care providers, and parent education activities state-wide (all training content is aligned with Connecticut's Early Learning and Development Standards and Core Knowledge and Competency Framework; and (8) Providing technical assistance through on-site visits to newly licensed child care providers.

☐ v. Recruitment of providers. Describe:

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

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

The OEC has a multi-year contract with the Women's Business Development Council to provide a comprehensive suite of business development services to support child care service providers, home and center based, to help sustain their business over the short and long term. These programs and services include training on how to build a business plan, to hands-on technical assistance with accessing loans and grants.

☒ viii. Accreditation supports. Describe:

The OEC contracts with the Early Child RESC Alliance and CTAEYC on goals pertaining to access and quality. As a result of this partnership, the EC RESC Alliance provides NAEYC accreditation support to licensed programs.

☐ ix. Child care health consultation. Describe:

☐ x. Mental health consultation. Describe:

☒ xi. Other. Describe:

CT Cares for All Young Children: Project Family Outreach is winding down June 30th. There were two phases to the project; a one-time 4-week blitz in December to find as many families as possible who were not connected to any preschool experiences. A combination of 97 child care sites, home visiting programs and FRCs found 1,26 families to participate serving 1,123 children

overall. Each family received a box of materials from Kaplan and an OEC packet of resources. Sites provided home learning supports for the month. Took a big OEC team to pull off a 4-week program. Found out we had more funds we could use through June so we tweaked the project a little and asked sites if they wanted to continue Feb-June. We now have 68 sites participating serving 460 families with home learning supports. Sites received \$200 per family to spend on materials that matched with the experiences they were planning with the family. It was a great project that included centers, HV programs and FRCs. Through this project over 1020 families were served. Those relationships continue through re-enrollment in child care and home visiting efforts.

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

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

☒ ii. Family Child Care Networks. Describe:

The OEC is funding twelve state-wide family childcare networks. The funding of these networks are to increase the supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back office support. As OEC works with providers to make infant and toddler care more affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care.

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

The OEC is funding twelve state-wide family childcare networks. The funding of these networks are to increase the supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back office support. As OEC works with providers to make infant and toddler care more affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care.

☐ v. Recruitment of providers. Describe:

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

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

The OEC has a multi-year contract with the Women's Business Development Council to provide a comprehensive suite of business development services to support child care service providers, home and center based, to help sustain their business over the short and long term. These programs and services include training on how to build a business plan, to hands-on technical assistance with accessing loans and grants.

☒ viii. Accreditation supports. Describe:

The OEC contracts with the Early Child RESC Alliance and CTAEYC on goals pertaining to access and quality. As a result of this partnership, the EC RESC Alliance provides NAEYC accreditation support to licensed programs.

☐ ix. Child care health consultation. Describe:



☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

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

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

☐ ii. Family Child Care Networks. Describe:

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

The OEC has developed a document entitled "Guidance and Technical Assistance for Supporting All Children using the CT's Early Childhood Development Standards: Meeting the Needs of Diverse Learners." This document includes OEC's inclusion statement and focuses on ways to support young children by ensuring full access and active participation in all care settings so that children with diverse needs receive the full benefit of their early learning experiences. The OEC worked in collaboration with The University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disability Education, Research, and Service in creating this document. The OEC's Division of Early Care and Education oversees all state and federally funded early childhood programs, with the exception of IDEA Part B Section 619preschool special education. The OEC is working closely with the Part B state coordinator to support community-based programs as they work with their public school counterparts to ensure that children who are eligible to receive special education and related services are provided with a program that ensures continuity and consistency in the least restrictive environment. The CCDF Administrator is working closely with the OEC's Family Support Division who oversees the agency's Birth to Three, IDEA, and Part C Program, to raise awareness and provide information regarding the importance of early screening and referral, as well as outreach strategies to engage families in these important practices.

☐ v. Recruitment of providers. Describe:

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

**All providers who serve children with disabilities receive an additional 25% above the base payment rate.**

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

The OEC has a multi-year contract with the Women's Business Development Council to provide a comprehensive suite of business development services to support child care service providers, home and center based, to help sustain their business over the short and long term. These programs and services include training on how to build a business plan, to hands-on technical assistance with accessing loans and grants.

☒ viii. Accreditation supports. Describe:

The OEC contracts with the Early Child RESC Alliance and CTAEYC on goals pertaining to access and quality. As a result of this partnership, the EC RESC Alliance provides NAEYC accreditation support to licensed programs, conducts rating scales for program improvement, trainings and technical assistance to support professional growth and development for the EC

**workforce.**

☐ ix. Child care health consultation. Describe:

☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

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

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

**The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.**

**Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.**

☒ ii. Family Child Care Networks. Describe:

**The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.**

☒ iii. Start-up funding. Describe:

**The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.**

**Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.**

**The OEC has also recently published an RFP for funding for additional Family Child Care Network hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.**

☒ iv. Technical assistance support. Describe:

**The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.**

**Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.**

**The OEC has also recently published an RFP for funding for additional Family Child Care Network hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.**

☒ v. Recruitment of providers. Describe:

**The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.**

**Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.**

The OEC has also recently published an RFP for funding for additional Family Child Care Network hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.

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

☒ vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.

Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.

The OEC has also recently published an RFP for funding for additional Family Child Care Network hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.

☒ viii. Accreditation supports. Describe:

The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.

Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.

The OEC has also recently published an RFP for funding for additional Family Child Care Network hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.

☒ ix. Child Care health consultation. Describe:

The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.

Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.

The OEC has also recently published an RFP for funding for additional Family Child Care Network hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.

☒ x. Mental health consultation. Describe:

The OEC is currently partnering with Third Sector to design and implement a direct-contract pilot to increase the supply of and improve the quality of child care services. This pilot will target desert areas and those providers who can offer non-traditional hours.

Additionally, through ARPA funding, to address identify needs from the Unmet Needs Report, 13 more Smart Start classrooms were opened in underserved areas.

The OEC has also recently published an RFP for funding for additional Family Child Care Network

hubs to support the establishment of FCCs and to provide technical assistance in areas of provider need.

[ ] xi. Other. Describe:

e. Other. Check and describe all that apply.

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

For the American Rescue Plan Act (ARPA) stabilization grant implementation, OEC continues to drive towards our vision of a consistent, high quality, accessible system of child care available to all families. With that aim, a great deal of effort has gone into ensuring a transparent, fair and equitable distribution of relief funds to child care programs. Working with our government partners, a formula has been developed that uses your child care's data—such as capacity, location, availability, whether it receives subsidy benefits, accreditation, and more. . Equity required extra and intentional steps, and this has been carefully considered and integrated into the formula. To target providers who serve low-income communities, CT utilized the Census Tract Social Vulnerability Index and is awarding a 25% bonuses to programs located in a community with an SVI rating of 0.6 to less than 0.8, and a 35% bonus to programs located in a community with an SVI rating greater than or equal to 0.8. Through a partnership with United Way of CT, OEC is utilizing data already validated to pre-calculate funding amounts for providers to make for an easy application process. To incentivize direct increase in wages to staff, 25% of the total funding for center-based & group home (DCCC, DCGH and DCEX) providers is contingent on their agreeing to allocate this portion of funding for increasing staff compensation. If a provider "opts in" to the staff compensation, the program will receive 100% of their total funding and if a provider does not "opt in" to the staff compensation, the program will receive 75% of their total funding. OEC utilized an inclusive process with feedback on the stabilization funding formula before finalizing. Presentations were made statewide with providers, advocates, parents, and stakeholders. Changes were made to the funding formula based on feedback along with intentionality toward equity between different setting types and locations. The final formula looks very different from where it started because of the feedback received

To be invited to apply, programs must first have been provided a Supplier ID by the State Comptroller's office. Outreach to child care providers about obtaining supplier ID numbers began approximately 8 weeks before the opening of applications. The Supplier ID process can take up to 4 weeks to complete. There are programs who are currently in the process of obtaining a Supplier ID and once, approved, the program will be sent a link inviting the program to apply for the stabilization funding.

Applications for stabilization funding started being dispersed to the field on May 24, 2021. Applications are being sent by the United Way of CT (UW of CT). UW of CT is also handling disputes from programs who do not agree with the funding amount. Payments are being made to programs by the OEC. As of June 28, 81% of applications have been submitted, 97% of center-based programs have opted in to staff compensation, and OEC has paid out \$42.8 million to 2,113 child care programs.

Based on communication from the field, programs are eager to dedicate increases in pay to staff and eager to make facility updates.

To support providers who speak languages other than English, OEC is partnering with the Women's Business Development Council to provide services in Spanish and other languages to provide no-cost business support to child care providers in the following ways specific to stabilization funding: providing webinars to assist with the application process; obtaining Supplier IDs, Estimating funding amounts; identifying best use of funds for programs; methods for tracking expenses and avoid double-dipping; estimate tax burden and strategies to offset taxable income; and develop equitable bonus and/or sustainable staff compensation & benefits plans. The CT Office of Early Childhood's website includes significant information and detail about this funding opportunity and can be accessed in multiple languages. In addition, the United Way of CT has bilingual staff available to provide technical assistance support via a call center and emails, and all marketing materials go out in both English and Spanish inclusive of webinar slides and screen shots of the application.

Link to center-based application screenshots: (<https://www.ctoec.org/wp-content/uploads/2021/06/Centers-Screenshots.pdf>" rel="noreferrer noopener" tabindex="-1" target="\_blank" title="https://www.ctoec.org/wp-content/uploads/2021/06/centers-screenshots.pdf") <https://www.ctoec.org/wp-content/uploads/2021/06/Centers-Screenshots.pdf>

Link to family child care home application screenshots: (<https://www.ctoec.org/wp-content/uploads/2021/06/Homes-Screenshots.pdf>" rel="noreferrer noopener" tabindex="-1" target="\_blank" title="https://www.ctoec.org/wp-content/uploads/2021/06/homes-screenshots.pdf") <https://www.ctoec.org/wp-content/uploads/2021/06/Homes-Screenshots.pdf>

Link to family child care home application screenshots in Spanish: ([https://www.ctoec.org/wp-content/uploads/2021/05/Homes-Screenshots\\_Spanish.pdf](https://www.ctoec.org/wp-content/uploads/2021/05/Homes-Screenshots_Spanish.pdf)" rel="noreferrer noopener" tabindex="-1" target="\_blank" title="https://www.ctoec.org/wp-content/uploads/2021/05/homes-screenshots\_spanish.pdf") [https://www.ctoec.org/wp-content/uploads/2021/05/Homes-Screenshots\\_Spanish.pdf](https://www.ctoec.org/wp-content/uploads/2021/05/Homes-Screenshots_Spanish.pdf)

[x] ii. Family Child Care Networks. Describe:

The OEC is funding twelve state-wide family childcare networks. The funding of these networks are to increase the supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back office support. As OEC works with providers to make infant and toddler care more affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care.

[ ] iii. Start-up funding. Describe:

[ ] iv. Technical assistance support. Describe:

☐ v. Recruitment of providers. Describe:

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

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

☒ viii. Accreditation supports. Describe:

**The OEC contracts with the Early Child RESC Alliance and CTAEYC on goals pertaining to access and quality. As a result of this partnership, the EC RESC Alliance provides NAEYC accreditation support to licensed programs.**

☐ ix. Child Care health consultation. Describe:

☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

#### 4.1.9 Prioritizing investments for increasing access to high-quality child care and development services

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

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

**The Office of Early Childhood uses State Department of Education's Priority, Competitive, and Alliance districts, as identified in legislation to prioritize state funded preschool funding.**

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

**Connecticut's state funded School Readiness Grants and Child Day Care Contracts serve the 50 lowest income communities in the state in addition to other high need communities. In 2015, the state allocated a new source of funds to serve preschool children in the public schools; preference is given to grantees who prioritize eligibility to children who receive free and reduced lunch. In addition, the federal Preschool Development Grant serves four-year-olds in 13 of CT's high need communities. All state funded programs are required to achieve and maintain national accreditation or Head Start approval to receive funds. CT's Child Care Subsidy Program (Care4Kids) is available statewide. The OEC uses CCDF funds to support several quality activities including national program accreditation and scholarships to individuals for degree completion and courses in program leadership.**

## 4.2 [Assess Market Rates and Analyze the Cost of Child Care](#)

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

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

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

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

the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

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

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

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

☒ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

☒ a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?

**September 2021 through January 2022**

☐ b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

☐ No, a waiver is being requested in Appendix A.

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

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

☐ ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

- b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and



complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2.

?

#### 4.2.2 Consultation prior to developing MRS or pre-approved alternative methodology

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

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body:

**Under a prior Commissioner, there was a pause in Connecticut's SAC activity. During efforts to resume the work of the SAC and update the membership, several meetings were held between 2020 and 2021 with various groups of stakeholders including past and current members of the SAC. Reoccurring agenda items for these meetings included both the previous Market Rate Survey results and the design and implementation of the 2022 Market Rate Survey as well as the Narrow Cost Analysis. Input and feedback on the design of both the 2022 Market Rate Survey and the Narrow Cost Analysis were solicited from all stakeholders attending these planning meetings. On May 11, 2022, a SAC meeting was held where the results of the market rate survey were discussed and a link to a public comment portal was sent to all members of the State Advisory Council (SAC) for feedback.**

b. Local child care program administrators:

**Under a prior Commissioner, there was a pause in Connecticut's SAC activity. During efforts to resume the work of the SAC and update the membership, several meetings were held between 2020 and 2021 with various groups of stakeholders including past and current members of the SAC such as local child care program administrators. Reoccurring agenda items for these meetings included both the previous Market Rate Survey results and the design and implementation of the 2022 Market Rate Survey as well as the Narrow Cost Analysis. Input and feedback on the design of both the 2022 Market Rate Survey and the Narrow Cost Analysis were solicited from all stakeholders attending these planning meetings. On May 11, 2022, a SAC meeting was held where the results of the market rate survey were discussed and a link to a public comment portal was sent to all members of the State Advisory Council (SAC) for feedback. Recruitment efforts for the SAC meeting were done through the planning meetings during 2020 and 2021 as well as a blast e-mail to the ECE listserv and posting with the Secretary of State website.**

c. Local child care resource and referral agencies:

**Under a prior Commissioner, there was a pause in Connecticut's SAC activity. During efforts to resume the work of the SAC and update the membership, several meetings were held between 2020 and 2021 with various groups of stakeholders including past and current members of the SAC and CT's CCR&R. Reoccurring agenda items for these meetings included both the previous Market Rate Survey results and the design and implementation of the 2022 Market Rate Survey as well as the Narrow Cost Analysis. Input and feedback on the design of both the 2022 Market Rate Survey and the Narrow Cost Analysis were solicited from all stakeholders attending these planning meetings. On May 11, 2022, a SAC meeting was held where the results of the market rate survey were discussed and a link to a public comment portal was sent to all members of the State Advisory Council (SAC) for feedback. Recruitment efforts for the SAC meeting were done through the planning meetings during 2020 and**

2021 as well as a blast e-mail to the ECE listserv and posting with the Secretary of State website.

The Office of Early Childhood contracted with Connecticut's CCR & R (United Way of Connecticut) to conduct a comprehensive state-wide Market Rate Survey. Information on provider charges was solicited through a standard telephone survey. The survey questions captured information on weekly changes by setting type (licensed child care center/group child care home, family child care homes, and licensed-exempt providers), and age group (infant, toddler, preschool, school age), capacity, town and region. This information included provider, town, region, weekly cost, and capacity including the number of spaces available and number of spaces with enrollments.

d. Organizations representing caregivers, teachers, and directors:

Under a prior Commissioner, there was a pause in Connecticut's SAC activity. During efforts to resume the work of the SAC and update the membership, several meetings were held between 2020 and 2021 with various groups of stakeholders including past and current members of the SAC such as local child care program administrators and organizations represent caregivers, teachers and directors, i.e., CT EC Alliance, SEIU, etc. Reoccurring agenda items for these meetings included both the previous Market Rate Survey results and the design and implementation of the 2022 Market Rate Survey as well as the Narrow Cost Analysis. Input and feedback on the design of both the 2022 Market Rate Survey and the Narrow Cost Analysis were solicited from all stakeholders attending these planning meetings. On May 11, 2022, a SAC meeting was held where the results of the market rate survey were discussed and a link to a public comment portal was sent to all members of the State Advisory Council (SAC) for feedback. Recruitment efforts for the SAC meeting were done through the planning meetings during 2020 and 2021 as well as a blast e-mail to the ECE listserv and posting with the Secretary of State website.

e. Other. Describe:

N/A

#### 4.2.3 Benchmarks for MRS or pre-approved alternative methodology

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

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

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

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

i. Represent the child care market:

The Market Rate Survey collects rate data from a statewide survey including all 4 Care 4 Kids regions, and includes all licensed center, exempt center and licensed group home and licensed family home child care providers that respond to the survey from Connecticut's Resource and Referral service through United Way of Connecticut 211.

ii. Provide complete and current data:

The Connecticut Office of Early Childhood conducted a Market Rate Survey of licensed early care and education providers to determine market rates in each region and across the state for licensed centers and licensed family child care providers. The study is required as part of the state's Child Care and Development Fund (CCDF) Plan, as directed in the Child Care and Development Block Grant (CCDBG) Act of 2015. The Care 4 Kids Child Care subsidy program, funded by the CCDF funding, allows low-income families to maintain employment, participate in training, workforce development and education programs. The 2022 Market Rate Survey and analysis provides information regarding differences in current subsidy payment rates to purchasing power and adequacy for access in the child care market, by region and statewide, and tiered rates or differential rates for special populations or higher quality childcare. The survey also included programs that meet licensing requirements, national accreditation standards, and serve children with special needs.

The Market Rate telephone survey of early care and education providers was undertaken by United Way of Connecticut, 2-1-1 Child Care, from September 2021 to January 2022, on behalf of the Office of Early Childhood. The collection was conducted by trained staff at the child care resource and referral (CCR&R) agency with expertise in conducting this and other surveys. Participation in the survey was voluntary. 2-1-1 Child Care maintains a database of child care providers licensed by the Office of Early Childhood. The database is used for resource and referral purposes and is separate from the database of child care providers participating in the subsidy program.

2-1-1 Child Care obtained information on provider charges through a standardized survey that is completed with a representative sample of child care providers. The survey questions captured information on weekly rates by type of setting, hours of care and age group. Additional information about the child care settings including:

- location and region,
- license type,
- accreditation status,
- participation in State-funded programs,
- if they accept Care 4 Kids subsidies, and
- enrollment numbers and vacancies by age group.

The Market Rate Survey included providers in each of the five geographical regions in the state including: East, North Central, Northwest, South Central and Southwest. These regions are the current child care subsidy payment regions. The North Central region has the highest number of children served in the subsidy program and is used for reporting rates in the CCDF Plan.

Licensed center-based, licensed group child care home, and licensed family day care home provider types were included in the 2022 Child Care Market Rate Survey. The survey also included programs that meet licensing requirements, national accreditation standards, and serve children with special needs. Programs that receive Head Start funding were not included.

Provider rates were measured separately for infants, toddlers, preschool, and school-age children. Only facilities that provide care to children in the appropriate age category were included in the analysis.

The sample size of the survey, as compared to the total number of providers in the state, equates to 32% for licensed center based programs and group homes, or 440 of 1,395 licensed center based programs, and 36% of all center based providers statewide with Infant/Toddler and Preschool. The survey included 42% of all licensed family child care programs or 797 of 1,914 licensed family child care programs.

This survey is representative of all Connecticut's licensed child care providers. License-exempt providers were not included in the 2022 survey. The survey includes statistically valid and reliable data sets from providers across the state and from each of the five geographical regions where the subsidy rates are set.

To ensure that the market rate survey accurately reflected the provider reimbursement rates in Connecticut, a sample size was chosen based on a 99% confidence level and a 3% confidence interval. A confidence interval is a range of values that is likely to contain a population statistic, in this case it is the market rate percentages. If a random sample is drawn repeatedly, a certain percentage of the confidence intervals will contain the population mean. This percentage is the confidence level. In other words, if the market rate survey were conducted repeatedly using different samples of providers, 99% of the time the market rates would fall within +/-3% of the rates seen in this study.

Data from Connecticut's 2022 Market Rate Survey can be found at: (<https://www.ctoec.org/wp-content/uploads/2022/06/Connecticuts-Market-Rate-Survey-and-Methodology-Report-06-24-2022.pdf>) <https://www.ctoec.org/wp-content/uploads/2022/06/Connecticuts-Market-Rate-Survey-and-Methodology-Report-06-24-2022.pdf>

iii. Use rigorous data collection procedures:

Data collection was conducted by trained staff at the CCR&R agency, with expertise in conducting this and other surveys. The sample size of the survey as compared to the total number of providers in the state equates to 32% for licensed centers including group homes and 42% for licensed family based settings. This survey is representative of all Connecticut's licensed child care providers. The survey was conducted between September 2021 through January 2022. The survey includes statistically valid and reliable data sets from providers across the state and from each of the five geographical regions that the subsidy rates are set.

iv. Reflect geographic variations:

The survey(s) include and will include and analyze all five regions in the state as well as statewide.

- v. Analyze data in a manner that captures other relevant differences:

Access and availability data is collected and analyzed by type of setting; child age groups including Infants, Toddlers, Preschool, and School Age children; setting type if licensed center based, including Group Homes or licensed family based; quality factors included if the setting is licensed and/or accredited; collection based on statistically valid response number of providers and child enrollments by setting, age group, region, if they accepted private and/or public funding or subsidies, other funding type analysis was the five geographical Care 4 Kid regions – East, North Central, Northwest, South Central, and Southwest; as well as statewide totals and statewide; review of licensed capacity, the providers desired capacity, enrollment and vacancy; rates are analyzed factoring in weighted average of the enrollment numbers by age group, setting type, and region. Other factors may include if a setting also receives state or federal funding for programs such as School Readiness, Child Day Care contracts, Smart Start and /or Care 4 Kids subsidy. Head Start programs were not included in the not included. Programs reported if they offer a sibling reduction, scholarships, military discounts, and/or membership discounts. Analysis and Market Rate calculations were based on providers by setting – licensed center vs. licensed Family based, and ranking based on rates by age group, by the number of enrollments the provider had as of the date of the telephone survey. Analysis was done on vacancy rates as the percent difference from Enrollment to Desired Capacity (which may be less than Licensed Capacity). Rates comparisons were based on full-time care. The survey included question of rates, for the number of hours the provider considers full-time, as well as rates for 12 hours, 24 hours and 40 hours per week.

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

☐ No

☒ Yes. If yes, why do you think the data represents the child care market?

The rates in the 2022 Market Rate Survey, 50th percentiles align with average rates by age group presented in United Way of Connecticut, 2-1-1 Child Care –Average Child Care Cost– dated February 1, 2022, for Center based and Licensed Family Providers across the state. They also maintain a similar pattern to the current rates that had been based on rate increases related to the 2018 Market Rate Survey by age and region.

#### 4.2.4 Variations in the price or cost of services

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

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

The 2022 market rate survey was statewide and focused on Connecticut's five geographical regions including: Eastern, North Central, North West, South West and South Central.

- b. Type of provider. Describe:

For the 2022 MRS, licensed child care center/group child care home and licensed family child care homes were surveyed. Licensed-exempt provider settings were not surveyed, in order not to skew the provider rate that care also financed or supported by municipalities and public-school systems.

c. Age of child. Describe:

**Children Birth to 18 Months - Infants (Center), Infant/Toddler (Lic. Family)**  
**Children 18 Months to 36 Months - Toddler (Center)**  
**Children 3 years to 5 Years - Preschool (Center & Lic. Family)**  
**Children ages 5 Years to 12 Years - School Age (Center & Lic. Family)**

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

**The 2022 Market Rate Survey included programs that meet licensing requirements, national accreditation standards, and serving children with special needs.**

#### 4.2.5 Narrow cost analysis completion

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

☐ No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

☒ Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).  
**The Connecticut Office of Early Childhood, or (OEC), (Lead Agency) partnered with the University of CT School of Social Work to perform the Narrow Cost Analysis (NCA). The partners gathered data from existing sources. Data was collected on wages / workforce, provider characteristics, budgets, market rate, and cost studies by other states and metropolitan areas. This data was examined by internal and external stakeholders. The findings included variation type of provider, i.e., licensed center-based (by size), license-exempt centers, and licensed family-based care. Group and staffing requirements varied by the ages of children being served according to CT statutes and standards of practice. Because CT is a small state, this analysis used weighted statewide averages for market rate. By using the weighted average, the values reflect the state distribution of providers and their relevant tuition rates. This data was analyzed and prepared as input to the Provider Cost of Quality Care (PCQC) maintained by the U.S. Department of Health & Human Services' Administration of Children & Families ((<https://childcareta.acf.hhs.gov/pcqc>) <https://childcareta.acf.hhs.gov/pcqc>).**

**The overarching framework was guided by the review of 16 cost studies from other states and metropolitan areas. These studies were scraped for budget data that was consistent with the PCQC cost categories. When this was not possible, the aggregate costs were used as a comparison for the costs developed for the PCQC. In addition to the studies, 55 budgets from Connecticut specific programs were reviewed. Twenty-two of these budgets were from Connecticut's School Readiness**

programs; three were from a Hartford area collaborative; 16 from non-profit programs whose IRS 990s were accessed; and 14 from the CT Electronic Audit Reporting System (EARS). The School Readiness and programs reporting in EARS receive some public funding. Again, budgets were scraped for data points matching the PCQC input categories. As well, the team consulted directly with authors of the Center for American Progress model, Wisconsin Policy Forum, and PCQC technical assistance.

The specific program data was matched with a comprehensive database of early childcare education programs in the state. This data is maintained by United Way of Connecticut 211. This database includes a wealth of program data including vacancy rates, accreditation status, desired capacity, location, current enrollment, CACFP participation, and public funding. Data was sampled pre-pandemic (2018-2019) and during the pandemic (2021) to examine the impact of COVID-19. This matching process allowed for segmenting providers by size and type. In addition, the analysis ensured the programs were geographically representative. Finally, a sampling of town assessor's data for programs was analyzed to determine appropriate square footage to calculate the costs per square foot required by PCQC.

Salaries and wages were explored both through budgets / studies and other state resources. The CT OEC requires programs receiving state funding to report information on their workforce into the workforce registry. This data includes information on job title, qualifications, and salary. In addition, there are specialty websites (ctreap.com) that list job openings for Connecticut ECE providers. The websites' information was especially helpful for administrators and other support individuals. An additional resource considered in this process was the Workforce Compensation Schedule. In 2021, the Connecticut Legislature directed the OEC to submit a compensation schedule that would reflect desired compensation for the CT Early Childhood Education workforce based on Public Act 19-61. This schedule anchored compensation on different education credentials to equity with public school early childhood education workers. A range of costs were developed using each of these cost levels, but the final costs submitted in the narrow cost analyses are based on the parity principle reflected in the compensation schedule. Finally, salary ranges were reviewed in cooperation with the Connecticut Department of Labor from the Occupational Employment and Wage Survey and the Compensation Survey.

Users of the PCQC need to develop the costs. Once these costs are developed, they can be applied to 'prototypical' centers. The primary results for this narrow cost analysis were for two prototypical centers: one serving only infant and toddlers, and one serving only preschool age children. This approach yields the primary cost findings for each age group. Although a range of salaries were considered, the selected values were based on the workforce compensation schedule. While these salaries are higher than current market salary ranges in the state, they do reflect what fair compensation would be.

In addition, the narrow cost analysis developed prototypical centers for licensed centers (small,

medium, and large) as well as licensed family child cares. These prototypes had a mix of child ages served. The findings from the market rate survey determined the revenue programs received based on age-mix. Profitability for various scenarios were explored.

- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

Rather than develop costs from the ground up (an ingredient approach), this analysis used existing programs as models. In particular, the use of School Readiness budgets encompasses much of this information. All School Readiness programs are NAEYC accredited and meet all relevant health, safety, and quality requirements. These costs are 'baked in' to these budgets.

In addition, a side analysis explored costs related to licensure, professional memberships, and required staff training. These costs were explicitly included. In CT, many trainings and professional development opportunities are offered by the OEC at reduced rates or free of charge, so these costs may be lower in CT than in other states.

The prototypical programs used in this analysis specify a mix of child ages based on the average numbers of children by age by program size and type from the United Way 211 data. From this mix of children, staffing ratios and group sizes were applied. Each classroom had the appropriate number of staff for the number of children. In general, every teacher (BA- level minimum training) had a paraprofessional with a Child Development Associate (CDA) working with them. The PCQC was populated with additional staffing for substitute teachers, administrative support, directors, and educational coordinators depending on the size of the program.

For licensed family child cares, CT allows a maximum of six full-time children and three before and after school children. Of the six children, only two infants under 18 months are allowed at one time unless a licensed substitute or an assistant is present. The narrow cost analysis assumed only one teacher in the home and the given child ratios as this is the most common model.

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

Connecticut OEC recently launched our Quality Improvement System. As such, Connecticut



recognizes NAEYC and NAFCC accreditation as representing high-quality care. As discussed above, the narrow cost analysis was modeled on budgets from high quality accredited programs. The 22 School Readiness budgets have costs associated with accreditation included. This includes training, professional membership, and licensure.

One of the key elements to a quality-based system is having qualified and experienced staff. CT modeled salaries of staff to reflect compensation that would provide pay equity for highly-qualified individuals. For instance, teachers with a Bachelor's degree would receive salaries and benefits in early childhood that would reflect that average of individuals with this degree in other sectors; in particular, this education level would be in parity with public elementary schools. These compensation rates are higher than the current averages paid in the state. As a result, the costs developed by the narrow cost analysis reflect high quality and fair compensation for the ECE sector.

- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.
- The narrow cost analysis found the estimated annual cost of an infant or toddler is \$28,149 and for preschool age child is \$14,487 in center-based care. These estimates use aspirational salaries associated with high quality care that may not be reflected in the market at this time. Data collected from providers who charge families above or below the subsidy rate was also factored into the models run through the PCQC. For example, from data in the Care 4 Kids Provider Portal data system, we are able to determine the # of providers and range of rate differences that are charged to families in their care versus what is paid by Care 4Kids. This was compared on Monthly payments based on weekly rates for the hours of care, Full-time plus, Full-time, Half-time and Quarter-time for actual enrollments in Calendar Year 2022 in Care 4 Kids. Care 4 Kid rates subtract the Family Fee portion as associated to a 2% to 10% cost per family of their household income depending on their State Median Income percentage.

17% of C4K Providers charge rates that are less than or equal to the C4K 2022 rates. 10% of Center, 7% of Licensed Family Homes, and 26% of Unlicensed Relatives up to 50% Higher than the C4K Rates.

25% of C4K Center Based and 34% of Licensed Family Providers charge rates that are between 1% to 50% Higher than the C4K Rates.

26% of C4K Center Based and 29% of Licensed Family Providers charge rates that are between 50% to 100% Higher than the C4K Rates.

39% of C4K Center Based and 30% of Licensed Family Providers charge rates that are more than 100% Higher than the C4K Rates.

Using the 2022 Market Rate Survey compensation rates, the current subsidies pay \$15,860 for infants and toddlers (45th percentile North Central Region) and \$10,556 for preschool age children (29th percentile). These reimbursement rates cover 56% and 73% of the estimated cost of care.

For licensed family child care, this analysis structured the prototypical site based on the structure permitted by Connecticut statute. The prototypical program featured two infants under 18 months,

four preschool-aged children and three school-age children receiving before and after care. The number of children is subject to a 63.4% efficiency rate based on market conditions in December 2021. The efficiency rate is the percent of time available slots are filled. The converse of the efficiency rate is the vacancy rate. Based on this prototypical structure, the average cost per child is \$10,759, with a total cost of \$82,844 allowing for vacancies. Current tuition rates are \$11,804 for infants and toddlers (44th percentile MRS 2022), \$9100 for preschool age children (6th percentile), and \$8476 for school age children (77th percentile). These rates cover 89% of the cost of care.

The Child Care subsidy program payment rates are adjusted to provide for parental choice and increased access for families to quality services that can meet their needs. The changes in subsidy rates are balanced by the number of families being served (caseload) and those in need of child care services, budgetary constraints, and these rates are calculated based on setting type, age of child, geographical region, and hours of care. The gap between costs incurred by child care providers, as shown through the NCA and the Care 4 Kids subsidy payment rates, have multiple levels. Similar to the Market Rate Survey, the NCA is looking at the rates and cost for multiple settings, regardless of whether they are privately funded or publicly funded, and includes if they receive subsidy or other local, state, or federal funding. So, a gap in payment rate to cost of service will differ for provider types, region, age of children in settings, and other supports that the provider and or families receive that add to the "payment" for care.

#### 4.2.6 Detailed report of the market rate survey or ACF pre-approved alternative methodology results

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

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

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

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

6/29/2022

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

**The (https://www.ctoec.org/wp-content/uploads/2022/06/Connecticuts-Market-Rate-Survey-and-Methodology-Report-06-24-2022.pdf) Market Rate Survey which included a detailed report was posted on the OEC website on June 29, 2022.**

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

**The OEC used stakeholder input and comments to inform future Market Rate Surveys and Narrow Cost Analyses.**

### 4.3 Establish Adequate Payment Rates

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

#### 4.3.1 Base payment rates and percentiles

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

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

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

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

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

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	<b>\$339</b>	<b>\$339</b>	<b>57th</b>	<b>N/A</b>
ii. Toddler (18 months) Center care	<b>\$339</b>	<b>\$339</b>	<b>57th</b>	<b>N/A</b>
iii. Preschooler (4 years) Center care	<b>\$225</b>	<b>\$225</b>	<b>36th</b>	<b>N/A</b>
iv. School-age child (6 years)  Center care  (Based on full-day, full-year rates that would be paid during the summer.)	<b>\$159</b>	<b>\$159</b>	<b>78th</b>	<b>N/A</b>
v. Infant (6 months)  Family Child Care	<b>\$252</b>	<b>\$252</b>	<b>68th</b>	<b>N/A</b>
vi. Toddler (18 months) Family Child Care	<b>\$252</b>	<b>\$252</b>	<b>68th</b>	<b>N/A</b>
vii. Preschooler (4 years) Family Child Care	<b>\$194</b>	<b>\$194</b>	<b>11th</b>	<b>N/A</b>
viii. School-age child (6 years)  Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	<b>\$181</b>	<b>\$181</b>	<b>88th</b>	<b>N/A</b>

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

**Weekly Rates are published on the Care 4 Kids website. In addition, 2-1-1 Child Care maintains and publishes child care weekly rates for all programs that choose to report,**

whether private or subsidized.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Quarter-time care is defined as 1 to 15 hours per week:

Infant

Center: \$115

Family: \$85

Toddler

Center: \$115

Family: \$85

Preschool

Center: \$77

Family: \$69

School Age

Center: \$54

Family: \$58

Half-time care is defined as 16 to 34 hours per week,

Infant

Center: \$230

Family: \$172

Toddler

Center: \$230

Family: \$172

Preschool

Center: \$153

Family: \$134

School Age

Center: \$105

Family: \$122

Full-time care is defined as 35 to 50 hours a week (rates indicated above).

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

**The current subsidy rates are based on the 2022 Market Rate Survey. The current rates became effective on January 1, 2024, due to an increase in minimum wage.**

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

**The North Central Region**

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

**<https://www.ctcare4kids.com/provider-information/payment-rates/>**

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

**Payment rates are set by the Lead Agency for the entire state.**

#### 4.3.2 Differentiating payment rates

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

☒ a. Geographic area. Describe:

**The OEC has five geographic regions of the state that align to the Department of Social Services Regions of service: regional rates are calculated for payment and for analysis.**

☒ b. Type of provider. Describe:

**The OEC pays differential rates based on the following setting types: licensed family childcare, relative care, center-based care.**

☒ c. Age of child. Describe:

**The OEC pays differential rates based on the following ages: infant/toddler, preschool, school age.**

☐ d. Quality level. Describe:

☐ e. Other. Describe:

**N/A**

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

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

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

☐ No

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

☐ a. Tiered or differential rates are not implemented.

☐ b. Differential rate for non-traditional hours. Describe:

☒ c. Differential rate for children with special needs, as defined by the state/territory. Describe:

**Connecticut's Child Care Subsidy Program, Care 4 Kids pays a differential payments to ensure increased access to care for children with special needs, as defined in current regulation. Providers serving children with special needs receive rates that are 25% above the Care4Kids payment rates.**

☐ d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has

a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

☐ e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

☒ f. Differential rate for higher quality, as defined by the state/territory. Describe:

**Connecticut's Child Care Subsidy Program, Care 4 Kids sets differential payments to incentivize higher quality of care. Center-based programs with national accreditation, such as NAEYC, receive rates that are 25% (5% + 20%) above the Care 4 Kids payment rates. License Family Child Care providers with national accreditation, such as NAFCC, receive rates that are 12.5% (5% + 7.5%) above the Care 4 Kids payment rates, in accordance with the SEIU contract.**

☐ g. Other differential rates or tiered rates. Describe:

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

**The adequacy of payments includes comparison to rates charged by provider setting type, by region, age group, and hours of care. The SFY2023 C4K rates, as compared to the 2022 Market Rate survey, show many provider subsidy rates are under the 75th percentile goal of CCDF. The waiver for the one year extension for the Market Rate Survey and Narrow Cost Analysis provided more ample time for and survey response for what was hoped to be a post pandemic time. With Connecticut's completion of the Market Rate Survey and Narrow Cost Analysis, communication with the child care provider field, advocates, parents, teachers, community and state leaders, is ongoing regarding the caseload balance and rate changes for Care 4 Kids. Due to the timing of completion and public feedback on the reports, the state worked to determine appropriate adjustments necessary to balance access for families with the costs to maintain appropriate health, safety, quality components, and staffing. The balance of increasing access for families to high quality care by providing higher subsidy rate increases that will also allow providers to increased resources will impact our ability statewide to maintain the current Care 4 Kids caseload.**

**During the January – June 2023, Legislative session, approval on the State budget included an 11% rate increase for each of the next three years (SFY2024, SFY2025, and SFY2026) to Care**

4 Kids licensed and license-exempt center-based settings and Licensed Family Settings, and a 6% increase to Unlicensed Relative Home providers above the one-third of minimum wage per hour per child rate.

By July 1, 2024, providers payment rates will be at or above the 50th percentile of Connecticut's 2022 Market Rate Survey for about eighty percent of the children in Center-based and Licensed Family Care 4 Kids settings. This includes the adjustment for rates in accredited settings related to market rate. The provider rates above the 50th percentile, as of July 1, 2024 includes services to 79% of the 13,000 children in center-based, and 79% of the 4,500 children in Licensed Family. There are 4,800 children in Unlicensed Relative care make up 21% of all children served. Unlicensed relative care is not included in the Market Rate Survey, as these provider rates are part of a union negotiated rate that is equal across regions and age groups with variance based on hours of care.

#### Center based

Center-based child care providers serve 59% of the children in Care 4 Kids. Of the 5,000 Infant/Toddler age children in Centers, 92% are in care at centers with a subsidy rate between 55th to 76th percentile of the market rate. By July 1, 2025, centers the North Central region and accredited programs in all regions will exceed the 50th percentile of market rate. Currently, one tenth, 250 of the 2,500 School Age children in centers, have rates that are below the 50th percentile, while the other ninety-one percent exceed the 77th percentile of market rate.

#### Licensed Family

Licensed Family child care providers serve 20% of the children in Care 4 Kids. As of August 2023, all of the 2,100+ Infant/Toddler age children in Licensed Family settings, are in services with subsidy rates at or above the 50th Percentile, and by July of 2025, these provider rates will be between the 64th and 93rd percentile of Market Rate. Licensed family providers serve 1,300 Preschool age children. The rate increases will bring rates to between the 34th and 49th percentile by July of 2024. The preschool age children in Licensed Family settings represent 5.8% of all children served in C4K. The Licensed Family School Age providers, in July 2023, serve 1,100 children, and have rates between 72nd and 94th percentile of the market rate.

#### Unlicensed Relative

The Unlicensed Relative Home providers serve 4,800 children (1,300 Infant/Toddlers, 1,100 Preschool, + 2,400 School Age) or 21% of all children served in C4K. The C4K Unlicensed Relative Care rate is equal across age groups and regions and is relational to minimum wage in Connecticut. The Care 4 Kids rate is essentially the "market" rate for Unlicensed Relative Home providers. They are not included in the Market Rate Survey. The Unlicensed Relative Care rate is based on the average hours of care and payment per child is equal to one third of minimum wage for the designated hours of care. Connecticut's minimum wage has increased by \$1 per hour, or 8% per year, for the past 4 years to \$15 per hour in June 2023. In addition, on July 1, 2023 the Unlicensed Relative Home subsidy rates were increased by an additional 6%.

Percent of Children with rates greater than the 50th percentile in Care 4 Kids subsidy settings with of the 2022 Market Rate Survey, on or before July 1, 2024.

Shown as % of children in greater than 50th Percentile (% of all children by setting, by age)



22% (22%) Center-based - Infant/Toddler

15% (26%) Center-based ☐ Preschool

9% (11%) Center-based ☐ School Age

9% (9%) Licensed Family - Infant/Toddler

2% (6%) Licensed Family - Preschool

5% (5%) Licensed Family - School Age

6% (6%) Unlicensed Relative - Infant/Toddler

5% (5%) Unlicensed Relative - Preschool

11% (11%) Unlicensed Relative - School Age

84% (100%) Children in subsidized Care with rates

In August 2023, a longevity / service bonus payment of a 6.5% payment above the payments for all services between July 1, 2022 through June 30, 2023, was made to all Licensed Family and Unlicensed Relative Home providers. These providers served 40% of the children in Care 4 Kids in SFY2023. This \$4.6M in these additional payments help support and stabilize providers for services in SFY 2023. As stated above, as of July 1, 2023, rates for Licensed Family Home providers were increased by 11%, and Unlicensed Relative Home provider rates were increased by 6%.

In SFY2023, 28% of all children were in accredited child care provider settings in Connecticut's Care 4 Kids program. The number of providers that are accredited represents 18%, 375 of the 2,100, of center and licensed family home providers. Over 8,600 children (38%) are served in high quality, accredited settings, with higher payment rates, allowing increased access for families.

In the North Central region, 30% of children are in accredited Care 4 Kids settings. With the rate differential of an additional 25% subsidy payment rate differential for accreditation for center-based and 12.5% for accreditation for Licensed Home, the rates for accredited settings in the North Central region are equivalent to the following percentile of the Market Rate:

July 1, 2023 (SFY2024) Weekly Rates with Accreditation

\$424 Infant/Toddler, Center-based >85th percentile

\$281 Preschool, Center-based >65th percentile

\$199 School Age, Center-based >95th percentile

\$284 Infant/Toddler, Licensed Family >85th percentile

\$218 Preschool, Licensed Family <50th percentile

\$204 School Age, Licensed Family >85th percentile

Access by families to infant/toddler care and preschool care in Connecticut are also supplemented by other state funded including School Readiness, Child Day Care contracts and Smart Start, as well as local school district pre-kindergarten programs. Approximately 10% of children in School Readiness also participate in Care 4 Kids, providing two funding supports for providers serving preschool aged child. Approximately one sixth of the children in CDCs also receive Care 4 Kids subsidy.

The Office of Early Childhood offers a tiered reimbursement /incentive payment of an additional 25% per child care certificate for any provider caring for a child with special needs. Licensed Family providers with National Association for Family Child Care (NAFCC) are eligible for an 12.5% accreditation incentive payment, this is an additional 7.5% above the initial 5%. A 25%-tiered reimbursement/incentive payment is paid to providers who have achieved national accreditation in the National Association for the Education of Young Children (NAEYC), National School-Age Child Care Alliance (NSACCA), (<https://www.neasc.org/>) New England Association of Schools and Colleges (NEASC), and the Council on Accreditation of Services for Families and Children (COA). The additional 20% accreditation increase to center-based programs, above the 5%, went into effect in May 2021, using American Rescue Plan Act funds, and continues with other CCDF funding.

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

Based on the information in the 2022 Market Rate Survey study, additional research on child care utilization, and assessment of child care needs by age groups, settings, and regions, as well as including the Narrow Cost Analysis, the Office of Early Childhood continues to evaluate the opportunities to increase subsidy rates. Given the need to balance the levers of access, quality, and affordability, the agency will work with its partners and state leadership to discuss the appropriate breadth, magnitude, and timing of rate increases that ensures the stabilization of the early care and education system, as well as Connecticut's families and providers.

Payment rates are determined by use of the Market Rate Survey and other surveys and tools to understand access and availability. Additional surveys and analysis that were studied included, but were not limited to:

United Way of Connecticut, 2-1-1 Child Care "Average Child Care Cost" dated February 1, 2022, was also used as references for this analysis. It lists the following rates by average, lowest, and highest across the state, at (<https://resources.211childcare.org/reports/average-child-care-cost/>) <https://resources.211childcare.org/reports/average-child-care-cost/>

2-1-1 Child Care also publishes the Child Care Availability Survey Summary by Age Group, Region, and Service Type, Fall 2020 Report at (<https://resources.211childcare.org/reports/2020-child-care-availability-report/>) <https://resources.211childcare.org/reports/2020-child-care-availability-report/>

Two new reports detail the narrow cost analysis (NCA) performed by the University of Connecticut School of Social Work (UConn-SSW) in cooperation and consultation with the Office of Early

Childhood (OEC). The goal of a narrow cost analysis (NCA) is to present data related to the cost of providing child care. These two reports are:

(<https://www.ctoec.org/forms-documents/family-child-care-narrow-cost-analysis-report-2022.pdf> title="Download The Family Child Care Narrow Cost Analysis Report 2022) The Family Child Care Narrow Cost Analysis Report 2022 (<https://www.ctoec.org/wp-content/uploads/2022/06/FCC-NCA-Final-report.pdf>) <https://www.ctoec.org/wp-content/uploads/2022/06/FCC-NCA-Final-report.pdf>

(<https://www.ctoec.org/forms-documents/center-based-care-narrow-cost-analysis-report-2022.pdf/>) Center-based Care Narrow Cost Analysis Report 2022

(<https://www.ctoec.org/wp-content/uploads/2022/06/CBC-Final-Report-f-6-28-22.pdf>) <https://www.ctoec.org/wp-content/uploads/2022/06/CBC-Final-Report-f-6-28-22.pdf>

The Cost of Care Workgroup, from the Access to Employment subcommittee of the Governor's Workforce Council provided recommendations, strategies for approach, and feedback on the Market Rate Survey and Narrow Cost Analysis work, as well as the alignment of these methods to the Draft Connecticut Early Childhood Education Workforce Compensation Schedule, prepared by Social Finance.

Data was collected and analyzed by

- type of setting;
- child age groups - Infants, Toddlers, Preschool and School Age children;
- setting type - center based or family based;
- quality factors - if the setting is Licensed and/or Accredited;
- differences in cost of care in the five Care 4 Kid regions and statewide;
- review of licensed capacity - the providers desired capacity, enrollment and vacancy.

Rates were analyzed by factoring in weighted average of the enrollment numbers by age group, setting type, and region. Other factors may have included variable such as if a setting also received state or federal funding i.e., School Readiness, Child Day Care contracts, Smart Start, and Care 4 Kids subsidy. In response to the COVID-19 Pandemic, Connecticut had several programs to help support the early care and education field. This included but was not limited to the following: The pandemic and associated impacts which caused the need for OEC to adjust its funding mechanisms in response to program fragility and changing circumstances. During July and August 2020, OEC provided state funds to address enrollment challenges and pay on a per-classroom basis. OEC extended funding without requiring School Readiness Councils to go through a rebid process. In September 2020, OEC paid programs on a classroom equivalent basis for state-funded School Readiness and Child Day Care programs. From October 2020 through February 2021 (decision pending for future months), School Readiness and Child Day Care programs are paid their full allocation each month. For Fiscal Year 20-21, in-person, remote, and hybrid learning options were accommodated. For programs with Fiscal Year 20-21 CHEFA obligations related to facility loans, the OEC will pay the program's share of repayment for the first six months of Fiscal Year 20-21.

#### 4.3.5 Cost of higher quality

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

**Connecticut started its work on studying the costs of quality with Ann Mitchell's guidance in 2014 and further developed a cost-modeling tool that used CT specific costs to set the average quality cost per child. Connecticut performed a Market Rate Survey and supplemental surveys for a narrow cost analysis in Spring 2022 and were completed June 2022. From analysis done by the OEC/UCONN Research Division in the Spring of 2021, the average Cost of Infant child care in CT: \$15,340 per year for one child (\$20,020 in SW) Average Cost of Preschooler child care in CT: \$13,000 per year for one child (\$15,600 in SW) Connecticut's child care is the 5th most expensive in the country \$17,000 for preschool full-time and full-year services. Connecticut supports state-funded preschool programs to blend funding with Care 4 Kids, which helps providers meet higher quality benchmarks for workforce and accreditation for full- time care. This practice for paying to for higher quality care at significantly higher rates has also been mirrored in the state's Preschool Development Grant (PDG). The Care 4 Kids program provides a 25% rate increase above the base rate to all center based providers who hold program accreditation. As of July 2023, Accredited Licensed Family providers receive a 12.5% rate differential for accreditations.**

**Based upon the most recent Market Rate Survey however, CT's regional Infant/Toddler and Preschool Rates currently do not reach the 75th percentiles. The School Age child care rates, in most regions, are near or exceed the 75th Percentile by region and setting type. As mentioned earlier, the State of Connecticut and OEC leadership have worked with the ECE Workforce, advocates, and families to raise Care 4 Kids subsidy rates. Our state's 2024 budget process has approved 11% increases to Licensed and Exempt Center-based, and Licensed Family providers, for each of the three years - SFY 2024, 2025, and 2026. And an additional 6% increase to Unlicensed Relative providers above the 15% increase to adjust for 1/3 of minimum wage.**

**Please refer to question 4.5.2 for additional details.**

#### 4.3.6 Additional facts in determining payments rates

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

**The subsidy program provides a 25% rate increase above the base rate to all providers who hold program accreditation. Accredited Licensed Family providers receive a 12.5% rate differential for accreditations. Additional financial and technical assistance supports during and after the COVID pandemic have been made available to providers across the state and have continued. In the past, priority for rate adjustments were made to increase the Infant/toddler rates at a higher increment first to open access to these high cost spaces to more families as the availability of spaces are more limited than preschool and school age. In Connecticut, there are a number of additional programs and funding supports for preschool and school age children including but not limited to state funded School Readiness, Child Day Care contracts, Smart Start, Head Start, Even Start, public school preschool and**

after school programs and magnet school preschool and after school programs. In response to the COVID-19 emergency, the Office of Early Childhood (OEC) has created a series of new, short-term CTCARES programs to help families and child care providers. They offer access to child care, financial help, and more. (<https://www.ctoec.org/covid-19/ctcares-programs/>) and (<https://www.ctoec.org/covid-19/ctcaresprograms/ctcares-past-programs/>) and (<https://www.ctoec.org/covid-19/ctcares-programs/ctcares-pastprograms/>) and (<https://www.ctoec.org/covid-19>) <https://www.ctoec.org/covid-19>.

In and after 2020, the agency began expansion of the ECE Reporter for Early Care and Education child-family- and program-level data collection and reporting tool. The new system is an extremely positive direction for ease of use and ability to access child and family level data for the School Readiness, Child Day Care contracts, Smart Start programs. CTCARES for Child Care Businesses offers supports to help you operate programs. CTCARES for Family Child Care offers licensed family child care providers access to local Networks providing PD, links to statewide resources and local technical assistance CTCARES for Hospital Workers were available. With a generous gift from Dalio Philanthropies, 28 child care locations were opened to serve workers at 29 hospitals. This project was a collaboration with the OEC, Capitol Region Education Council (CREC), community-based providers, hospital human resource departments, and 2-1-1 Child Care. CTCARES for Child Care program provided additional funding for any licensed child care centers, group family child care homes, and family child care homes who remained open and served essential workers during the COVID-19 emergency. CTCARES for Frontline Workers program helped frontline workers pay for licensed care at a child care center, family child care home, or group child care home. CTCARES for CT's Workforce program provided contract payments to childcare programs to hold spaces for CT residents in workforce training programs. It also supplied grants to childcare programs in danger of closure during the COVID pandemic and provided focused support to support new family child care homes. 106 opened, adding 810 new spaces. (\$5million) CTCARES for All Young Children: Outreach project working with Home Visiting, Family Resource Centers and State funded childcare programs to provide support and learning materials to children who did not enroll in preschool or kindergarten. Reached 1100 children with materials shipped to homes, early learning standards, parent friendly screening tool linked (Sparkler) to HV and B-3 child development Infoline. (\$700,000 phase 1). Some children enrolled in programming; others had continued outreach planned through June (\$1,200,000 obligated for this 2nd phase). Programs active in SFY 2021 CTCARES for Child Care Businesses offers supports to help you operate your program during COVID-19. CTCARES for Family Child Care offers licensed family child care providers access to local Networks providing PD, links to statewide resources and local technical assistance.

October 6, 2022, the OEC successfully launched a Workforce Wage Support program to provide all qualifying early care and education staff a \$1000 initial bonus payment for full time staff and a \$400 bonus payment for part time staff, with a second round of larger funding for this population planned for February 2023.

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

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

enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

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

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

#### 4.4.1 Payment practices

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

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

☐ i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.

☒ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.

**Based on Connecticut's General Statutes: Payments are issued within 15 days for billing for services.**

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

☐ i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure.

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

☐ iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

☒ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

**Based on Connecticut's General Statutes: Occasional absences does not affect provider payments, however frequent absences which exceed 25% of current care schedule could result in a change in the child care certificate level. This approach allows for more absences than what is required by CCDF.**

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

**Certificates are approved at quarter time (1-15 hours), half-time (16-34 hours), fulltime (35-50 hours), full time plus (51-65 hours).**

- ii. Paying for reasonable mandatory registration fees that the provider charges to private- paying parents. Describe the policy or procedure.

**Care 4 Kids will pay for mandatory registration fees. The maximum annual fee reimbursement per registration is \$50 during the child's 12-month eligibility period. A registration fee can be charged two times during the child's 12-month eligibility period for a maximum benefit of \$100. The registration fee can be paid to multiple providers . All providers, excluding unlicensed relatives, that charge a mandatory registration fee, will be reimbursed for the registration fee charged per child during the child's eligibility period. - Providers, excluding unlicensed relatives, who charge less than the established program maximum fee, will be reimbursed at the lower rate. - The mandatory registration fee per child may be reimbursed for a maximum number of occurrences, excluding unlicensed relatives, but will not exceed the established program maximum fee limit during the child's eligibility period. - For reimbursement of the registration fee, the provider will document the mandatory registration fee charged on the Parent Provider Agreement. Policy transmittal: C4K-POL-01 revised.**

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe:

**The parent and provider are required to complete and sign a Parent Provider Agreement Form (PPA) which indicates the provider rate, the child's schedule and attestations for both the parent and provider. Certificates are then issued for services. The actual payment is based upon the submitted invoice for services. There are no fees charged to providers. A provider is paid based on their attestation in their monthly invoice, which is generated through the provider portal. If a provider feels that the amount paid to them is incorrect when the payment is received, the process is for the provider to contact Care 4 Kids within 30 days to report the dispute. At that point a Care 4 Kids worker is assigned to review the case and if based on the review a correction needs to be made to the provider, then an adjustment is made through the ImpaCT system and the case is resolved. All documentation of this process is recorded in the provider's case notes. Information about how a provider should report an incorrect payment is available on the Care 4 Kids website at <https://www.ctcare4kids.com/provider-information/#invoiceinfo>**

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:

**Based on CT Regulations: written notices of action are sent to both providers and families within 10 days.**

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

**Based on CT's Regulations: the appeal process is open to families only. Families have 60 days to request a hearing. The OEC has 30 days to schedule a hearing. After a hearing is complete, OEC has 60 days to finalize the hearing decision.**

g. Other. Describe:

N/A

#### 4.4.2 Payment practices across regions counties, and/or geographic areas

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

☒ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas. Describe:

#### 4.4.3 Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

**The OEC's payments are timely and offered with reasonable requirements for attendance. Providers are not required to submit daily attendance for payment or hourly pay, which allows the providers to operate a financially stable business, regardless of if a child is sick and unable to come to care. Payments are also offer for a variety of childcare schedules and rates are based on geographic regions that respond to different economic factors. The Care 4 Kids rates are paid in relation to market rate at a regional level, by age group, setting type and hours of care. The access to care is provided through provision for access to Licensed and License Exempt Center based, Licensed Group home, Licensed Family Home, and Unlicensed Relative care, available in all five regions, and serving children from all communities in Connecticut. In calendar year 2020, Care 4 Kids served a monthly average of 8,700 children in 825 centers & group homes (59% of 1,400, the total number of active Licensed Center and Group Homes, as of 05/28/2021. Plus an average of 3,600 children in 820 Licensed Family Child Care settings (43% of 1,900, the total number of active Licensed Family Child Care Homes, as of 05/28/2021. Plus and average of 3,800 children in 2,000 + Unlicensed Relative settings. The choices for families include these multiple setting types in each of the five region, across the state, with incremental rate increases in recent years to allow families more purchasing power and to allow providers additional supports to maintain and improve the health, safety and quality of care.**

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts\_\_\_\_\_



more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

#### 4.5.1 Affordable family contribution/co-payment

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

☒ a. Limit the maximum co-payment per family. Describe:

**10% is maximum co-pay a family will pay based on household income.**

☐ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

☐ c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:

☐ d. Other. Describe:

#### 4.5.2 Option to allows providers to charge additional amounts

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

☐ No

☒ Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

**Connecticut's Care 4 Kids rates for certain age groups, regions, and setting types are low, unless families are able to contribute funds above the state subsidy, they may be unable to purchase any care. While the state is working towards higher payment rates, this allows families to benefit from help for a portion of the care and provides better access than a more restricted rule.**

- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

**From data in the Care 4 Kids Provider Portal data system, we are able to determine the # of providers and range of rate differences that are charged to families in their care versus what is**

paid by Care 4Kids. This was compared on Monthly payments based on weekly rates for the hours of care, Full-time plus, Full-time, Half-time and Quarter-time for actual enrollments in Calendar Year 2022 in Care 4 Kids. We are not able to confirm that the providers require or receive the full payment of these rate differences. Care 4 Kid rates subtract the Family Fee portion as associated to a 2% to 10% cost per family of their household income depending on their State Median Income percentage.

17% of C4K Providers charge rates that are less than or equal to the C4K 2022 rates. 10% of Center, 7% of Licensed Family Homes, and 26% of Unlicensed Relatives up to 50% Higher than the C4K Rates.

25% of C4K Center Based and 34% of Licensed Family Providers charge rates that are between 1% to 50% Higher than the C4K Rates.

26% of C4K Center Based and 29% of Licensed Family Providers charge rates that are between 50% to 100% Higher than the C4K Rates.

39% of C4K Center Based and 30% of Licensed Family Providers charge rates that are more than 100% Higher than the C4K Rates.

Another element in rates that important to looking at access is the relationship of the number of enrollments across the program by age group and setting.

32% of Infant/Toddlers, 21% of Preschool Age, and 21% of School Age children are in the care with Providers that charge rates that are less than or equal to the C4K 2022 rates.

55% of Infant/Toddlers, 48% of Preschool Age, and 34% of School Age children are in the care with Providers that charge rates that are between 1% to 50% Higher than the C4K Rates.

12% of Infant/Toddlers, 24% of Preschool Age, and 36% of School Age children are in the care with Providers that charge rates that are between 50% to 100% Higher than the C4K Rates.

5% of Infant/Toddlers, 12% of Preschool Age, and 25% of School Age children are in the care with Providers that charge rates that are more than 100% Higher than the C4K Rates.

- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.  
We have identified a need for to establish data collection & reporting processes for the additional amounts CCDF providers charge above the max subsidy rate, We will be developing this system with implementation by June 30, 2022 Analysis of the interaction between additional amounts charged to families and the ability of the current subsidy payment rates to provide access without additional fees is currently being conducted as part of our MRS and Narrow Cost Analysis and will be published in that report.

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

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

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

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

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

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

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

### 5.1 Licensing Requirements

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

(658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

#### 5.1.1 Providers subject to licensing

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

☒ a. Center-based child care.

i. Identify the providers subject to licensing:

**Child care centers provide a program of supplementary care to more than twelve related or unrelated children outside their own home on a regular basis. Group child care homes provide a program of supplementary care: (a) to not less than seven or more than twelve related or unrelated children on a regular basis, or (b) that meets the definition of a family child care home except that it operates in a facility other than a private family home. A youth camp means any regularly scheduled program or organized group activity advertised as a camp or operated only during school vacations or on weekends by a person, partnership, corporation, association, the state, or a municipal agency for recreational or educational purposes and accommodating for profit or under philanthropic or charitable auspices five or more children, who are at least three years of age and under sixteen years of age, who are (A) not bona fide personal guests in the private home of an individual, and (B) living apart from their relatives, parents, legal guardian, for a period of three days or more per week or portions of three or more days per week, provided any such relative, parent, or guardian who is an employee of such camp shall not be considered to be in the position of loco parentis to such employee's child for the purpose of this chapter.**

ii. Describe the licensing requirements:

**Child care centers provide a program of supplementary care to more than twelve related or unrelated children outside their own home on a regular basis. Group child care homes provide a program of supplementary care: (a) to not less than seven or more than twelve related or unrelated children on a regular basis, or (b) that meets the definition of a family child care home except that it operates in a facility other than a private family home. A youth camp means any regularly scheduled program or organized group activity advertised as a camp or operated only during school vacations or on weekends by a person, partnership, corporation, association, the state, or a municipal agency for recreational or educational purposes and accommodating for profit or under philanthropic or charitable auspices five or more children, who are at least three years of age and under sixteen years of age, who are (A) not bona fide personal guests in the private home of an individual, and (B) living apart from their relatives, parents, legal guardian, for a period of three days or more per week or portions of three or more days per week, provided any such relative, parent, or guardian who is an employee of such camp shall not be considered to be in the position of loco parentis to such employee's child for the purpose of this chapter.**

Licensees are required to comply with regulations that include requirements for qualifications of staff, health and safety, household members, ratios, group size, care and education of children, special requirements for children under the age of three (including safe sleep and feeding protocols) and emergency procedures.

iii. Provide the citation:

**Centers/Groups-CT General Statutes Section 19a-80; Youth Camps-Section 19a-421**

**[x]** b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family child care homes are private family homes caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three nor more than twelve hours during a twenty-four hour period and where care is given on a regularly recurring basis, except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, are permitted, except that if the provider has more than three children who are in school full time, all of the provider's children are permitted.

ii. Describe the licensing requirements:

Family child care homes are private family homes caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three nor more than twelve hours during a twenty-four hour period and where care is given on a regularly recurring basis, except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, are permitted, except that if the provider has more than three children who are in school full time, all of the provider's children are permitted.

iii. Provide the citation:

**CT General Statutes Section 19a-87b**

**[ ]** c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

#### 5.1.2 CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F);

98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

- i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:  
**Programs administered by a public school, private school and municipality.**
- ii. Provide the citation to this policy:  
**CT General Statutes Section 19a-77(b)**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.  
**The health, safety and development of children who receive services from programs administered by a public school system, private school, or municipal agency will be ensured by requiring the same background checks and professional development requirements based on health and safety standards. Compliance with health and safety requirements will be monitored through on-site inspections of programs administered by public school systems, private schools, and municipal agencies.**

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

- i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:  
**The capacity of care provided by relatives is restricted to a total of three children with no more than two children under the age of two.**
- ii. Provide the citation to this policy:  
**([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-09-\\_unlicensed\\_home-based\\_providers\\_eligibility\\_transmittal\\_revised\\_july\\_2017.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-09-_unlicensed_home-based_providers_eligibility_transmittal_revised_july_2017.pdf)) ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-09-\\_unlicensed\\_home-based\\_providers\\_eligibility\\_transmittal\\_revised\\_july\\_2017.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-09-_unlicensed_home-based_providers_eligibility_transmittal_revised_july_2017.pdf)) ; (<https://www.ctoec.org/wp-content/uploads/2020/04/Unlicensed-Relatives-Providers-Background-Check-FINAL.pdf>) (<https://www.ctoec.org/wp-content/uploads/2020/04/Unlicensed-Relatives-Providers-Background-Check-FINAL.pdf>)**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.  
**Unlicensed relative providers are required to complete a background check composed of a sex offender registry check, a state child abuse and neglect registry check, and a name and date of birth criminal registry check. Unlicensed relatives are required to complete a preservice health and safety training.**

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

- i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

ii. Provide the citation to this policy:

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

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

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

### 5.2.1 Age classifications definitions

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

a. Infant. Describe:

**Under 12 months of age**

b. Toddler. Describe:

**12 months of age to three years of age**

c. Preschool. Describe:

**Three years of age to five years of age**

d. School-Age. Describe:

**At least five years of age by January 1 of the current school year, and less than thirteen years of age or less than twenty-one years of age (centers- nineteen years of age until proposed revised regulations pass to change to twenty-one years of age) with special needs requiring the child to receive supplementary care, and attending school. State funds will be used to cover the difference between for services rendered to children with special needs that are between the ages of 19 years and 21 years.**

### 5.2.2 Ratio and group size for settings and age groups

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

a. Licensed CCDF center-based care:

i. Infant

A. Ratio:

**1:4**

B. Group size:

**8**

ii. Toddler

A. Ratio:

**1:4**

B. Group size:

**8**

iii. Preschool

A. Ratio:

**1:10**

B. Group size:

**20**

iv. School-Age

A. Ratio:

**1:10**

B. Group size:

**20**

v. Mixed-Age Groups (if applicable)

A. Ratio:

**The ratio requirement for the age of the youngest child in the group applies.**

B. Group size:

**The group size requirement for the age of the youngest child in the group applies.**

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

**The ratio shall be at least one staff to four children under the age of three, one staff to ten children under age six, one staff to twelve children under the age of eleven and one staff to fifteen children over the age of eleven. NOTE: In licensed residential youth camps the ratio requirement is one staff to six children under eight years old and to eight children eight years of age or older. In licensed day youth camps, the ratio requirement is one staff to nine children under six years of age and to twelve children six years of age or older.**

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

**The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.**

B. Group size:

**The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.**

ii. Infant (if applicable)



- A. Ratio:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
- B. Group size:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
- iii. Toddler (if applicable)
  - A. Ratio:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
  - B. Group size:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
- iv. Preschool (if applicable)
  - A. Ratio:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
  - B. Group size:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
- v. School-Age (if applicable)
  - A. Ratio:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
  - B. Group size:

The regular capacity shall not exceed 6 children. The school age capacity is an additional 3 children. The provider shall care for no more than two children under the age of eighteen months including his/her own children, except that the provider may care for up to six children under the age of eighteen months when an approved assistant or substitute is present.
- vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

**N/A**

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

ii. Infant (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

iii. Toddler (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

iv. Preschool (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

v. School-Age (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

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

**N/A**

5.2.3 Teacher/caregiver qualifications

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

a. Licensed Center-Based Care

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

**A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either: (a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a**

program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) in a group child care home, have a high school diploma or equivalency certificate and at least 1080 hours of experience over a nine month span working with unrelated children of the same ages and developmental stages to be served at the program or (c) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360) hours of documented supervised experience and at least one semester of student teaching with children of the same ages and developmental stages who are served at the program. If the program serves school age children only, the head teacher may qualify based on a high school diploma or equivalency certificate, at least 540 hours of supervised experience over at least a nine month span of time including working with children in a program with comparable standards to the standards in this or another state, which program must serve children of the same ages and developmental stages who are served at the program and 12 credits in early childhood education or development, elementary education, recreation, group social work or a related field or approval by the OEC as a head teacher prior to 1/1/94 or a 4 year degree in elementary education, recreation, group social work or a related field with at least 270 hours of supervised experience working with unrelated children of the same ages to be served in the program.

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

**At least 3 credits in the administration of early childhood education programs or educational administration.**

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

**The designated staff person in charge shall be eighteen years of age or older. The director of the high-risk activities (e.g. firing range, archery, challenge course) must fulfill specific age and experience/training requirements.**

- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

**(<https://www.ctoec.org/professional-development-and-technical-assistance/early-childhood-professional-registry/>) <https://www.ctoec.org/professional-development-and-technical-assistance/early-childhood-professional-registry/>**

#### **b. Licensed Family Child Care**

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

**The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems which might impair such ability or otherwise adversely affect the child care children. The provider must**

**hold a valid first aid and CPR certificate.**

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

**N/A**

- iii. If applicable, provide the website link detailing the family child care home provider qualifications:

**(<https://www.ctoec.org/licensing/>) <https://www.ctoec.org/licensing/>**

**c. Regulated or registered In-home Care (care in the child's own home by a non-relative)**

- i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

**N/A**

- ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

**N/A**

### **5.3 Health and Safety Standards and Training for CCDF Providers**

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 – 5.3.12.

Note: Monitoring and enforcement will be addressed in subsection 5.4.

### 5.3.1 Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Programs shall maintain on file documentation that each child has age appropriate immunizations, immunization in progress or exemption to immunization. The hands of staff and children shall be washed after each diaper change, and before eating or handling food.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**Additionally, for licensed and license-exempt centers, toys used for infants shall be kept separate, washed, and sanitized at least daily. Toys for toddlers shall be washed and sanitized at least weekly and as needed. For licensed centers, staff shall be knowledgeable about the signs and symptoms of childhood illness and responsible for observation of each child. Any child showing suspicious signs or symptoms of short-term contagious illness shall be isolated and removed from the program. For licensed family child care homes, no child shall be accepted for sick child care, universal precautions and sanitary practices shall be used to prevent the spread for infection when care for a mildly ill child occurs.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**The above standards are monitored during on-site inspections. Center Regs: 19a-79-5a(a)(2)(C); 19a-79-6a(e); 19a-79-6a(b)(1)-(2); 19a-79-10(e) Family Regs: 19a-87b-10(k); 19-87b-10(g), 19a-87b-11 License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

#### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised ; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf)) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below how the state/territory

requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

### 5.3.2 Prevention of sudden infant death syndrome

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

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib, bed or other piece of equipment designed for infant sleeping and appropriate for the particular child, with a snug fitting mattress unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position or alternate piece of equipment. When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back but allowed to adopt whatever position they prefer for sleep. Soft surfaces and gas-trapping objects such as pillows, blankets, quilts, sheepskins, soft bumpers or stuffed toys shall not be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed. No infant shall be put to sleep on a sofa, soft mattress, waterbed or other soft surface. No infant shall be put to sleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a**

medical reason for their use. Nothing shall be placed or hung over the side of a crib or other piece of equipment designed for sleeping that obstructs the staff's visibility of the infant. Cribs or other furniture intended for infant sleeping shall meet the United States Consumer Product Safety Commission requirements. All cribs must comply with the CPSC crib standards.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition, for family child care home providers, no infant shall be swaddled unless written documentation from health care practitioner specifying instructions and a time frame for swaddling is on file, infants shall be physically observed at least every 15 minutes to assess breathing, color, temperature and comfort, for children under three years of age no teething necklaces, teething bracelets or other jewelry that presents a choking or strangulation hazard shall be accessible while placed to sleep, and the requirements for sleep arrangements shall be posted and reviewed with parents prior to enrollment and as needed. These same changes are contained in our proposed regulations for centers/groups.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Regs-19a-79-10(g), Family Regs-19a-87b-10(f), License-exempt:  
(<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf))  
<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes  
[x] No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

#### 5.3.3 Administration of medication

Administration of medication, consistent with standards for parental consent.

**Amended: Effective Date 05/27/2024**

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Administration of medications by unlicensed staff is permitted, provided the program has written policies and procedures governing administration, specified training is completed, administration is in accordance with a written order from an authorized prescriber, written parent permission is obtained, and specified documentation and storage and labeling requirements are followed.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**License exempt programs accepting subsidy, are required to develop and implement written policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental consent and prescriber authorizations, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be maintained onsite and shall reflect best practice.**

1)

**1) The operator shall maintain in the child care program a written statement signed by the operator or the operator's designee attesting to the fact that they are either:**

**A) A program operated and administered by a local or regional board of education or municipality administering medication in accordance with section 10-212a of the Regulations of Connecticut State Agencies; or**

**B) Administering medication in accordance with section 19a-79-9a of the Regulations of**



Connecticut State Agencies; and

C) Staff trained and approved to administer medication shall be present whenever a child who has orders to receive medication is enrolled and present at the facility.

2) The operator shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic pre-filled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction or for injectable equipment used to administer glucagon. The operator shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-9a, Family Regs: 19a-87b-17, Health & Safety Requirements for License Exempt Child Care Centers, Administration, Section (c).**

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf))  
<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute**

(CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.

#### 5.3.4 Prevention and response to food and allergic reactions.

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

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Information about a child's disabilities or special health care needs such as allergies or special dietary needs shall be on file along with an individual plan of care to include appropriate care of the child in the event of a medical emergency.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-5a(a)(2)(E) Family Regs: 19a-87b-10(c) and (d), License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

##### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf)) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

#### 5.3.5 Building and physical premises safety

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

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The physical premises shall be maintained sanitary and free of health and safety hazards. Evident sources of lead in buildings constructed prior to 1978 must be addressed. The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers. Fences used to protect children shall be at least four feet in height. Fields and equipment for high risks activities shall be free of hazards.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-7a Family Regs: 19a-87b-9(b); 19a-87b-9, License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf))  
<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

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

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The program is responsible at all times, for the health, comfort, and safety of children at all times. Children's behaviors shall be managed using techniques based on developmentally appropriate practice. Staff shall not engage in or allow abusive, neglectful, physical, corporal, humiliating, or frightening treatment or punishment and**

**shall not tie or bind or restrain children.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-3a(b)(8) Family Regs: 19a-87b-10(j) and 19a-87b-10(k), License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf)) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

**☐ Pre-Service**

**☒ Orientation within three (3) months of hire**

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**☐ Yes**

**☒ No**

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual**

professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.

#### 5.3.7 Emergency Preparedness and Response Planning

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Care 4 Kids Policy Transmittal C4K-POL-19-02 requires all licensed Family Child Care Homes, licensed Child Care Centers, and licensed Group Child Care Homes who currently receive Care 4 Kids subsidy to establish a written emergency plan to respond to emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility). Such emergency plans shall include procedures for evacuation, relocation, shelter-inplace and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. All staff shall be trained on the plan and a copy maintained on site.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**The current regulations for child care center and group child care home licensing do not spell out the specific elements of an emergency plan required to match up with the CCDF requirements. Proposed regulations do identify these elements. Care 4 Kids Policy Transmittal C4K-POL-19-02 requires all licensed Family Child Care Homes, licensed Child Care Centers, and licensed Group Child Care Homes who currently receive Care 4 Kids subsidy to establish a written emergency plan to respond to emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility). Such emergency plans shall include procedures for evacuation, relocation, shelter-inplace 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.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-3a(d)(4); Family Regs: 19a-87b-9(d)(5); 19a-87b-9(d)(5) Youth**

**License-exempt: (<http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>) <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>**

**Emergency preparedness and response planning for emergencies - Administration-(b) and (e)**

Care 4 Kids policy transmittal C4K-POL-19-02: (<https://www.ctoec.org/wp-content/uploads/2020/05/Emergency-Preparedness-Plans-for-Licensed-C4K-Providers-2019-09.pdf>) <https://www.ctoec.org/wp-content/uploads/2020/05/Emergency-Preparedness-Plans-for-Licensed-C4K-Providers-2019-09.pdf>

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf)) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

### 5.3.8 Handling and Storage of Hazardous Materials

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

#### a. Storage

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Potentially hazardous substances and materials shall be handled in a safe manner and stored in a separate, locked area which includes the appropriate disposal of biocontaminants.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-7a(e)(10); 19a-79-10(e)(6) and (9); 19a-79-13(d)(3); 19a-79-9a Family Regs: 19a-87b-9(c), 19a-87b-10(f); 19a-87b-9(h); 19a-87b-17(b)(5)(C); 19a-87b-18(d)(3), License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

#### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf)) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes



[x] No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.

#### 5.3.9 Precautions in transporting children

Precautions in transporting children (if applicable).

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The operator shall be responsible for compliance with all motor vehicle laws when transporting children. Written parent permission must be obtained if transporting children.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-3a(m); 19a-79-5a(a)(1)(D)(iv), Family Regs: 19a-87b-9(l); 19a-87b-10(b)(3), License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

##### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; ([https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n\\_Health\\_and\\_Safety\\_Provider\\_Requirements\\_revision\\_2\\_Feb\\_2020-1.pdf](https://www.ctoec.org/wp-content/uploads/2020/04/C4K-Transmittals-n_Health_and_Safety_Provider_Requirements_revision_2_Feb_2020-1.pdf)) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
☐ Pre-Service  
☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☐ Yes  
☒ No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

#### 5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

##### a. Standards

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.  
**All staff in Care 4 Kids programs must have completed a first aid course appropriate for all of the children served and a CPR course appropriate for all of the children served.**
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**Unlicensed relative providers, there is no requirement for pediatric first aid and CPR.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-4a(e)(1) and (2); 19a-79-13(b)(1), Family Regs: 19a-87b-6(c); 19a-87b-18(b)(1)(A), Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised**

<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**All staff in Care 4 Kids programs must have completed a first aid course appropriate for all of the children served and a CPR course appropriate for all of the children served. Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; (<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

5.3.11 Recognition and reporting of child abuse and neglect

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting

requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The operator and staff shall report actual or suspected child abuse or neglect, or imminent risk of serious harm, of any child to the CT Department of Children and Families as mandated by CT statute. In order to report such information a staff person must be able to recognize signs and symptoms of such abuse or neglect.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**NA**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Center Regs: 19a-79-3a(b)(8)(E) Family Regs: 19a-87b-10(k)(3), License-exempt: (<https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>) <https://www.ctcare4kids.com/wp-content/uploads/2020/07/CCDF-Requirements-4-for-Exempt-Programs.pdf>**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised; (<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>) <https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and

update the health and safety practices as described in the standards above.

Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.

#### 5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

##### a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

**Brain development: teach child care providers the basic parts and developmental processes in the human brain, as well as teaching practices and strategies that young brains need in order to develop to their full potential.**

**How children learn and learning theory: participants will learn about basic theories regarding the ways in which young children learn behavior and skills. The content of this course focuses on different theories in behavioral and developmental psychology, such as the work of Jean Piaget.**

**Social Emotional development: focuses on social and emotional development in young children between birth and age five. Participants will learn about developmental milestones as well as recommended practices for promoting social development in the early childhood environment**

**Care 4 Kids Policy Transmittal C4K-POL-18-01-Revised;**<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>  
<https://www.ctoec.org/wp-content/uploads/2022/09/18-01-Revised-HS-Requirements-FINAL.pdf>

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

**Initial health and safety training is done through the Child Care Education Institute (CCEI). CCEI updates the training catalog with most up-to-date information on trainings. Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. For ongoing annual professional development, providers must complete at least one training on a health and safety topic area as defined in the federal law; all documentation will be stored in the Office of Early Childhood (OEC) Professional Registry.**

#### 5.3.13 Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

- a. Licensed child care centers:

**1% of annual hours worked or a minimum of 5 hours annually for caregivers, teachers, and directors must align with Connecticut's Core Knowledge and Competencies which include competencies which focus on health and safety.**

- b. License-exempt child care centers:

**1% of annual hours worked or a minimum of 5 hours annually for caregivers, teachers, and directors must align with Connecticut's Core Knowledge and Competencies which include competencies which focus on health and safety.**

- c. Licensed family child care homes:

**A minimum of 18 hours per year which must align with Connecticut's Core Knowledge and Competencies which include competencies which focus on health and safety.**

- d. License-exempt family child care homes:

**Unlicensed relatives have no annual training requirements.**

- e. Regulated or registered In-home child care:

**N/A**

- f. Non-regulated or registered in-home child care:

**Unlicensed relatives have no annual training requirements.**

#### 5.3.14 Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☒ a. Nutrition:

**Licensed centers and family child care homes are required to provide nutritious meals and snacks. Center Regs-19a-79-6a(a)(2), Family Regs-19a-87b-10(c)(2),**

☒ b. Access to physical activity:

**The program shall include opportunities for physical activities. Center Regs-19a-79-8a(b) and 19a-79-10(j), Family Regs-19a-87b-10(c) and (e).**

☒ c. Caring for children with special needs:

**Information about a child's disabilities or special health care needs such as allergies, special dietary needs shall be on file along with an individual plan of care to include appropriate care of the child in the event of a medical emergency. Center Regs: 19a-79-5a(a)(2)(E) Family Regs: 19a-87b-10(c) and (d)(3).**

☐ d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

### 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

#### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

**All licensed providers undergo at least one annual unannounced licensing visit and license exempt CCDF providers undergo at least one annual announced health & safety visit where compliance is monitored. In addition, the OEC will investigate any complaint filed against a program alleging a violation of the licensing or health & safety requirements.**

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

**Each provider receives the Health and Safety Standards for Annual Monitoring and Inspection Form. The link provides all information mailed to license-exempt providers. Operations Transmittal C4K-OPS-16-01 dated September 30, 2016 submitted to OEC's Division of Licensing. Currently. All orientation and annual professional development activities completed by providers will be tracked and monitored in the Office of Early Childhood's Professional Registry. In the Early Care and Education Action Plan, the OEC has already indicated it will form a workgroup to assess reporting requirements to identify near-**

term and long-term opportunities to streamline, simplify, and reduce redundancy. This workgroup will generate recommendations that change current practice and policy. All licensed providers are monitored pursuant to Section 19a-87b (family child care homes), and Section 19a-80 (child care centers and group child care homes).

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

**All licensed providers undergo at least one annual unannounced licensing visit and license exempt CCDF providers undergo at least one annual announced health & safety visit where compliance is monitored. In addition, the OEC will investigate any complaint filed against a program alleging a violation of the licensing or health & safety requirements. During the annual licensing visits to licensed child care centers and group child care homes the inspection includes verifying that current certificates are on file verifying that the local health department and fire marshal have conducted recent inspections to verify compliance with local codes and ordinances. For licensed family child care homes, local officials do not have the authority to conduct annual visits, therefore, during their annual licensing inspection, providers are monitored for compliance with items including, but not limited to, smoke detectors, carbon monoxide detectors, means of egress, fire extinguishers, emergency and disaster plans, hazardous substances and materials, chipping paint, protection from traffic and bodies of water. The jurisdiction for ensuring local health and fire standards for license-exempt programs falls on the local officials. In addition, the license-exempt providers, as part of their annual health and safety visit, licensing specialists confirm compliance with hazardous substances and materials, chipping paint, protection from traffic, bodies of water, required to have emergency and disaster plan.**

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

##### a. Licensed CCDF center-based child care

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

**All applicants receive a pre-licensure inspection prior to the issuance of a license to ensure compliance with all standards before a license is issued.**

- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

**All providers receive at least one full unannounced inspection annually.**



iii. Identify the frequency of unannounced inspections:

☒ A. Once a year

☐ B. More than once a year. Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

**N/A**

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

**Center Statutes Section 19a-80(b)(3), Youth Camp Statutes 19a-426.**

b. Licensed CCDF family child care home

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

**All applicants receive a pre-licensure inspection prior to the issuance of a license to ensure compliance with all standards before a license is issued.**

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

**All providers receive at least one full unannounced inspection annually.**

iii. Identify the frequency of unannounced inspections:

☒ A. Once a year

☐ B. More than once a year. Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

**N/A**

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers.

**Conn. Gen. Stat. Section 19a-87b**

c. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

☒ No

☐ Yes. If yes, answer A – E below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own

home) providers.

- C. Identify the frequency of unannounced inspections:
  - ☐ 1. Once a year
  - ☐ 2. More than once a year. Describe:
- D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
- E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

#### **Office of Early Childhood Division of Licensing**

##### **5.4.3 Inspections for license-exempt center-based and family child care providers.**

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

#### **Amended: Effective Date 05/27/2024**

a. To certify, describe the policies and practices for the annual monitoring of:

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.

**Providers are subject to at least one announced monitoring visit per year. Differential monitoring is not used. Effective 5/27/2024, CT has added the missing topics of Administration of Medication, consistent with standards for parental consent, Prevention of and Response to Emergencies Due to Food and Allergic Reactions, Appropriate precautions in transporting children, and fire standards to annual inspections in order to achieve compliance. Licensing staff were trained during an all staff meeting on the checklist revisions and additional responsibilities entailed during inspections. The changes are being communicated to providers on May 16, 2024 via an e-mail blast from the Director of Licensing.**

i. Provide the citation(s) for this policy or procedure.

(<https://www.ctoec.org/wp-content/uploads/2020/05/Health-and-Safety-Inspections-for-programs-receiving-C4K-subsidy-2016-09.pdf>) [https://www.ctoec.org/wp-content/uploads/2020/05/22-01-REVISED-Health-and-Safety-Inspections-for-Programs-Receiving-C4K-Subsidy\\_Revised-FINAL.pdf](https://www.ctoec.org/wp-content/uploads/2020/05/22-01-REVISED-Health-and-Safety-Inspections-for-Programs-Receiving-C4K-Subsidy_Revised-FINAL.pdf)

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

i. Provide the citation(s) for this policy or procedure.

N/A

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A

b. Provide the citation(s) for this policy or procedure.

N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

**Individuals must meet the experience and training of the position posting and then once hired as licensing inspectors they undergo a thorough training in accordance with an established training plan which includes reading and reviewing with supervisors materials, including the Licensing Division's policy and procedure manual that covers topics such as general expectations of conduct during inspections, initial licensing, conducting complaints, reviewing selected portions of the National Association for Regulatory Administration Licensing Curriculum, a line-by-line review of the licensing**

**regulations for each licensed type and memos of direction, on-line trainings and videos, and shadowing seasoned inspectors in the field. All OEC employees complete a mandatory diversity training within 6 months of hire.**

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

**All licensing inspectors have been trained in all the health and safety topic areas based on Connecticut's Licensing Regulations. The inspectors also view the online Health and Safety Orientation program which is being offered to providers.**

c. Provide the citation(s) for this policy or procedure.

(<https://www.jobapscloud.com/CT/specs/classspecdisplay.asp?ClassNumber=2328SH&R1=undefined&R3=undefined>)  
<https://www.jobapscloud.com/CT/specs/classspecdisplay.asp?ClassNumber=2328SH&R1=undefined&R3=undefined>

#### 5.4.6 Ratio of Licensing Inspectors

The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

**The average current ratio of staff to licensed programs is currently approximately 1:115 (includes license-exempt programs). There is no specific policy regarding licensing inspector ratios. Current statute requires at least annual inspection of each licensed program and this requirement is always met with current staffing levels.**

b. Provide the policy citation and state/territory ratio of licensing inspectors.

**Center Statutes: 19a-80(b)(3); Youth Camp Statutes: 19a-426; Family Statutes: 19a-87b(a). The average current ratio of staff to licensed programs is currently approximately 1:115 (includes license-exempt programs).**

### 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to

individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

#### 5.5.1 Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

##### a. Components of In-State Background Checks

###### i. Criminal registry or repository using fingerprints in the current state of residency

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a, 17b-749-12(e) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

☒ All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

###### ii. Sex offender registry or repository check in the current state of residency

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

☒ All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

###### iii. Child abuse and neglect registry and database check in the current state of residency

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

☒ All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

##### b. Components of National Background Check

i. FBI Fingerprint Check

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

☒ All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

☒ All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

c. Components of Interstate Background Checks

i. 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.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a, 17b-749-12(e) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

☒ All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

☒ Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

**[x]** All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21-04**

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

**[x]** Licensed, regulated, or registered child care providers

Citation:

**C.G.S § 19a-87b(c), 17b-749k, 19a-80 (c) and Regulations of Connecticut State Agencies § 19a-87b-8a) and Care 4 Kids Policy Transmittal C4K-POL-21-01**

**[x]** All other providers eligible to deliver CCDF Services

Citation:

**C.G.S §§ 17b-750, 17b-749k (b) and (c) and Care 4 Kids Policy Transmittal C4K-POL-21**

#### 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

**To request a background check, providers must submit fingerprints, a DCF Authorization form and an FBI privacy rights form to the OEC. They have the option to submit these documents by mail, or to submit the forms online and schedule an appointment to submit fingerprints digitally.**

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

**\$88.25 (\$75 state and 13.25 FBI) per person and \$86.25 (\$75 and 11.25 FBI) per volunteer.**

**These represent the actual cost of the check and there are no additional fees charged to the**

**individual. The State is currently covering the cost of fingerprinting using CRRSA funds through April of 2022. Afterwards, the individual receiving the background check is responsible for the fee.**

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

**Effective 7/1/2021, prospective employees are prohibited from working in a child care center or group home until the provisions of 45 CFR 98.43 (d)(4) have been satisfied. Family child care home providers, staff, and household members are not issued a license or approval until they have completed a comprehensive background check per C.G.S § 19a-87b.**

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

**The procedure for providers to request the background check is the same. To request a background check, providers must submit fingerprints, a DCF Authorization form and an FBI privacy rights form to the OEC. They have the option to submit these documents by mail, or to submit the forms online and schedule an appointment to submit fingerprints digitally. Providers are also required to keep an updated staff roster, which includes 5 years of address history for each person. This allows our background check information system to identify which inter-state background checks are needed and those requests will be submitted to each respective out of state agency by OEC legal staff. Out of State checks went into effect on August 1, 2021. OEC has hired temporary staff to allow other work to be reallocated so CT state employee would have the bandwidth to conduct out of state checks.**

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

**Our Background Check Information System includes a status that notifies each provider when they are due for their next background check at least once every five years. CT does not currently have the capability to conduct FBI Rap Back checks but our state police are working towards this capability in the future.**

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

**Upon submission of background check documents each prospective employee is asked to indicate whether they are currently employed in child care and if not their last date of employment in child care. If their last date of employment is more than 180 consecutive days prior to the request, they are required a comprehensive background check to be processed.**

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).



(<https://www.ctoec.org/background-checks/>) <https://www.ctoec.org/background-checks/>

### 5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

**Collect fingerprints from all required individuals, submit to CT Department of Emergency Services and Public Protection (DESPP), and any criminal records that are returned are reviewed to determine a potentially disqualifying crime. If a disqualifying crime is identified, Providers are notified of the ramifications for eligibility to receive C4K funds and additional documentation is requested to determine suitability for child care employment. In addition to fingerprints, a Department of Children and Families (DCF) authorization form and FBI privacy rights form is collected for each applicant. Weekly batch files are sent to DCF for child abuse and neglect registry checks and 80% of results are returned the next day. The remaining 20% of DCF checks are manually reviewed and results are received within 1 to 2 weeks. NSOR checks are conducted by submitting a batch file of prospective employees' names and dates of birth. A batch is created and sent to the CT DESPP to be relayed to the FBI on a weekly basis. All records contained on the CT SOR are included in NSOR.**

**CT OEC staff review returned criminal records, DCF records, and NSOR records.**

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

**The process for conducting FBI fingerprint checks is the same as above. NSOR checks are conducted by submitting a batch file of prospective employees' names and dates of birth. A batch is created and sent to the CT DESPP to be relayed to the FBI on a weekly basis.**

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

**Effective August 1, 2021, OEC implemented its out of state background checks process, which includes a policy that addresses eligibility determinations in the event not all components of a background check are completed within the required 45-day timeframe. Said policy requires that OEC process a request to the state, tribe or territory for a criminal, CPS check, and SOR check. CT is now an NFF state, however, if it is a closed state, the OEC will notify the applicant of the required out of state check and any information on how to request the checks. All individuals working in child care are responsible for obtaining all documents required for the out of state check within 45 days from the date posted on the letter. Such individuals will be advised to submit documentation of their efforts to request the needed information from relevant state agencies. The letter sent to the individual shall include the following ACF link with direct hyperlinks to each state's process: (<https://childcareta.acf.hhs.gov/ccdf-fundamentals/components-comprehensive-background-check> rel="noreferrer noopener" tabindex="-1" target="\_blank" title="https://childcareta.acf.hhs.gov/ccdf-fundamentals/components-comprehensive-background-check") <https://childcareta.acf.hhs.gov/ccdf-fundamentals/components-comprehensive-background-check>**

**Additionally, the policy is specific that an administrative decision will be made within 45 days based on the information in the file at that time. If requested information remains pending and has not been returned but the Connecticut in-state criminal background check has been completed, the individual will be deemed conditionally eligible to work in child care but the case will remain open and a follow up request will be sent for the missing information. The eligibility determination is not permanent and can be changed based on new information received by the agency. OEC staff track all communication attempts in an access database.**

**CT just launched a new State background check system, CCHRS. Fingerprints that are submitted digitally are completed within 1 week. Fingerprints that are submitted by mail are completed within 3 weeks.**

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

**Effective August 1, 2021, OEC implemented its out of state background checks process, which includes a policy that addresses eligibility determinations in the event not all components of a background check are completed within the required 45-day timeframe. Said policy requires that OEC process a request to the state, tribe or territory for a criminal, CPS check, and SOR check. CT is now an NFF state, however, if it is a closed state, the OEC will notify the applicant of the required out of state check and any information on how to request the checks. All individuals working in child care are responsible for obtaining all documents required for the out of state check within 45 days from the date**

posted on the letter. Such individuals will be advised to submit documentation of their efforts to request the needed information from relevant state agencies. The letter sent to the individual shall include the following ACF link with direct hyperlinks to each state's process: (<https://childcareta.acf.hhs.gov/ccdf-fundamentals/components-comprehensive-background-check> rel="noreferrer noopener" tabindex="-1" target="\_blank" title="https://childcareta.acf.hhs.gov/ccdf-fundamentals/components-comprehensive-background-check") <https://childcareta.acf.hhs.gov/ccdf-fundamentals/components-comprehensive-background-check>

Additionally, the policy is specific that an administrative decision will be made within 45 days based on the information in the file at that time. If requested information remains pending and has not been returned but the Connecticut in-state criminal background check has been completed, the individual will be deemed conditionally eligible to work in child care but the case will remain open and a follow up request will be sent for the missing information. The eligibility determination is not permanent and can be changed based on new information received by the agency. OEC staff track all communication attempts in an access database.

CT just launched a new State background check system, CCHRS. Fingerprints that are submitted digitally are completed within 1 week. Fingerprints that are submitted by mail are completed within 3 weeks.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Current out of state addresses will be processed the same as previous out of state addresses in the past five years. So, any individual who works in CT and lives in another state will have the three required in-state checks processed in their state of residence as well as CT.

#### 5.5.4 "Compact State" and participation in the National Fingerprint File program

State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

☐ No  
☒ Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal

identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

☐ No

☒ Yes

#### 5.5.5 Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate

##### a. Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**Interstate criminal history check requests are referred to the CT DESPP and the correct form to request this check is provided on the OEC and DESPP websites.**

##### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**Interstate sex offender history check requests are referred to the CT Sex Offender Registry Public Website, which contains all information available for the CTSOR. C.G.S § 46a-80 limits the denial of employment by the state or issuance of a license based on criminal convictions unless certain factors are reviewed and taken into consideration including (1) the nature of the crime and its relationship to the job for which the person has applied; (2) information pertaining to the degree of rehabilitation of the convicted person; and (3) the time elapsed since the conviction or release.**

##### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**Interstate child abuse and neglect history check requests from another state are referred to the CT Department of Children and Families and the correct form to request such a check are provided on the OEC and DCF websites.**

#### 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead

Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

☒ i. Agency Name

☒ ii. Address

☒ iii. Phone Number

☒ iv. Email

☒ v. FAX

☒ vi. Website

☒ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))

☒ viii. Forms

☒ ix. Fees

☐ x. Is the state a National Fingerprint File (NFF) state?

☒ xi. Is the state a National Crime Prevention and Privacy Compact State?

☒ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(<https://www.ctoec.org/background-checks/out-of-state-background-checks/>)  
<https://www.ctoec.org/background-checks/out-of-state-background-checks/>

b. Interstate Sex Offender Registry (SOR) Check:

☒ i. Agency Name

☒ ii. Address

☒ iii. Phone Number

☒ iv. Email

☒ v. FAX

☒ vi. Website

☐ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

☒ viii. Forms

☒ ix. Fees

☒ x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**([https://sheriffalerts.com/cap\\_office\\_disclaimer.php?office=54567](https://sheriffalerts.com/cap_office_disclaimer.php?office=54567))**

**[https://sheriffalerts.com/cap\\_office\\_disclaimer.php?office=54567](https://sheriffalerts.com/cap_office_disclaimer.php?office=54567)**

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

☒ i. Agency Name

☒ ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

☒ iii. Address

☒ iv. Phone Number

☒ v. Email

☒ vi. FAX

☒ vii. Website

☐ viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

☒ ix. Forms

☒ x. Fees

☐ xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

☒ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**(<https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF3031-6192020.pdf>)**

**<https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF3031-6192020.pdf>**

5.5.7 Child Care Staff Member Disqualification

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse,

crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

☐ No

☒ Yes. If yes, describe other disqualifying crimes and provide the citation:

**The crimes that go above and beyond CCDBG disqualifiers are as follows: cruelty to persons, offenses against public peace and safety including possession of certain weapons, cruelty to animals, sex offenses including patronizing a prostitute, burglary, larceny, bribery, breach of peace, public indecency, and illegal possession of explosives. The OEC has a list of over 100 disqualifying crimes that align with CCDF requirements; (<https://www.ctoec.org/wp-content/uploads/2020/07/OEC-BG-checks-disqualifying-crimes-2017-09.pdf>) <https://www.ctoec.org/wp-content/uploads/2020/07/OEC-BG-checks-disqualifying-crimes-2017-09.pdf>.**

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

**The OEC send the applicant and provider each a letter advising of the eligibility determination. The letters to providers do not reveal any details of specific convictions or any criminal history record information.**

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4)).

**All applicants have the ability to appeal background checks. For applicants from licensed programs, appeal is automatic due to a state anti-discrimination statute requiring a special process prior to the denial of a license due to a conviction. When there is a conviction, the OEC sends the applicant a letter indicating the result and providing the applicant with the opportunity to immediately appeal by asking questions pertaining to degree of rehabilitation. For applicants from unlicensed programs, the OEC has an appeals committee. The OEC ensures privacy of background checks by maintaining a confidential database. Per FBI requirements, anyone with access to the database must undergo Security Awareness Training. The OEC also maintains privacy by providing the results of the background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual. An individual convicted of a felony drug offense would only be disqualified if convicted in the past five years. Programs that receive CCDF funds are also notified of the ramifications of their eligibility based on any disqualifying conviction listed in 45 CFR 98.43 (c)(1) and that they are required to no longer employ an ineligible individual to maintain their funding eligibility.**

#### 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check

to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

**Individuals who complete a background check through the OEC and have any potentially disqualifying record information, go through an appeal/review process where they have the opportunity to submit information about their degree of rehabilitation, the details of their record and its relationship to child care, and the time since the conviction or CPS finding occurred. In addition, individuals who would like to dispute or appeal the information in the record obtained by OEC through a background check, are referred to the source of that information. This would be true for all components of the background check. For CT checks, they would be referred to the links below to appeal information through CT DCF or CT DESPP. (<https://portal.ct.gov/BFPE/General/General/How-do-I-Appeal>) <https://portal.ct.gov/BFPE/General/General/How-do-I-Appeal> (<https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-2210-B-1-13-21.pdf>) <https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-2210-B-1-13-21.pdf>.**

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

**For out of state checks, individuals would be referred to the relevant agency that provided**



the record information in question in each respective state.

(<https://portal.ct.gov/BFPE/General/General/How-do-I-Appeal>)

<https://portal.ct.gov/BFPE/General/General/How-do-I-Appeal> (<https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-2210-B-1-13-21.pdf>) <https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-2210-B-1-13-21.pdf>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

For out of state checks, individuals would be referred to the relevant agency that provided the record information in question in each respective state.

(<https://portal.ct.gov/BFPE/General/General/How-do-I-Appeal>)

<https://portal.ct.gov/BFPE/General/General/How-do-I-Appeal> (<https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-2210-B-1-13-21.pdf>) <https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-2210-B-1-13-21.pdf>

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

☒ a. Relative providers are exempt from all licensing requirements.

☐ b. Relative providers are exempt from a portion of licensing requirements. Describe.

☐ c. Relative providers must fully comply with all licensing requirements.

### 5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

☒ a. Relative providers are exempt from all health and safety standard requirements

☐ b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

☐ c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

☐ a. Relative providers are exempt from all health and safety training requirements.

☒ b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

**The Provider Orientation Program (POP) is a mandatory training for all unlicensed home based Care 4 Kids providers. These trainings focus on**

health and safety, child development, Care 4 Kids procedures, and also includes content on emergency preparedness and each provider receives the Family Home Provider Emergency Plan Template to complete and post in their home. The template is available at: <http://www.ctcare4kids.com/licensedfamilychildcareproviders>. Upon completion of orientation session attendance requirement AND issuance of an approved child care certificate and payment from Care 4 Kids, a health and safety materials kit valued at over \$150.00 and a \$75.00 stipend for attendance will be provided.

☐ c. Relative providers must fully comply with all health and safety training requirements.

#### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

☒ a. Relative providers are exempt from all monitoring and enforcement requirements.

☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

#### 5.6.5 Background Checks (as described in Section 5.5)

☐ a. Relative providers are exempt from all background check requirements.

☒ b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

☐ i. Criminal registry or repository using fingerprints in the current state of residency

☒ ii. Sex offender registry or repository in the current state of residency

☒ iii. Child abuse and neglect registry and database check in the current state of residency

☐ iv. FBI fingerprint check

☐ v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.

☐ vi. Criminal registry or repository in any other state where the individual has resided in the past five years.

☐ vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.

☐ viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

☐ c. Relative providers must fully comply with all background check requirements.

## 6 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.

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). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

### 6.1.1 Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

**The Office of Early Childhood recognizes the NAEYC Workforce Blueprint and elements of the Build It Better Survey as guides for the development of a state professional development system. Since the last survey of Connecticut's system was performed, the OEC has taken steps to address each element through the four policy lenses: compensation; integration of professional development across OEC divisions serving various child care and education sectors and settings; equity and workforce diversity; and quality assurance. The descriptions below build upon the foundation of our state standards for professionals and early learning and development standards for young children with recognition of the more detailed implementation work that needs to occur. Current efforts to engage both an internal OEC advisory committee and an external statewide committee will inform the next steps in building each element of the system with accountability for the four policy lenses.**

Connecticut's Core Knowledge and Competencies (CKCs) for professionals working with children and their families address a variety of provider types and settings. The CKCs contain seven domains of knowledge, including health, safety and wellness, so that all professionals ensure children are safe and are able to respond in emergencies. These competencies incorporate the knowledge and application of Connecticut's ELDS and address practices aligned to the Pyramid Model for promoting social and emotional competence and providing intervention and support. The competencies provide a roadmap for professional learning design to serve diverse learners from career entry to mastery level. The CKCs are used as a basis for planning training requirements and approving trainers and trainings.

ii. Career pathways. Describe:

Connecticut's Professional Career Ladder provides a progression of professional development from entry level training through the various degree programs. The OEC is currently working to address PA-19-61, An Act Concerning the Office of Early Childhood to Develop an Early Childhood Educator Compensation Schedule, which will likely result in the need for modifications to the Professional Career Ladder to reflect increments of progress associated with CCDF requirements and any state or national requirements specific to provider roles. This work will specifically provide a compensation framework aligned with increments on the Professional Career Ladder. The OEC Professional Registry is used to provide a platform to free online training which includes the CCDF Care4Kids required health and safety orientation training, and provides professionals the verification they need for career and incentive opportunities if they are participating in the Care4Kids program. Similarly, the OEC Professional Registry documents education qualifications and assesses compliance with PA- 19-34 regarding Qualified Staff Members in state funded programs. Scholarships via the OEC Registry supports providers in credential and degree attainment.

iii. Advisory structure. Describe:

The Office of Early Childhood is implementing an internal professional development advisory group comprised of members from each of the agency's divisions. The advisory group has reviewed the professional learning structures within and across each division and identified common technical assistance criteria that could unite each division in addressing quality technical assistance. The advisory group process paused during COVID-19 and will resume in the fall of 2021 with the intention to expand this work with a statewide external advisory group.

iv. Articulation. Describe:

Associate to bachelor early childhood degree articulation is supported through general transfer agreements between Connecticut state colleges and universities. The CT Board of Regents recently launched a Transfer Articulation Policy, which guarantees no loss of credits between an Associate degree program to a Bachelor degree program. The Connecticut Early Childhood Teacher Credential (ECTC) validates that a professional meets the teacher competencies in six standard areas: (1) Promoting Child Development and Learning; (2 )Building Family and Community Relationships; (3) Observing, Documenting and Assessing to Support Young Children and Families; (4) Using Developmentally Effective Approaches; (5) Using Content Knowledge to Build Meaningful Curriculum and (6) Growing as a Professional. The ECTC improves teaching and learning in early childhood classrooms by aligning college coursework to national standards and is portable across early childhood programs. Connecticut's public colleges that offer the ECTC now have a fully articulated policy for no loss of credits. The private colleges conduct a course by course review for credit transfer until such time as a policy is put in place by their governing body, the Office of

#### **Higher Education.**

v. Workforce information. Describe:

The CT Early Childhood Professional Registry is a statewide, secure, online database that tracks verified professional development and employment experiences of its members. The Registry is open to teaching staff, program administrators and other staff of CT's early care and education programs across settings, including family childcare. It is also open to early care and education technical assistance providers (trainers, consultants, mentors, and coaches) who support CT's workforce. Data contained in the Registry is used to monitor statewide progress toward meeting the required staff qualifications associated with programs utilizing state funding as well as other agency needs. The Career Ladder noted on the Professional Registry website offers a scale of progression based on early childhood credits toward degrees. The Career Ladder will be revised to reflect progress associated with the CCDF requirements as well. The Registry is currently used for access to the CCDF health and safety orientation and ongoing free online training, as well as monitoring of workforce compliance for the required orientation.

vi. Financing. Describe:

The OEC contracts with CT's ECE RESC Alliance to provide free state approved trainings, technical assistance and coaching to providers on child development, developmental screenings, curriculum and assessment, early learning standards, and Core Knowledge and Competencies.

The OEC Scholarship Assistance Program uses state and federal dollars to help Connecticut's early childhood professionals increase their competence and advance their education.

Applicants must be Registry account holders who are employed in Connecticut early care and education settings and who are pursuing an early childhood higher education degree or credential, or who seek eligible training to improve competency as an early childhood professional.

Approved requests provide grants directly to the college / university or credentialing entity in the account holder's name.

Eligibility criteria and priorities are established by the OEC based on state and federal requirements and initiatives.

Additionally, all providers / teachers who establish an OEC Registry account, have access to over 120 free online trainings. These include self-care and staff wellness trainings, strategies, and programs for implementation.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☒ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

Connecticut's Core Knowledge and Competencies (CKCs) Framework includes a set of shared core competencies for any providers working in any setting. The CKC Framework Reflection Tool provides a mechanism for developing individual professional development plans. (Link: <https://www.ctoec.org/professional-development-and-technical-assistance/>). The reflection tool is utilized by providers to create individual professional development goals. Scholarship funding for professional development and credit bearing coursework is

available. Providers have access to free online modules to meet health and safety CCDF training requirements.

☒ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

Connecticut's higher education institutions are engaged in the state workforce development initiatives through the Early Childhood Higher Education Consortium (ECHEC) whose members include higher education early childhood program coordinators and faculty. Their work focuses on assisting students with the path from Associate's through Bachelor's degrees and modifications to the planned program of study to reduce duplication and maximize experience. Use of the CKC Framework links the professional development that students may have already had in their workplace to their current knowledge, understanding and practice. The OEC regularly collaborates with the higher education institutions regarding use of the CKC Framework. Quality improvement support funds are used to engage our contracted technical assistance providers in professional learning to familiarize themselves with both the Core Knowledge and Competencies for Professionals and the Core Knowledge and Competencies for Technical Assistance Providers to support self-reflection and alignment of professional development offerings with the CKCs.

OEC will be engaging in Lab School Investments project using an MOA with the CT State College and University System, under COVID relief funds, This project will build a robust early childhood education practicum experience at public and private higher education institutions, and support regional centers of excellence linked to higher education opportunities. The Lab School Investments project will provide support to stabilize and expand lab school activities within the higher education community and their surrounding communities. It will provide faculty staff and students with a Professional Learning Community, host quarterly meetings in collaboration with Early Childhood Higher Education Consortium and CSCU, and provide professional development for the local early childhood community. Lab schools will also work with OEC and its contractors to ensure the inclusion of the Connecticut Early Learning and Development Standards (CT ELDS), strategies and resources related to supporting multilingual learners, and Pyramid model practices in higher ed curriculum and in lab school implementation, and will support programs with best practices in curriculum and assessment.

☐ iii. Other. Describe:

#### 6.1.2 Consultation with state advisory council

Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Under the auspices of the CT Early Childhood Cabinet (SAC) a statewide, subject matter workgroup developed the CKC's to address the ongoing professional development of the early childhood workforce.

This workgroup’s goal was to ensure that providers in state-subsidized early childhood education programs met mandated qualifications as outlined in state legislation. Key strategies to meet this goal included conducting a statewide work force needs assessment, a study on licensing staff qualifications, development of a plan to address the capacity of higher education delivery of early childhood degrees, and a scan of state-funded ECE programs to determine job availability. Subsequently, Connecticut developed the Core Knowledge and Competencies Framework based upon NAEYC’s Blueprint for State Early Childhood Professional Development Systems. The NAEYC Build it Better Survey tool was utilized with stakeholders to collect information related to each element. Upon convening the statewide external advisory committee, the NAEYC Build it Better Survey tool survey will be utilized again to take stock of growth of the workforce and to identify areas in need of improvement.

#### 6.1.3 Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

As a result of the efforts to build the professional development system of the early childhood workforce, efforts to address compensation and equity have been identified as a key focus. Legislation is in place to address compensation through a compensation scale that will provide a statewide structure to set compensation goals to stabilize of the field. Funds are being used to address quality assurance of the professional development system in order to align technical assistance with standards, professional learning, and accountability. Recognizing the lack of diversity of the technical assistance providers, the OEC is working with our quality improvement contractors to mentor and expand the capacity of our technical assistance providers to represent diverse cultures, race, and languages.

### 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

#### 6.2.1 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2

of the Pre-Print) (98.44(b)).

Connecticut has developed Core Knowledge and Competencies (CKCs) for professionals working with young children and their families. The CKCs are designed to address a variety of provider types and settings. They contain seven domains of knowledge, including health, safety, and wellness so that all professionals will be able to ensure children are safe and staff are prepared to handle emergencies. These competencies incorporate the knowledge and application of Connecticut's ELDS and address practices aligned to the Pyramid Model for promoting social and emotional competence. The competencies provide a roadmap for professional learning design to serve diverse learners from caregiver entry to mastery level. The CKCs are used as a basis for planning training requirements and approving trainers and trainings. The state of Connecticut was chosen to receive intensive technical assistance (TA) from the National Center for Pyramid Model Innovation (NCPMI). The TA was focused on assisting Connecticut to implement the model to fidelity in pre-school classrooms. Over the two-year period of the TA two cohorts began work. Each Cohort consisted of 6 programs (12 classrooms) that would be the focus for the TA. Due to COVID-19-19, many of the 12 programs were stalled partially or completely. Work will continue with Cohorts 1 and 2 to get them to fidelity of implementation.

#### 6.2.2 Accessibility of professional development for tribes and tribal organizations

Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The OEC is in contact with the Social Service Manager of the Mohegan Tribe Family Services Department to inform them of all training and professional development initiatives that tribal providers can access. The OEC has shared all documents and resources including Connecticut's Core Knowledge and Competencies, the Early Learning and Development Standards and other related guidance documents. These are important resources and tools that can be utilized for professional development. Providers from Tribes have access to the free Online Health and Safety Orientation Training and other professional development offered through Connecticut's professional development system,

#### 6.2.3 Accessibility for providers with limited English proficiency and disabilities

States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

##### a. with limited English proficiency.

The OEC engages providers with limited English proficiency by providing recruitment information in many languages and offers training in these languages and/ or provides translators. The OEC's website is supported by Google Translate so that content can be translated by users.

##### b. who have disabilities.

Trainings are offered in locations accessible to those with mobility needs and sign language translation is provided if needed.

#### 6.2.4 Training and professional development requirements for CCDF providers



Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

**The OEC offers training and professional development to meet the career growth of providers by offering options from non-credit bearing training such as modules to meet CCDF requirements, credit bearing opportunities toward degree attainment for staff serving infants and toddlers through school-age children. By ensuring the integration of the CKC Framework, the OEC supports and ensures the applicability of training content to all providers. The CKCs incorporate the knowledge and application of CT's ELDS and strategies to support English language learners and children with special needs. Connecticut has only two recognized federal tribes and within those tribes a very small population of Native Americans. The OEC has a collaborative relationship with the Mohegan Tribe Family Services Manager and provides a calendar of professional training activities and resources so that all interested Tribal providers serving CCDF families have access.**

#### 6.2.5 Training and technical assistance to identify families experiencing homelessness

The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

**The OEC has contracted with the regional Education Service Center (EASTCONN) to provide a series of train- the- trainer events to inform providers about the trauma of homelessness. The target audience for this activity is providers who receive the Care 4 Kids subsidy, and other key partners that work with this population including the Coordinated Access Networks and the state's McKinney Vento Liaisons. The purpose of the training is twofold: 1) increase the knowledge base of trainers around the trauma of homelessness and 2) prepare them to be facilitators and trainers on this and related topics. The contractor's activities include provision of training and technical assistance on identifying and serving children and families experiencing homelessness based on the McKinney-Vento definition; designing and implementing statewide technical assistance to providers in screening homeless families utilizing OEC approved technical assistance personnel; providing a needs assessment to OEC regarding statewide TA needs; and developing and implementing a TA plan and delivering four trainings. The training participants will be linked with relevant OEC initiatives including Pyramid Model Training.**

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

**The OEC has designated a lead staff to guide the work of the contractor identified above and these staff participate in training as appropriate. The OEC staff lead is also the Pyramid Model project lead who holds responsibility for integrating Pyramid and efforts to identify and serve children and families experiencing homelessness.**

#### 6.2.6 Strategies to strengthen business practices

Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services

(98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

**CT provides a variety of business related supports and due to the COVID-19 pandemic, the need for these business supports has heightened as providers are challenged by low enrollments, quarantine related closures, and parents' inability to afford care. To strengthen the fiscal infrastructure of child care businesses, CT implements a number of support initiatives: Program Leadership Initiative- This effort offers credit-bearing coursework for early childhood administrators, which includes an introductory administration course, as well as separate courses for fiscal and human resources, such as Finance in Programs for Young Children and Human Resource Management. There are also separate courses for leadership, and family and community involvement. These three- credit courses meet requirements for the Connecticut Director's Credential and the NAEYC Operational Administrator. Additionally, the introductory administration course meets the three- credit OEC licensing requirement for a center or group home director. Large scale implementation was delayed in SFY 19 when we were unable to award a contract for our Quality Improvement System RFP, and then COVID-19 further delayed implementation of this project. Throughout this time, the OEC scholarship remained available and was used for providers seeking college credit coursework in these areas at CT colleges and universities. Entry level fiscal training: Working with a number of consultants and partners, the OEC developed and launched a train-the trainer to deliver a four-part series on fiscal management. Leveraging the content developed by the National Center on Early Childhood Quality Assurance, the OEC developed two additional sessions of content. The train-the trainer series was delivered to CT's Staffed Family Child Care Network staff, who in turn will offer the training to their affiliated family child care providers. Finally, the OEC partners with the Women's Business Development Council - CT (WBDC) to deliver training and fiscally targeted technical assistance to support providers in their ability to manage their business, generate business documents for the purposes of tax filing, grant and bank applications, as well as COVID-19 relief packages. WBDC is also tasked with reviewing OEC's fiscal and business-related offerings to be sure they are current, aligned and sequenced. The two-year commitment to this work with WBDC positions OEC to engage providers in work that will increase providers' business acumen and support their engagement with community-based supports.**

- b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

☒ i. Fiscal management

☒ ii. Budgeting

☒ iii. Recordkeeping

☒ iv. Hiring, developing, and retaining qualified staff

☒ v. Risk management

☒ vi. Community relationships

☒ vii. Marketing and public relations

☒ viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

☒ ix. Other. Describe:

## Tax preparation, grant application support to access state and federal relief initiatives

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

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)). Describe the content and funding:

**The OEC supports Standards, Curriculum, and Assessment content through a contract with the CT RESC Alliance. This work currently focuses on professional development for center-based providers, but will be expanding to home- based providers. The funding source is CCDF. Through the Governor's Emergency Education Relief fund, the OEC also partnered with the Technology in Early Childhood Center at the Erikson Center to offer professional development related using technology with young children for center- and home-based providers.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)). Describe the content and funding:

**The State of Connecticut was chosen to receive intensive technical assistance (TA) from the National Center for Pyramid Model Innovation (NCPMI). The TA was focused on assisting Connecticut to implement the model to fidelity in pre-school classrooms. Over the two year period of the TA two cohorts began work. Each Cohort consisted of 6 programs (12 classrooms) that would be the focus for the TA. Due to COVID-19, many of the 12 programs were stalled partially or completely. Work will continue with Cohorts 1 and 2 to get them to fidelity of implementation. Training, technical assistance, coaching and materials are funded through CCDF Quality.**

Fidelity of implementation includes having a state level leadership team that directs and oversees all aspects of state-wide implementation. The leadership team in Connecticut is known as the Connecticut Pyramid Partnership (CPP). This is a cross agency leadership team whose work is focused on an Action Plan developed by the CPP in response to NCPMIs Benchmarks of Quality which are a "road map" for implementation.

In addition, the project is guided by a five-year strategic plan which is specific to Connecticut's implementation efforts. The strategic plan outlines how Connecticut will scale up and sustain the work while the Action Plan goes deeper into strategies to meet the goals outlined in the Strategic Plan.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)). Describe the content and funding:

Through the Governor's Emergency Education Relief fund, the OEC also partnered with the Technology in Early Childhood Center at the Erikson Center to offer professional development related using technology with young children for center- and home -based providers. These trainings included strategies and activities for engaging parents and families to support their child's learning and development. Additionally, Sparkler is a mobile app, in English and Spanish, for iOS and Android, which offers: (1) mobile screening to provide easy access to developmental screening and support, (2) a library of 1000+ play activities and parenting tips, just right to spark parent-child co-play and development, and (3) connection with other parents/caregivers and parenting support from professionals. Sparkler is a family engagement and communication platform, which helps parents monitor and understand their child's development.

OEC has also partnered with WIDA Early Years to improve the quality of child care for young multilingual learners and their families in Connecticut. This initiative has included providing a training-of-trainers, and statewide access to online learning modules and resources. In addition, the OEC is working with WIDA Early Years to develop a logic model to include measurable goals related to supporting young multilingual learners and their families. Funding: CARES-ACT, CCDF

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based

- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding:

The OEC supports Standards, Curriculum, and Assessment content through a contract with the CT RESC Alliance. This work currently focuses on professional development for center-based providers, but will be expanding to home-based providers. The funding source is CCDF. Through the Governor's Emergency Education Relief fund, the OEC also partnered with the Technology in Early Childhood Center at the Erikson Center to offer professional development related using technology with young children for center- and home-based providers. CT's Early Learning Development Standards (ELDS) were developed through the work of the Connecticut Early Childhood Education Cabinet and its Learning Standards Workgroup. In addition, over 100 state and national experts participated in some way during the development process, helping to ensure a strong and comprehensive set of learning standards. All Standards, Curriculum and Assessment support for providers is grounded in our ELDS Guiding Principles: <https://www.ctoec.org/wp-content/uploads/2019/12/CT-ELDS-Section-Guiding-Principles.pdf>. The CT ELDS also provides a Dual Language Framework for Second Language Acquisition. <https://www.ctoec.org/wp-content/uploads/2020/01/CT-ELDS-Dual-Language-Dev.pdf>. The OEC also publishes, and our state approved trainers use, the CT ELDS Supplements including Supporting All Children Using the CT ELDS - Dual Language Learners: <https://www.ctoec.org/wp-content/uploads/2020/01/CT-ELDS-Supplement-Dual-Language-Learners.pdf>. The Connecticut Documentation & Observation for Teaching System (CT DOTS) is a framework to guide early care and education providers in a process of monitoring children's progress on the skills, abilities and behaviors in the Connecticut Early Learning and Development Standards (CT ELDS). CT DOTS supports early care and education providers to observe children in naturally occurring situations and to plan engaging experiences that allow for more intentional observations. CT DOTS also provides a structure for providers to partner with families in sharing information about individual children. The CT DOTS places critical importance on the role of the family in the cycle of intentional teaching, and provides guidance and resources on engaging linguistically diverse families. State approved trainers and coaches have been vetted and have extensive experience in developmentally appropriate and culturally relevant practices.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding:

CT's long standing Early Childhood Consultation Program, ECCP, is a member of the OECs statewide Pyramid Model leadership team. ECCP consultants have integrated the Pyramid Model resources and content into their trainings and support programs toward potential program-wide Pyramid Model implementation. ECCP professionals reach out to programs and providers through social media, the CT EC Alliance weekly ZOOM calls, the CT ECE RESC Alliance monthly TA calls, the CT EC Listserv, and through local school readiness councils. ECCP professionals provide free online training on social emotional development, trauma-informed practices, and behavioral supports. ECCP helps programs and providers to connect families with needed community and behavioral health supports. ECCP professionals are also available to provide free on-site training and technical assistance for staff's specific professional learning needs in this area. ECCP services are funded through CCDF Quality.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

**The Environmental Ratings Scales for Infant/Toddlers and Preschool, are used to examine quality and provide data as a foundation for continuous improvement in family child care and center based child care programs. The Program Administrators' Scale is also used for this purpose. Funding: CCDF**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

**The funding source is CCDF. Through the Governor's Emergency Education Relief (GEER) fund, the OEC also partnered with the Technology in Early Childhood Center at the Erikson Center to offer professional development related using technology with young children for center- and home -based providers. OEC contracted CT's ECE RESC Alliance to provide technology, access to internet, and training on use of technology with young children and families to center-based providers, family-based providers, home visitors, and group-home providers, as well as to at-risk families in need throughout CT. Providers identified needy families, who were given the necessary technology, training and support to use technology to access teachers and learning supports for their children during the pandemic. OEC continues to contract with the ECE RESC Alliance and with the Erikson Center to provide ongoing training, technical assistance and support to both providers and families in geographic areas with significant concentrations of poverty and unemployment, to utilize technology in developmentally appropriate, culturally relevant ways family engagement and child**

**development. The ongoing efforts are funded through CCDF quality.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:

**Through OEC's collaboration with the RESC Alliance, training modules were developed for the EC workforce on supporting children with special needs as well those from diverse backgrounds. The OEC's Guide to Domains and Standards, Meeting the Needs of Diverse Learners, and Meeting the Needs of Dual Language Learners provides valuable instructional, learning and environmental strategies for these populations.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding:

**In collaboration with SDE and LEAs, After School Network, the OEC supported providers to work with school-age children who were displaced due to COVID-19. This support included training and resourced around the ELDS and supplementary documents that align ELDS to state standards in math, English and science.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

x. Other. Describe:

**N/A**

Which type of providers are included in these training and professional development activities?

- ☐ Licensed center-based

- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

☒ i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

☒ iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ iv. Other. Describe:

**OEC provides a stipend for completion of Provider Orientation Program and free educational materials as well as a free fire extinguisher and carbon monoxide detector.**

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)



Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Office of Early Childhood recognizes the NAEYC Workforce Blueprint and elements of the Build It Better Survey as guides for the development of a state professional development system. Since the last survey of Connecticut's system was performed, the OEC has taken steps to address each element through the four policy lenses: compensation; integration of professional development across OEC divisions serving various child care and education sectors and settings; equity and workforce diversity; and quality assurance. As a first step in this work, the OEC contracted with the CT RESC Alliance, CTEAYC and Early Childhood Associates (ECA) to conduct a multi-tiered needs assessment to determine technical assistance providers' learning needs, program setting consultation needs, program setting professional learning needs, and preferred delivery mechanisms. The report illustrated the needs assessment results on Technical Assistance (TA) providers' learning needs and their available support. ECA administered the needs assessment survey to individuals who are currently or in the past year have provided technical assistance across settings serving young children and their families, specifically targeting the OEC funded QIS activities. In November 2020, a user-friendly survey was distributed to 84 technical assistance providers throughout the State. The overall response rate was approximately 75% (with 63 individual respondents). The findings illustrate the needs of the TA providers' in areas such as professional growth and the design, delivery, and assessment of professional learning opportunities. These findings will inform modifications for technical assistance strategies for all OEC TA vendors and contractors. The CT's Early Childhood Professional Registry also tracks providers' continuing education and completion of professional development for programs and staff who have a registry account.

## 6.4 Early Learning and Developmental Guidelines

### 6.4.1 Implementation of early learning and developmental guidelines

States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

- i. Are research-based.

The Connecticut Early Learning and Development Standards (CT ELDS) are written based upon current research, and considered national and international standards and frameworks available at the time of development. Subsequently, crosswalks to the CT Social Studies Framework and the Next Generation Science Standards were completed upon adoption in CT.

- ii. Developmentally appropriate.

**NAEYC was selected to conduct a content validation study, which addressed the developmental appropriateness as well as cultural and linguistic appropriateness.**

- iii. Culturally and linguistically appropriate.

**The development process for the CT ELDS included reviews for cultural and linguistic appropriateness.**

- iv. Aligned with kindergarten entry.

**The Connecticut Early Learning and Development Standards were based on research on child development and were written to align to the Common Core State Standards in English Language Arts and Mathematics. In addition, A Framework For K-12 Science Education (the foundation for the Next Generation Science Standards, or NGSS) and the (C3) Framework for Social Studies State Standards (used to guide the writing team for the CT Elementary and Secondary Social Studies Frameworks) informed the development of the CT ELDS. Subsequently, the State Board of Education adopted the NGSS and the CT Elementary and Secondary Social Studies Frameworks documents with the alignment between the CT ELDS and the kindergarten standards for science and social studies were released.**

- v. Appropriate for all children from birth to kindergarten entry.

**The CT ELDS are designed to be appropriate for all children. Supplemental guidance documents to the ELDS support children who are diverse learners and children who are dual language learners.**

- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

**The CT ELDS were developed through a subcommittee of the CT Early Childhood Cabinet (CT's SAC). The CT ELDS implementation is supported through supplementary guidance and videos and through PD offered through a contract with the RESC Alliance. In addition, a cross-sector advisory group guided the development of the CT Documentation and Observation for Teaching System (CT DOTS), a framework to guide monitoring of children's progress toward the goals within the CT ELDS.**

- b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

- i. Cognition, including language arts and mathematics.

**The CT ELDS include the following domains: Cognition, Mathematics, Language and Literacy.**

- ii. Social development.

**The CT ELDS include a domain of Social and Emotional Development.**

- iii. Emotional development.

**The CT ELDS include a domain of Social and Emotional Development.**

- iv. Physical development.

**The CT ELDS include a domain of Physical Health and Development**

- v. Approaches toward learning.

**Approaches to Learning are embedded in the domain of Cognition in the CT ELDS.**

- vi. Describe how other optional domains are included, if any:

**The CT ELDS also include: Science, Creative Arts, and Social Studies.**

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

**The CT ELDS were first issued in 2013 as an update to the prior versions of early learning guidelines (the Infant Toddler Guidelines and the Preschool Curriculum Framework). There have been no updates to the CT ELDS since initial development.**

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.

**N/A**

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

**(<https://www.ctoec.org/connecticut-early-learning-and-development-standards-ct-elds/>)  
(<https://www.ctoec.org/connecticut-early-learning-and-development-standards-ct-elds/>)**

#### 6.4.2 How early learning and guidelines are used

CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF  
(658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

**The CT ELDS were developed to help families, communities and schools work together to support young children's early learning and growth. The CT ELDS provide a foundation for guidance related to supporting all children and for professional learning. Professional learning related to implementation of the CT ELDS by providers is focused on intentionality and understanding individual children's strengths and needs. CT DOTS, the framework to guide monitoring of children's progress toward the goals within the CT ELDS, specifically states that the tool should NOT be used to evaluate program or educator effectiveness. In conjunction with the initial launch of CT DOTS in the fall of 2018, the OEC worked with experts in early childhood assessment to collect evidence of validity and reliability of CTDOTS for its intended purpose, as well as planning for how CT DOTS fits into a broader assessment system. In addition, as a part of the Lab School Investments Project funded with federal COVID relief funds, higher education faculty, lab school staff, and/or students will support OEC efforts to update the CT ELDS and supplementary materials to reflect the latest research and best practices in early childhood education.**

#### 6.4.3 Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and

the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The Office of Early Childhood recognizes the NAEYC Workforce Blueprint and elements of the Build It Better Survey as guides for the development of a state professional development system. Since the last survey of Connecticut's system was performed, the OEC has taken steps to address each element through the four policy lenses: compensation; integration of professional development across OEC divisions serving various child care and education sectors and settings; equity and workforce diversity; and quality assurance. As a first step in this work, the OEC contracted with the CT RESC Alliance and Early Childhood Associates (ECA) to conduct a multi-tiered needs assessment to determine technical assistance providers' learning needs, program setting consultation needs, program setting professional learning needs, and preferred delivery mechanisms. The report illustrated the needs assessment results on Technical Assistance (TA) providers' learning needs and their available support. ECA administered the needs assessment survey to individuals who are currently or in the past year have provided technical assistance across settings serving young children and their families, specifically targeting the OEC funded QIS activities. In November 2020, a user-friendly survey was distributed to 84 technical assistance providers throughout the State. The overall response rate was approximately 75% (with 63 individual respondents). The findings illustrate the needs of the TA providers' in areas such as professional growth and the design, delivery, and assessment of professional learning opportunities. These findings will inform modifications for technical assistance strategies for all OEC TA vendors and contractors.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

### 7.1.1 Assessment process and frequency of assessment

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)).

**The Office of Early Childhood recognizes the NAEYC Workforce Blueprint and elements of the Build It Better Survey as guides for the development of a state professional development system. Since the last survey of Connecticut’s system was performed, the OEC has taken steps to address each element through the four policy lenses: compensation; integration of professional development across OEC divisions serving various child care and education sectors and settings; equity and workforce diversity; and quality assurance. As a first step in this work, the OEC contracted with the CT RESC Alliance and Early Childhood Associates to conduct a multi-tiered needs assessment to determine technical assistance providers' learning needs, program setting consultation needs, program setting professional learning needs, and preferred delivery mechanisms. The report illustrated the needs assessment results on Technical Assistance (TA) providers' learning needs and their available support. ECA administered the needs assessment survey to individuals who are currently or in the past year have provided**

technical assistance across settings serving young children and their families, specifically targeting the OEC funded QIS activities. All state approved trainings are evaluated by participants, with all evaluations and feedback reviewed by OEC for improvement. Additionally, OEC is collaborating with UCONN to develop data driven, evaluative systems for quality activities and initiatives. Protraxx is the system we will use to manage registration for professional development for the agency for all divisions. QI and ECE will be able to manage registration and participant engagement/completion of professional development activities and training. As part of the professional development activities, we will be soliciting direct feedback from participants and from educators to understand their experiences with training/development to inform future quality activities.

#### 7.1.2 Assessment findings and identified quality improvement goals

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

In November 2020, a user-friendly survey was distributed to 84 technical assistance providers throughout the State. The overall response rate was approximately 75% (with 63 individual respondents). The findings illustrate the needs of the TA providers' in areas such as professional growth and the design, delivery, and assessment of professional learning opportunities. These findings will inform modifications for technical assistance strategies for all OEC TA vendors and contractors.

## 7.2 Use of Quality Funds

#### 7.2.1 Quality improvement activities

☒ a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**

☒ b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**

☒ c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**

☒ d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**

☒ e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

☒ i. CCDF funds

☐ ii. State general funds

Other funds: describe

**No other funds**

☒ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**

☐ g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

☐ i. CCDF funds

☐ ii. State general funds

Other funds: describe

☒ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**

☒ i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

☒ i. CCDF funds

☐ ii. State general funds

Other funds: describe

**No other funds**

☒ j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

☐ i. CCDF funds

☒ ii. State general funds

Other funds: describe

**No other funds**



### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

#### 7.3.1 QRIS or another system of quality improvement

Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- ☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- ☒ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- ☐ c. 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.
- ☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- ?
- ☐ e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

#### 7.3.2 QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- ☐ i. Participation is voluntary.
- ☐ ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

☐ iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

☐ i. Licensed child care centers

☐ ii. Licensed family child care homes

☐ iii. License-exempt providers

☐ iv. Early Head Start programs

☐ v. Head Start programs

☐ vi. State Prekindergarten or preschool programs

☐ vii. Local district-supported Prekindergarten programs

☐ viii. Programs serving infants and toddlers

☐ ix. Programs serving school-age children

☐ x. Faith-based settings

☐ xi. Tribally operated programs

☐ xiv. Other. Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

### 7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

☒ No

☐ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

- ☐ a. Programs that meet state/territory 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).
- ☐ b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- ☐ c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- ☐ d. Programs that meet all or part of state/territory school-age quality standards.
- ☐ e. Other. Describe:  
N/A

#### 7.3.4 Link between quality standards and licensing requirements

Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

☒ No

☐ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

- ☐ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
- ☐ b. Embeds licensing into the QRIS.
- ☐ c. State/territory license is a "rated" license.
- ☐ d. Other. Describe:  
N/A

#### 7.3.5 Financial or other incentives through QRIS or another quality improvement system

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

☒ No

☐ Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center- based	License exempt center- based	Licensed family child care home	License- exempt family child care home	In-home (care in the child's own home)

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Priority access for other grants or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Tax credits for providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Tax credits for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. Payment of fees (e.g., licensing, accreditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other:

N/A

#### 7.3.6 Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

### 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

#### 7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

☐ a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

**CT is funding 12 Staffed Family Child Care Networks (SFCCNs) and an "organizing hub" to provide coordination and resources for the 12 SFCCNs. Providers affiliate with a local network to access professional development, business supports, and COVID-19 related resources. The 12 SFCCNs operate according to OEC's Framework by employing qualified paid to staff with expertise work with Family Child**

Care providers. CT is working closely with Opportunities Exchange to develop and deliver shared services to the SFCCNs to create economies of scale across networks and providers. The goal of a Shared Services Alliance is to have the resulting cost-savings and enhanced market appeal result into a more viable and better performing home-based business enterprise for all of the Alliance's members by reducing administrative and business costs in favor of more time and resources for provider :child/family interaction. One of the functions of each SFCCN is to support individuals seeking to become family child care providers by obtaining a child care license from the OEC. This support is guided by the OECs Licensing Tool Kit, which assists potential providers with the licensing application, program and curriculum planning and establishing business operations.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

**Professional development opportunities include subject matter content on high quality services for infants and toddlers incorporating the CT ELDS which includes learning standards beginning at infancy. Free online training modules offered through the OECs Registry include content specific to earning the Infant Mental Health Endorsement. The OEC is planning to expand the Pyramid Model trainings and related supports for family child care providers who serve the largest number of infants and toddlers.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

**OECs Quality Improvement Support contractors provide a wide variety of supports to licensed childcare providers who serve a range of ages of children, including infants and toddlers if they are endorsed by the OEC. Technical assistance supports include training and coaching opportunities on the CT ELDS, DOTS Framework for early childhood assessment, Core Knowledge and Competency Framework and developing individual professional development plans. The OEC is planning to expand the Pyramid Model trainings and supports for family child care providers who serve the largest number of infants and toddlers.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

**The Level 2 Benchmark of the OECs QIS is under development and will include criteria that address quality indicators for programs serving infants and toddlers.**

- ☒ Licensed center-based
- ☒ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ g. Developing infant and toddler components within the state/territory's child care licensing regulations.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ h. Developing infant and toddler components within the early learning and developmental guidelines.

**The CT ELDS address the early learning and development milestones for infants and toddlers. Special attention is given to the developmental milestones for infants and toddlers to ensure that providers have the knowledge and skills to provide high quality services for infants and toddlers. The accompanying DOTS Framework for early childhood assessment is appropriate for use with infants and toddlers and includes additional age bands to capture the significant number of developmental milestones in this age range.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler

language, social-emotional, and both early literacy and numeracy cognitive development.

**The OEC has published and disseminates resources for families to support their child's learning and development: The CT ELDS Action Guides and Supporting Learning at Home (both are in English and Spanish**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[x] j.** Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

**OEC's commitment to Staffed Family Child Care Networks (SFCCNs) supports family child care homes in quality improvement practices and provides access to many resources to support these providers as they serve the majority of infants and toddlers in our early care and education system. Supports include connecting providers to local networks, access to free professional development trainings and resources including on CT's ELDS, behavioral health supports and access to a 24/7 Nurse Warm Line.**

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[ ] k.** Coordinating with child care health consultants.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[x] l.** Coordinating with mental health consultants.

**CT's long standing Early Childhood Consultation Program, ECCP, is a member of the OECs statewide Pyramid Model leadership team. ECCP consultants have integrated the Pyramid Model resources and content into their trainings and support programs toward potential program-wide Pyramid Model implementation.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home



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

☒ m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

**CT's CCR & R, 211 Child Care, recently contracted with BridgeCare for the provision of a data collection and management system to replace NACCRRAware. This system greatly expands OECs ability to collect real time data on child care supply and demand and assists families in matching their needs with available high quality early care and education providers.**

☒ Licensed center-based

☒ License exempt center-based

☒ Licensed family child care home

☒ License-exempt family child care home

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

☐ n. Other.

☐ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License-exempt family child care home

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

#### 7.4.2 Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

**Through a competitive bidding process the OEC awarded contracts for technical assistance activities to assist in the building of our Quality Improvement System. These activities include NAEYC Accreditation Support; Quality Assurance and Technical Assistance Provider Support; Implementation of Standards, Curriculum and Assessment Support; Environment Rating Scales Capacity Building; Trauma Informed Practice; Early Childhood Teacher Credential (ECTC) Individual Review Route; Fiscal and Business Management; Adult Learning In-Service Training; and Core Knowledge and Competency (CKC) Technical Assistance and Reflection Tools Support. Collectively, these professional learning and support activities provide an integrated and interdisciplinary system of supports for the development of individual skills and competencies and continuous program quality improvement. The OECs licensing requirements and enforcement are a foundation of the system, as well as indicators of base-line health and safety practices. The OECs developing QIS will identify three levels of program quality supported by an array of resources including those listed above to be delivered by the awarded contractors. Working with our research partner, the UConn School of Social Work, the OEC is developing data collection tools using learning management systems, data dashboards, and participant feedback to track and inform our system. While the QIS activities are being implemented, ongoing data collection and evaluation will be utilized from to improve services, inform resource development and to better target activities and resources to meet provider and program needs. The evaluation component of the 12 Family Child Care Networks (SFCCNs) is also under development to align with the three- level QIS system. During the fall of 2021, the SFCCNs will collect**

data aligned to metrics in five areas of service delivery including: Membership Level; Service Navigation and Participation; Licensing Supports and Recruitment; Business Supports and Practices; Family Engagement Outreach and Services; and Professional Development. The implementation of the BridgeCare software at CTs CCR & R 211 will expand metrics in the areas of early care and education supply and demand, family and provider demographics, resource and referral processes, and data collection related to emergency response functions. Data dashboards will provide succinct access to information for OEC, 211 and other relevant partners.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 Child care resource and referral agencies' services

What are the services provided by the local or regional child care and resource and referral agencies?

**Connecticut utilizes a statewide child care resource & referral service, the United Way of CT.**

**The United Way of Connecticut will administer the Care 4 Kids Child**

**Care Assistance Program in accordance with state law (C.G.S. § 17b-**

**749); state regulations (Conn. Agencies Reg. §§ 17b-749-01 through 23 inclusive; federal statutes (42 U.S.C. Parts 58 and 98 and 42 U.S.C.**

**618); federal regulations (45 C.F.R. 98). This program serves annually over 18,000 children ages birth through 12 and over 3,000 participating childcare providers.**

**Major activities include:**

### **Case Processing Management**

**Perform case processing management functions as specified in state a federal regulations including application and redetermination eligibility process.**

**Comply with timelines, consumer needs, and proper disposition of documents as required in the Care 4 Kids state regulations.**

**Assign all Care 4 Kids families a primary caseworker.**

**Assist the Department of Social Services in fraud prevention and recoupment of funds.**

**Maintain a formal complaint review process for Care 4 Kids families.**

## Site Operation and Website

Provide core service components on all days that the State of Connecticut is open for business.  
Implement procedures to handle walk-in clients at the Contractor's offices.

Attend administrative hearings.  
Maintain a website specifically for the Care 4 Kids program.

## Digital Operations

Host the Child Care Management Information System and ImpaCT system used for Care 4 Kids family subsidy eligibility.  
Maintain all developed and/or customized software relevant to Care 4 Kids services including provider portal and all business intelligence and reporting platforms.  
Arrange for digital diagnostic, advisory, or development work of digital systems as needed.

## Telephone and Internet Communications

Staff and operate Care 4 Kids family and provider contact center.  
Offer dedicated toll-free telephone access.  
Offer communication vehicles to consumers that includes website correspondence, integrated voice response and voice mail.  
Maintain back-up capacity in the event of a short-term disaster in accordance with business continuity plan.  
Arrange for telephone translation services for non-English and non-Spanish speaking families.  
Host the Care 4 Kids provider portal for submission and monitoring of electronic invoices.

## Consumer Materials, Input and Community Education and Outreach

Solicit customer input when revising or developing materials, forms and/or notices.  
Deliver community education activities related to Care 4 Kids.  
Conduct bi-annual consumer and provider satisfaction surveys.

## Program Reports

Develop and submit required monthly, quarterly and annual state and federal reports in consultation with the Office of Early Childhood.

## Record Keeping

Capture and store documents received from Care 4 Kids consumers and providers electronically.  
Comply with Office of Early Childhood and State Public Record Guidelines for record retention.

Comply with requirements of FERPA.

The United Way of Connecticut operates the 211 Child Care Resource and Referral Program as defined in federal regulation 658E (c) (3)(B)(iii):98.52).

Coordinate training and monitoring based on the Child Care and Development Block Grant Act of 2014 Pub. L. 113-186 and the regulations. 45 CFR Part) 98.44(b) (1).

#### 7.5.2 Measurable indicators of progress relevant to Subsection 7.5

Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Connecticut's CCR & R provides a robust website which provides information to families and providers on a large array of resources aligned to CCDF requirements and other statewide relevant activities and topics. The CCR & R tracks website traffic and updates information based on views and history. The CCR & R also supports family childcare providers through training and technical assistance on licensing and health and safety standards. Statewide data on the numbers of providers who receive the technical assistance and other related health and safety training supports.

In addition, monthly internal meetings are held with OEC program managers to review the CCR&R activities they are directly involved with, the expectation of the activities and deliverables. Program managers provide a detailed account of progress and performance. Monthly external meetings with the CCR&R are then held where all activities of the UCOA are reviewed including deliverables. At this time the CCR&R is provided specific feedback on performance, activities and deliverables. The UCOA and statement of work is adjusted as needed. Several new processes have been implemented so that both the OEC and the CCR&R have a shared understanding of the processes and all steps of the process can be checked to ensure fidelity of implementation. For example, with new initiatives, the OEC is tasked with drafting the outline and goal of the project, and transmittal when necessary. The CCR&R is then tasked with drafting the language for messaging. The CCR&R then provides the draft announcement and FAQs to OEC to review. At this meeting, the OEC and CCR&R confirm the messaging, and the modes for messaging to the public. The CCR&R then develops training sequence for their staff and the materials needed for training for implementation of the new project. The CCR&R sends these to the CCDF team for approval prior to the start of training. The OEC provides feedback and final approval of the training outline and materials. The OEC then provides the final approval for outward messaging and CCR&R's training and subsequent business practices related to the new initiative. Documented processes like this allow for time-sensitive information to get out to families and provides, as well as stand up the necessary business practices in a timely manner so families and providers receive what they need. A recent example of this would be the standing up the internal business practices needed for rolling out Stabilization Funds' information, application, and payments. These were in place and funds were wired directly to providers at record rate.

#### 7.6 Facilitating Compliance with State Standards

7.6.1 Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. Describe:

Through a competitive bidding process the OEC awarded contracts for Quality Improvement Supports to assist providers in achieving compliance with state standards for licensing, accreditation, state funded program requirements and federal subsidy. These contracted activities include NAEYC Accreditation Support; Quality Assurance and Technical Assistance Provider Support; Implementation of Standards, Curriculum & Assessment Support; Environment Rating Scales Capacity Building; Trauma Informed Practice; Early Childhood Teacher Credential (ECTC) Individual Review Route; Fiscal and Business Management; Adult Learning In-Service Training; and Core Knowledge and Competency (CKC) Technical Assistance and Reflection Tools Support. CT funds training and professional development that assists providers with ongoing compliance and improvement. Trainings include Provider Orientation Training (POP) for Care4Kids providers which covers the requisite child development topics and Medication Administration training. The OEC has contracted to provide free online training and resources for state-funded and Care4Kids providers and plans to offer more broadly to all providers to ensure they are trained in high-quality health and safety practices. The OEC funded an extensive video library developed in partnership with Eastern CT State University to support trainings and coaching aligned to the CT ELDS. The e-clips series provides early childhood professionals with tips and ideas they can implement in their own programs. Each e-clip features an early childhood expert describing how to use the latest research to enhance children's learning. Interviews with providers and footage from programs illustrate how providers can put theory into practice and capture authentic early childhood learning experiences. Supplementing each e-clip are suggested readings, additional on-line resources, and discussion questions to support conversations within instructional teams or in staff meetings. Several of the videos offer insights into support in healthy child development. The OEC offers these videos free of charge online. The OEC has purchased free accounts for providers statewide to the Childcare Education Institute (CCEI) online course catalog. There are over 100 courses online available free of charge, many of which offer insights into supporting children's development and are translated into other languages. CT funds the early childhood shared resources website, ctSHARES, which provides access to a library of information, resources, forms and documents to support program quality and help reduce the burden and cost of creation of materials needed by all programs.

7.6.2 Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

☐ No

☒ Yes. If yes, which types of providers can access this financial assistance?

☒ a. Licensed CCDF providers

☒ b. Licensed non-CCDF providers

☒ c. License-exempt CCDF providers

☐ d. Other. Describe:

NA

### 7.6.3 Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Through competitive bidding process the OEC awarded contracts for Quality Improvement Supports to assist in the building of our quality improvement system. Licensing requirements and enforcement are the foundation in our system and used as an indicator of base-line level of health and safety. The three levels of the QIS will identify the amount and level of engagement providers have with the system and track access and use of supports as progress of continuous improvement. The data collected during onsite licensing monitoring and inspection and the data collected from programs as they participate in quality improvement supports will be utilized to measure progress in improving program quality. In addition OEC tracks the contractors' ability to manage this work through regular reporting on the implementation of contract activities, quarterly fiscal reports on expenditures, and bi-monthly face -to face- meetings to review data on all components of the contract and make necessary mid-course adjustments.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### 7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

☒ No

☐ Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

### 7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The OECs Quality Improvement System includes the development of a logic model to define inputs, outputs and outcomes, grounded in our definition of quality as it is operationalized at the system, program, classroom and provider levels. With the logic model finalized, our evaluation will begin by honing in on program quality at the system level. Evaluation of program quality will be aimed at the features that represent each of the three levels: Level 1- Licensing Status; Level 2 - Benchmarks of Quality; and Level 3 -Accreditation Status. Our Quality Improvement System will focus on empowering and training providers, staff, and program leaders to engage in continuous improvement around

monitoring children's learning and development and adult-child interactions. Data collection on the quality and variability of individual classrooms will not be monitored at the state level. Initially, we will evaluate the overall system of early care and education quality through descriptive analyses of program quality at the state level. We believe this is important foundational work for evaluating system quality. Once this foundation is established, the OEC will incorporate data systems integration, compliance monitoring systems, and evaluation of the use of state funds, in addition to the alignment of early learning and development standards to early childhood assessment.

## 7.8 Accreditation Support

### 7.8.1 Pursuit of Accreditation

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☐ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

☒ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:

CT has the third largest number of NAEYC Accredited programs in the country. Our state has implemented a state-wide NAEYC Accreditation Quality Improvement Support initiative since 1997. This support system assists early childhood community- and school-based programs to achieve NAEYC Accreditation. Programs receive a tiered reimbursement for achieving this high quality standard. Accreditation Quality Support (AQIS) is one of the activities funded under our Quality Improvement Support contracts, and assists licensed child care centers, group homes, and license-exempt child care programs in the pursuit of NAEYC and NAFCC Accreditation. It offers providers access to a team of staff with expertise in continuous program improvement using the NAEYC assessment items as the framework for growth. AQIS offers all programs an opportunity to participate in study groups to explore NAEYC's best practice standards and professional development activities that connect to best practices. Individualized support, available through an application process, matches programs to a designated technical assistance provider, also called an AQIS facilitator. Program benefits of this support include: monthly visits to work on NAEYC Accreditation timeline and action plan/ monthly group support meetings; phone and email access to facilitation staff; priority for free professional development activities. Using federal COVID relief funds, OEC is funding NAEYC Accreditation fees for calendar year 2021, and has increased the subsidy payment to providers (need you to add the detail here about what the % are). This increased rate of subsidy payment is a permanent increase that supports the higher cost of providing quality and increases family access to high quality.

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.



☐ i. Focused on child care centers. Describe:

☒ ii. Focused on family child care homes. Describe:

**During SFY 2022, several SFCCNs will provide accreditation support to family childcare programs who are seeking NAFCC Accreditation. These programs will have access to SFCCN staff for an array of supports to achieve accreditation and upon accreditation will receive an increased rate of reimbursement in the subsidy system.**

☐ e. No, but the state/territory is in the in the development phase of supporting accreditation.

☐ i. Focused on child care centers. Describe:

☐ ii. Focused on family child care homes. Describe:

☐ f. No, the state/territory has no plans for supporting accreditation.

#### 7.8.2 Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**CTs Early Childhood Professional Registry monitors progress and achievement of NAEYC and NAFCC accreditation. The data tracked includes benchmarks in each accreditation system including submission of required documents to national accrediting bodies, achievement of staff qualifications requirements in each system and for CT's qualifications requirements, and the number of individuals who have achieved compliance with CCDF Professional Development Requirements. Specific progress indicators related to Accreditation include: (1) Increased number of NAEYC and NAFCC accreditations (2) Increased number of qualified staff enrolled in Workforce registry (3) Increased number of providers meeting workforce requirements. OEC is expanding monitoring of accreditation metrics for state funded programs as a precursor to more robust data collection in CT's Quality Improvement System.**

### 7.9 Program Standards

#### 7.9.1 High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

##### a. Infants and toddlers

**CTs Quality Improvement System is being built on a strong foundation of licensing standards and with the goal of moving programs to the highest quality as defined by NAEYC and NAFCC Accreditation or Head Start approval. These high standards address all age groups and provider settings, and allows the OEC the opportunity to enhance quality improvement focused on continuous improvement that leverages these existing standards. Quality improvement supports align with these standards and for center-based programs a fully developed support system exists to ensure all programs have the**



opportunity to seek and maintain the accreditation benchmark. The SFCCNs offer the opportunity to develop the same pathway for family providers, by first instituting supports at the licensing level, and then expanding those supports as the networks mature and are able to expand their services to include NAFCC Accreditation support.

b. Preschoolers

CTs Quality Improvement System is being built on a foundation of strong licensing standards and with a strategic goal of moving programs to high quality as defined by NAEYC Accreditation or Head Start approval. These standards address all age groups, and offer the OEC the opportunity to build a quality improvement path focused on continuous improvement that leverages these existing standards. Quality Improvement supports align with these national standards and for center-based programs a fully developed support system exists to ensure all programs have the opportunity to seek and maintain the accreditation benchmark. The SFCCNs offer the opportunity to develop the same pathway for family providers, by first instituting supports at the licensing level, and then expanding those supports as the networks mature and are able to expand their services to include NAFCC Accreditation support.

c. and/or School-age children.

The OEC funds school age care through Child Day Care Contracts and Care 4 Kids vouchers. Child Day Care programs are required to be NAEYC Accredited, and so the S/A components are monitored and operate within a system that meets NAEYC standards. Additionally CDC S/A programs are required to document and report their quality improvement efforts using a set of external criteria such as School-Age Environment Rating Scales (SACERS), NIOST resources such as APAS - A Program Assessment System or After-School Quality: The Process of Program Improvement; participation or use of criteria from the NAEYC School-Age Accreditation pilot, or Weikert Center for Youth Program Quality Youth Program Quality Assessment® and School-Age Program Quality Assessment.

Families that receive Care 4 Kids for their NAEYC accredited school age program receive the additional accreditation bonus.

The emerging quality improvement system will naturally incorporate school age programs that are already responsible for meeting these quality standards. The building of the system will also include planning to address the need for a level 3, nationally recognized, high functioning accreditation system.

#### 7.9.2 Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The OEC currently tracks metrics for licensing and accreditation. As our QIS develops, the OEC will build more advanced metrics directly linked to the three levels of the system that document provider improvements at each level. We will track progress from Level 1 to Level 2 and from Level 2 to Level 3; the corresponding use of

quality improvement supports such as AQIS, Standards, Curriculum and Assessment supports, Trauma Informed Practice implementation, and fiscal and business management resources; and associated barriers to progress across the levels.

## 7.10 Other Quality Improvement Activities

### 7.10.1 Other quality improvement activities and measurable indicators of progress

List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

**OEC has partnered with WIDA Early Years to improve the quality of child care for young multilingual learners and their families in Connecticut. This initiative has included providing a training-of-trainers, and statewide access to online learning modules and resources. In addition, the OEC is working with WIDA Early Years to develop a logic model to include measurable goals related to supporting young multilingual learners and their families.**

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

#### 8.1.1 Fiscal management practices

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for \_\_\_\_\_

all expenditures of CCDF funds. Check all that apply:

☒ a. Verifying and processing billing records to ensure timely payments to providers.  
Describe:

The OEC conducts daily monitoring of the United Way of Connecticut (UW of CT), CTS child care subsidy vendor, to assess performance of administrative responsibilities and implementation of the childcare subsidy program through the C4K Child Care Daily Operational Report, this includes weekly review of billing records to ensure timely payments to providers. This daily report contains the number of applications and renewals and their process status, as well as number of families and active certificates, including a weekly and monthly summary. The OEC oversees the monthly monitoring of CTs Improper Payment Corrective Action Plan. As part of the Corrective Action Plan, the UW of CT expanded their case review categories and timelines. They currently identify and correct case processing errors on authorized cases prior to payment issuance which has resulted in reduced payment error rates.

In addition, the OEC in partnership with UWC and Deloitte have designed a data collection and reporting system that monitors all provider invoices and payments, tracks the dates received and the dates paid, and flags any delay or abnormality in payment. A narrative section was recently added so that changes, delays or abnormalities could be explained for auditing purposes. These reports are reviewed daily by Deloitte, UWC and OEC staff.

With regard to recent Stabilization grants, the OEC partnered with UWC and Third Sector to develop a formula for equitable stabilization funding, as well as design provider application for funding, and monitor the number and type of provider applications daily. The OEC, UWC, and Women's Business Development Council provided outreach to providers to support the obtaining supplier ID and application process. The OEC operations and fiscal department worked with UWC to review applications and process payments to providers. Payments were divided into three increments. The number of supplier ID's obtained, the number of applications submitted, the number of applications process, and the amount of funding paid to providers was carefully tracked and reported out to this work group weekly. This data was disaggregated by provider type, SVI index, and region in order analyze for underrepresentation of providers and target those providers for additional outreach. The UWC tracks and manages the list of providers to be paid and sends to OEC Fiscal for payment to be processed.

☒ b. Fiscal oversight of grants and contracts. Describe:

The OECs Fiscal Department maintains overall responsibility for the administration of the CCDF program and has established comprehensive controls to direct and monitor vendor performance. The OECs Fiscal Department follows all federal and state rules, including those pertaining to CRRSA and ARPA funds, governing financial and program management and ensures compliance with state and federal audit requirements. The OECs Fiscal Department maintains sole responsibility for issuing all policy directives and monitors all contracted entities for compliance. Vendors are required to meet the performance standards established in their contract. The OECs Fiscal Department utilizes management

reports and audits to monitor compliance. A monthly review of United Way's UCOA Financial Reporting tool is performed in two steps in order to monitor and evaluate performance, and make budget/programmatic adjustments. The initial review is conducted by OEC's Leadership, Fiscal, and Program staff and includes the financial reporting for each of individual programs' activities and all related expenses. This monthly review procedure is performed by analyzing each of the Financial Reporting Activity Tabs and corresponding line item expenditure amounts as compared to the approved budget. The OEC review team uses the pre-calculated formulas within the spreadsheet (Balance Remaining, Balance Expenses % Total Budget, Balance % Total Budget) as a guide to see which line items are over/under expenditure compared to cost expectations. This initial review provides the estimate of the yearly projected expenditure levels ensuring that expenses are within available funds as well as timing of the recommended programmatic activity throughout the SFY year.

☒ c. Tracking systems to ensure reasonable and allowable costs. Describe:

The second phase of the review process is a monthly meeting between United Way's Leadership, Program and Fiscal staff with OEC's review team to affirm fiscal expectations and review reported monthly expenditures by individual Program Activities. At this time, the OEC review team discusses with the United Way review team which program activities and specific expense line items are over or under expended based on a trend analysis. The UW provides their insight on how programmatic activities are impacting the timing and amount of incurred expenses. These discussions allow for agreement for the need to re-allocate funds in order to coincide with current programmatic activities and expenses compared to the approved budget. The initial budget and any budget revisions are performed in the similar collaborative manner described above. The overall CCDF budget (Spend Plan) is reconciled monthly with program leads for each line item. For example, all expenditures related to Quality activities are reviewed and reconciled with the Division Director for Quality on a monthly basis. Record is kept of any outstanding items or questions with a one week follow up.

In addition, CT's Office of Policy Management (OPM) provides required Cost Effectiveness Evaluation (CEE) training for program managers overseeing POS and PSA contracts. Per Connecticut General Statutes (Section 4e-16) state agencies are required to complete a cost-effectiveness evaluation (CEE) prior to entering into or renewing a privatization contract. OPM provides a flowchart and template for CEE's. These tools as well as other CEE related materials can also be found on the OPM website.

☐ d. Other. Describe:

#### 8.1.2 Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

☒ a. Conduct a risk assessment of policies and procedures. Describe:

The OEC conducts a monthly contract review which includes monthly interviews with key United Way of CT staff. This is a 2 step process where the CCDF Admin meets with internal OEC program leads for the various activities and deliverable of the CCR&R. In this first step, potential risks are identified, noted and this information is then brought to the external OEC - CCR&R meeting (step 2), for further analysis of policies and procedures that pose or may pose risk.

☒ b. Establish checks and balances to ensure program integrity. Describe:

Weekly meetings with UWC, OEC, DSS and Deloitte provide the platform for multiple perspectives of policies and processes, for example the operation of our parent and provider portals and ImpaCT reports. In these weekly meetings, each agency provides check and balances to the various aspects of C4K to ensure program

**integrity. Changes are made to policies, practices and procedures as needed as a result of these weekly meetings.**

☒ c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

**The United Way of CT has a dedicated Quality Assurance Unit which reviews family cases to ensure accurate eligibility determination. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid, and eligibility determinations are in adherence to regulations.**

☐ d. Other. Describe:

### 8.1.3 Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

☐ i. Issue policy change notices. Describe:

☐ ii. Issue policy manual. Describe:

☐ iii. Provide orientations.

☒ iv. Provide training. Describe:

**Training is provided free to providers regarding CCDF policies, procedures and practices. Accreditation support is also provided free of charge. These are advertised on our state ECE listserv, through social media, and on the Agency and CCR&R websites. In these trainings, providers are encouraged to provide trainings for families. As part of licensing and accreditation, providers are required to communicate with families, share information with families and help families connect with potential supports when needed. Effective January 29, 2024, CT has created, posted and implemented an on-demand training accessible to licensed centers and group homes, and license exempt programs on the Care 4 Kids website. Providers were made aware of this training via e-mail with a direct link to the website on the ECE listserv.**

☐ v. Monitor and assess policy implementation on an ongoing basis. Describe:

☐ vi. Meet regularly regarding the implementation of policies. Describe:

☐ vii. Other. Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☒ i. Issue policy change notices. Describe:

All policy change notices are communicated, in partnership with our CCR&R to field, to families and to our partners, via our state EC listserv, direct emails or phone calls from our CCR&R to providers, social media, notices posted on the OEC website and Care 4 Kids website. Major policy changes are also discussed with the field when necessary through our CT EC Alliance virtual meetings which are held weekly.

☒ ii. Train on policy change notices. Describe:

Regular onsite trainings, as well as virtual trainings are provided to all staff members who administer the CCDF program, for policy and procedure, given the turnover of staff, as well as when new policies or changes in policies are enacted. Our CCR&R also responds to providers' individual requests for update trainings.

☒ iii. Issue policy manuals. Describe:

Policies and procedures are currently being documented and stored in a repository for the purposes of drafting a CCDF policies and procedural manual.

☒ iv. Train on policy manual. Describe:

Policies and procedures are currently being documented and stored in a repository for the purposes of drafting a CCDF policies and procedural manual.

☒ v. Monitor and assess policy implementation on an ongoing basis. Describe:

The OEC performs regular monitoring of the CCDF program through a contract and case review process. The United Way of CT has a quality assurance unit responsible for reviewing family cases.

☒ vi. Meet regularly regarding the implementation of policies. Describe:

Regular monthly meeting with UWC to discuss policy and training implementation. Business process from UWC is submitted to OEC for approval.

☐ vii. Other. Describe:

#### 8.1.4 Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

##### **Non Contractual Payments (PC-1 Form - Purchase Order)**

Non-contractual OEC expenditures are requested internally on the PC-1 Form. The requesting employee submits the form and any supporting documentation to their immediate supervisor or program manager. The immediate supervisor or program manager performs the initial review, approves PC-1, and emails it to the ☐OEC PRApproved☐ inbox monitored by Fiscal Division FAO's. All requests are logged in an Excel spreadsheet that is used throughout the expenditure process. Non Contractual Payments (PC-1 Form - Purchase Order) I think this process also relates to Contract POS/PSA Payments like United Way that use PC-1

Non-contractual OEC expenditures are requested internally on the PC-1 Form. The requesting employee submits the form and any supporting documentation to their immediate supervisor or program manager. The immediate supervisor or program manager performs the initial review, approves PC-1, and emails it to the ☐OEC.PRApproved☐ inbox monitored by Fiscal Division FAO's. All requests are logged in an Excel spreadsheet that is used throughout the expenditure process.

OEC Fiscal FAO reviews the requests to see if it falls under General Letter 71 or an existing DAS contract, completes coding information, reviews budget for available funds in Core-CT and then forwards the PC-1 request to the Fiscal Administrative Supervisor (FAS). The FAS reviews the budget for available funds again (as a double check). If the money is related to a grant, the FAS determines if the request falls within the allowable expenditures as listed in eCFR Title 45, Subtitle A, Subchapter A, Part 75, Subpart E-Cost Principles. If all requirements are met, the FAS then digitally signs the PC-1 request and forwards it back to the FAO for creation of a PO. Once the PO is created, it follows the Core-CT approval process.

When the requesting program manager receives the services or items, they sign off on the vendors invoice as received and it is forwarded to the Fiscal OEC AP ((mailto:OEC.AP@ct.gov) OEC.AP@ct.gov) email box. A receipt is then generated in Core and the voucher is created. The voucher is then forwarded to the FAS for approval. Fiscal staff verifies payment/reference and date stamps the original invoice. The invoice and back-up documentation are scanned in and stored digitally.

P-card purchases follow the same procedures as other expenditures (i.e. the PC-1 request process). Fiscal staff maintain P-cards purchases, their supporting documentation and reconcile the accounts monthly.

Grant payments are processed through SDE's online grants management system. Grantees submit applications, including proposed budgets that are reviewed and approved by program managers. Payments are made during the grant period when grantees submit cash management reports into the online system, and payments based on actual expenditures. At the end of the year, grantees submit an annual expenditure report and grant payments are subject to audits.

### Contractual Payments

OEC's MOAs are overseen and advised by OEC's Legal Division and Purchase of Services POS & Personal Service Agreements PSA overseen by DHMAS' Central Contract Unit (CCU), who provide assistance and advice to OEC on human services contract processes and development.

Either contract execution or the start of a quarter, initiates a payment if all contractual obligations have been met by the contractor. Subsequent payments are based on invoice or financial expenditure reports and are reviewed by the program liaison for meeting contractual, programmatic and fiscal requirements. At payment time the program liaison fills out the OEC Contract Payment Form (excel file) with the following information:

- Date financial report received
- Date Program report received
- Payment period date
- Final Payment
- Total Contract Amount

Previous Contract Amount  
Remaining Balance  
Coding: Fund, SID, Department, Program, Account, Project , Budget Reference , Chartfield 1 & Chartfield 2  
Payment amount  
Verify that the contractor submitted (emailed) their fiscal and program reports per contract due dates  
Send to Fiscal Liaison for review

The fiscal liaison then reviews all information submitted on contract payment form:

Contract number  
PO number, Amounts  
SAM Expiration date  
Dates for financial and program reports; and  
Confirm funding codes  
Available Funding

Payment information is entered into the contract payments submitted worksheet, which tracks quarterly payments by contract and progress through the payment process.

Fiscal liaison then sends pdf version of contract payment to manager for approval and signature.

Manager returns the form to fiscal liaison who checks for manager's signature and then forwards form to the OEC.AP email box. Fiscal liaison monitors Core to verify payment.

The fiscal department monitors the OEC.AP email box and starts the payment process by double checking information on the contract payment form and then proceeds with the Core process as stated above under non contractual payments.

OEC Fiscal FAO reviews the requests to see if it falls under General Letter 71 or an existing DAS contract, completes coding information, reviews budget for available funds and then forwards the PC-1 request to the Fiscal Administrative Supervisor (FAS). The FAS reviews the budget for available funds again (as a double check). If the money is related to a grant, the FAS determines if the request falls within the allowable expenditures as listed in eCFR Title 45, Subtitle A, Subchapter A, Part 75, Subpart E-Cost Principles. If all requirements are met, the FAS then digitally signs the PC-1 request and forwards it back to the FAO for creation of a PO. Once the PO is created, it follows the Core-CT approval process.

When the requesting program manager receives the services or items, they sign off on the vendors invoice as received and it is forwarded to the Fiscal OEC AP email box. A receipt is then generated in Core and the voucher is created. The voucher is then forwarded to the FAS for approval. Fiscal staff verifies payment/reference and date stamps the original invoice. The invoice and back-up documentation are scanned in and stored digitally.

P-card purchases follow the same procedures as other expenditures (i.e. the PC-1 request process). Fiscal staff



maintain P-cards purchases, their supporting documentation and reconcile the accounts monthly.

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### **Contractual Payments**

OEC's MOAs are overseen and advised by OEC's Legal Division and DHMAS' Central Contract Unit (CCU), who provide assistance and advice to OEC on human services contract processes and development.

Either contract execution or the start of a quarter, initiates a payment if all contractual obligations have been met by the contractor, at that time the program liaison fills out the OEC "Contract Payment Form" (excel file) with the following information:

- Date financial report received
- Date Program report received
- Payment period date
- Final Payment
- Total Contract Amount
- Previous Contract Amount
- Remaining Balance
- Coding: Fund, SID, Department, Program, Account, Project and Budget Reference
- Payment amount
- Verify that the contractor submitted (emailed) their fiscal and program reports per contract due dates
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The fiscal department monitors the OEC.AP email box and starts the payment process by double checking information on the contract payment form and then proceeds with the Core process as stated above under non contractual payments.

The OEC has recently created Grants and Contracts Division to provide internal review and oversight of all grants and contracts. OEC Division Directors and Program Managers directly involved in active contract management work in collaboration with the Grants and Contracts Division as a check and balance system for verifying and processing billing records to ensure timely payments to providers, adherence to contractual language, and tracking of deliverables and costs.

#### Lastly, Single Audit Act (State) - Review of Audits

Pursuant to Sections 4-230 through 4-236 of the Connecticut General Statutes, each municipality, audited agency, tourism district and not-for-profit organization that expends state financial assistance equal to or in excess of one hundred thousand dollars in any fiscal year of the entity, shall have a single audit made for such fiscal year in accordance with the provisions of the above-referenced General Statutes.

The Office of Policy and Management (OPM) is the State Single Audit cognizant agency for municipalities, audited agencies and not-for-profit organizations. The Municipal Finance Services section of OPM's Intergovernmental Policy Division is responsible for assisting those entities in carrying out the requirements of the State Single Audit Act. This includes review of the audit reports to insure compliance with the terms and conditions of the Act and publication and update of the (<https://portal.ct.gov/OPM/IGP-MUNFINSR/Municipal-Financial-Services/State-Single-Audit-Compliance-Manual>) State Single Audit Compliance Supplement. The Municipal Finance Services section of OPM provides technical assistance and support regarding State Single Audit matters.

#### 8.1.5 Identify fraud and other program violations

Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities:</p> <p><b>Care 4 Kids has access to family records in the when a case is entered into ImpaCT, DSS comparison to Medical and SNAP, use this information to determine other state benefits, and who in the family is receiving the awards, missing information notice is sent to family so taht that income can be considered during eligibilty TANF, State Directory of New Hires, Social Security Administration, and unemployment databases. In determining family eligibility, the case worker checks each of these databases for family information.</b></p> <p><b>CCDF staff share updated lists of active family child care providers with our State Department of Education (CT SDE) where there is oversight of CACFP. As a result of this sharing, CT SDE communicates with 5 CACFP sponsoring organizations to verify enrollment in CACFP or to inquire about enrollment in CACFP.</b></p> <p><b>We have Identified the need for additional data collection processes related to sharing and matching information for identifying and preventing fraud or intentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
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[x]	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: <b>When a eligibility case is entered into ImpaCT (a system for data collection and determination of eligibilty), the system runs a Department of Social Services comparison to see if the family is also receiving Medical and SNAP. Care 4 Kids uses this information to determine other state benefits, and who in the family is receiving the awards. A missing information notice is then sent to familiy so that that income can be considered during the eligibilty process.</b></p> <p><b>The Work Number is used to verify income if missing info from an application - the Work Number may show alternate income for another job. If the Work Number identifies additional or missing information, a Missing Information Notice is generated and sent to the applicant.</b></p> <p><b>We have Identified the need for additional data collection processes related to sharing and matching information for identifying and preventing fraud or intentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
[x]	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: <b>Case managers reivew applications for missing information, and request through a Missing Information Notice.</b></p> <p><b>C4K Invoices are sent to providers, listing all children enrolled in C4K, the number of days/month approved based on PPA, and the number of days the child attends. . The provider attests to this information by signing invoice and returns to Care 4 Kids to be paid through provider portal,</b></p> <p><b>We have Identified the need for additional data collection processes related to reviewing enrollment documents and attendance or billing records for identifying and preventing fraud or intentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>

[x]	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities:</p> <p><b>The United Way of CT has a dedicated Quality Assurance Unit which reviews family cases to ensure accuracy of eligibility determinations. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid.</b></p> <p><b>We have Identified the need for additional data collection processes related to quality assurance reviews for identifying and preventing fraud or intentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
[x]	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities:</p> <p><b>We have Identified the need for additional data collection processes related to auditing provider records for identifying and preventing fraud or intentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
[x]	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities:</p> <p><b>Regular onsite training is provided to all staff members who administer the CCDF program. We have Identified the need for additional data collection processes related to training of staff on policy and audits for identifying and preventing fraud or intentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
[x]	<p>vii. Other.</p> <p>Describe the activities and the results of these activities:</p> <p><b>Through a Memorandum of Agreement (MOA) between the OEC and the Department of Social Services (DSS), the OEC utilizes the DSS Fraud Early Detection Unit (FRED) as a system to detect and prevent errors before the agency approved benefits. This program is a fraud prevention program.</b></p>

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities:</p> <p><b>The Care 4 Kids case worker verifies family data through other state databases. If inaccuracies are notes, the case worker will reach out to the other state agency to confirm. Care 4 Kids has access to family records in the when a case is entered into ImpaCT, DSS comparison to Medical and SNAP, use this information to determine other state benefits, and who in the family is receiving the awards, missing information notice is sent to familiy so taht that income can be considered during eligibilty TANF, State Directory of New Hires, Social Security Administration, and unemployment databases. In determining family eligibility, the case worker checks each of these databases for family information.</b></p> <p><b>CCDF staff share updated lists of active family child care providers with our State Department of Education (CT SDE) where there is oversight of CACFP. As a result of this sharing, CT SDE communicates with 5 CACFP sponsoring organizations to verify enrollment in CACFP or to inquire about enrollment in CACFP.</b></p> <p><b>Care 4 Kids has access to family records in the when a case is entered into ImpaCT, DSS comparison to Medical and SNAP, use this information to determine other state benefits, and who in the family is receiving the awards, missing information notice is sent to familiy so taht that income can be considered during eligibilty TANF, State Directory of New Hires, Social Security Administration, and unemployment databases. In determining family eligibility, the case worker checks each of these databases for family information.</b></p> <p><b>We have Identified the need for additional data collection processes related to sharing and matching information for identifying and preventing fraud or unintentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
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[x]	<p>vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>Regular onsite training is provided to all staff members who administer the CCDF program. We have Identified the need for additional data collection processes related to training of staff on policy and audits for identifying and preventing fraud or unintentional program violations. Will be a developing new system for a target date of June 30, 2022.</b></p>
[x]	<p>vii. Other. Describe the activities and the results of these activities: <b>Through a Memorandum of Agreement (MOA) between the OEC and the Department of Social Services (DSS), the OEC utilizes the DSS Fraud Early Detection Unit (FRED) as a system to detect and prevent errors before the agency approved benefits. This program is a fraud prevention program.</b></p>

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: <b>The Care 4 Kids case worker verifies family data through other state data bases. If inaccuracies are noted, the case worker will reach out to the other state agency to confirm. We have Identified the need for additional data collection processes related to the sharing of information to identify and prevent agency errors. Will be a developing new system for a target date of June 30, 2022.</b></p>
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[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>Regular onsite training is provided for all staff members who administer the CCDF.</b>  <b>We have Identified the need for additional data collection processes related to training for staff on policy and/or audits for identifying and preventing agency errors. Will be a developing new system for a target date of June 30, 2022.</b>
[x]	vii. Other. Describe the activities and the results of these activities: <b>Through a Memorandum of Agreement (MOA) between the OEC and the Department of Social Services (DSS), the OEC utilizes the DSS Fraud Early Detection Unit (FRED) as a system to detect and prevent errors before the agency approved benefits. This program is a fraud prevention program.</b>

#### 8.1.6 Identify and recover misspent funds

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

**CT Department of Social Services (DSS) Fraud Early Detection Unit. If a parent or provider are determined to have committed fraud or have an overpayment in excess of \$2,000.00, they are referred to the Office of the Attorney General or the State Attorney's office.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or

intentional program violations. Activities can include, but are not limited to, the following:

☒ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

**\$10. For the time frame of January 1, 2019 through January 1, 2021, 5 referrals were made to the Department of Social Services Investigations Division (FRED) for the investigation of overpayments. Of those 5 referrals, only 1 was determined to be an actual intentional overpayments and the parent was ultimately disqualified from payment.**

☒ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

**First, UW of CT staff process overpayments and attempt payment plans. If that process is unsuccessful, a referral may be made to the Department of Administrative Services (DAS) for recoupment measures, or, if there is intentional fraud, a case may be referred to the Office of the Attorney General (OAG) or the State Attorney's office (SAO) for prosecution. For the time period of January 1, 2019 through January 1, 2020, 516 cases were processed by the UW of CT staff member who handles overpayments. Out of those 516 cases processed, 0 were referred to DAS, OAG or SAO for recoupment or prosecution measures as they either resulted in no overpayment or they were set up through repayment plans.**

☐ iii. Recover through repayment plans. Describe the activities and the results of these activities

☒ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

**Active C4K providers can have their payment adjusted. For the time period of January 1, 2019 through January 1, 2020, 149 providers had their payments reduced due to overpayments. In these circumstances, payments are reduced by either 10% or 25% each month until the payment is paid in full.**

☒ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

**When a case is referred to DAS for collections and DAS staff farms the case out to a private collection agency, it is at that point that state/territory tax intercepts would be sought. However, For the period of January 1, 2019 through January 1, 2020, there were zero cases recovered through state/territory tax intercepts.**

☐ vi. Recover through other means. Describe the activities and the results of these activities:

☒ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

**UW of CT has a dedicated staff member who handles overpayments. If the overpayment is thought to be intentional, the UW of CT staff then makes the referral to the Department of Social Services for further investigation. For the time frame of January 1, 2019 through January 1, 2021, 5 referrals were made to the Department of Social Services Investigations Division (FRED) for the investigation of overpayments. Of those 5 referrals, only 1 was determined to be an intentional overpayments and the parent was ultimately disqualified from payment.**

☐ viii. Other. Describe the activities and the results of these activities:

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☒ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

**\$10. For the time frame of January 1, 2019 through January 1, 2021, 5 referrals were made to the Department of Social Services Investigations Division (FRED) for the investigation of overpayments. Of those 5 referrals, only 1 was determined to be an actual intentional overpayment..**

☒ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

**First, UW of CT staff process overpayments and attempt payment plans. If that process is unsuccessful, a referral may be made to the Department of Administrative Services (DAS) for recoupment measures, or, if there is intentional fraud, a case may be referred to the Office of the Attorney General (OAG) or the State Attorney's office (SAO) for prosecution. For the time period of January 1, 2019 through January 1, 2020, 516 cases were processed by the UW of CT staff member who handles overpayments. Out of those 516 cases processed, 0 were referred to DAS, OAG or SAO for recoupment or prosecution measures as they either resulted in no overpayment or they were set up through repayment plans.**

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January 1, 2019 through January 1, 2021, 5 referrals were made to the Department of Social Services Investigations Division (FRED) for the investigation of overpayments. Of those 5 referrals, only 1 was determined to be an intentional overpayments and the parent was ultimately disqualified from payment.

☐ ix. Other. Describe the activities and the results of these activities:

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☐ i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

☒ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

**\$10. For the time frame of January 1, 2019 through January 1, 2021, 5 referrals were made to the Department of Social Services Investigations Division (FRED) for the investigation of overpayments. Of those 5 referrals, only 1 was determined to be an actual intentional overpayments and the parent was ultimately disqualified from payment. The one intentional referral was not due to an agency error.**

☒ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

**First, UW of CT staff process overpayments and attempt payment plans. If that process is unsuccessful, a referral may be made to the Department of Administrative Services (DAS) for recoupment measures, or, if there is intentional fraud, a case may be referred to the Office of the Attorney General (OAG) or the State Attorney's office (SAO) for prosecution. For the time period of January 1, 2019 through January 1, 2020, 516 cases were processed by the UW of CT staff member who handles overpayments. Out of those 516 cases processed, 14 were a result of an administrative error and 0 were referred to DAS, OAG or SAO for recoupment or prosecution measures as they either resulted in no overpayment or they were set up through repayment plans.**

☐ iv. Recover through repayment plans. Describe the activities and the results of these activities:

☒ v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

**Active C4K providers can have their payment adjusted. For the time period of January 1, 2019 through January 1, 2020, 149 providers had their payments reduced due to overpayments, 14 of which were a result of administrative errors. In these circumstances, payments are reduced by either 10% or 25% each month until the payment is paid in full.**

☒ vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

**When a case is referred to DAS for collections and DAS staff farms the case out to a private collection agency, it is at that point that state/territory tax intercepts would be sought. However, For the period of January 1, 2019 through January 1, 2020, there were zero cases recovered through state/territory tax intercepts.**

☐ vii. Recover through other means. Describe the activities and the results of these activities:

☒ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities:

**UW of CT has a dedicated staff member who handles overpayments. If the overpayment is thought to be intentional, the UW of CT staff then makes the referral to the Department of Social Services for further investigation. For the time frame of January 1, 2019 through January 1, 2021, 5 referrals were made to the Department of Social Services Investigations Division (FRED) for the investigation of overpayments. Of those 5 referrals, only 1 was determined to be an intentional overpayments and the parent was ultimately disqualified from payment.**

☐ ix. Other. Describe the activities and the results of these activities:

#### 8.1.7 Sanctions to reduce improper payments

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☒ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities:

**The Office of Early Childhood disqualifies clients following a criminal conviction or an administrative disqualification hearing adjudication. The penalty is progressive: 3 months, 6 months, and 12 months for the 1st, 2nd, and 3rd offense. The disqualification penalty may be appealed through the administrative hearing process conducted by the OEC.**

**We have Identified the need for additional data collection processes related to sanctions placed on clients and providers to help reduce improper payments due to program violations. Will be a developing new system for a target date of June 30, 2022.**

☒ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

**A lifetime disqualification penalty is imposed on providers following a criminal conviction. The only recourse is an appeal to a court of proper jurisdiction.**

**We have Identified the need for additional data collection processes related to disqualification of providers including the appeal process. Will be a developing new system for a target date of June 30, 2022.**

☒ c. Prosecute criminally. Describe the activities and the results of these activities:

**The DSS Fraud and Recovery Unit refers cases for prosecution.**

**We have Identified the need for additional data collection processes related to criminal prosecution. Will be a developing new system for a target date of June 30, 2022.**

☐ d. Other. Describe the activities and the results of these activities:

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☒ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

**The Office of Early Childhood is seeking a waiver for the Market Rate Survey (MRS). The Office of Early Childhood is pursuing a waiver due to the extraordinary circumstances the COVID-19 pandemic has placed on the state’s child care providers and families. The COVID-19 crisis has caused several shocks to the ECE market in Connecticut – a waiver would allow time for the market to normalize prior to conducting an MRS. Abnormalities in the child care market in Connecticut remain as the supply of child care programs is at 77% 2021, of pre-COVID capacity and the utilization of Care 4 Kids subsidies dropped 7% over the course of the past year. In June Of 2020, the statewide licensed and license-exempt providers open capacity was at only 16%. The percent change in the average monthly number of Care 4 Kids subsidy providers from the year prior to COVID-19 compared to the first year of COVID, there was a 15% decrease in the average monthly number of Center-based; a slight decrease in Licensed family; and a 9% increase in Unlicensed Relative providers.**

**Federal stimulus funding has also created abnormalities in the child care market. In order to stabilize the precarious nature of many child care settings in CT, The Office of Early Child Care is using Federal ARPA stimulus funding to support providers in the flowing ways: (a) Personnel costs, including payroll and salaries or similar compensation for an employee (including any sole proprietor or independent contractor), and benefit; (b) Premium pay, or costs for employee recruitment and retention, including but not limited to staff bonuses, wages, costs of insurance**



coverage, retirement, educational advancement, tuition reimbursement and child care costs; (c) Rent (including under a lease agreement) or payment on any mortgage obligation, utilities, or insurance; (d) Facility maintenance or improvements; (e) Personal protective equipment, cleaning and sanitization supplies and services or training and professional development related to health and safety practices Purchases of or updates to equipment and supplies to respond to COVID-19; (f) Goods and services necessary to maintain or resume child care services; (g) Mental health supports for children and employees; and (h) Health and safety trainings for staff, including but not limited to, CPR, first aid and medication administration.

Given the extraordinary economic and public health considerations of the last year, the Office of Early Childhood is seeking a waiver to conduct the MRS later this year to get results that are more representative of the child care market for the years to come.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

**The MRS waiver will improve the delivery of child care services for children for it will allow the Office of Early Childhood to get survey results that will be more representative of the child care market in the years to come. This will best enable the Office of Early Childhood to set subsidy rates accurately to ensure equitable access to child care services for families eligible for CCDF funds.**

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

**The Office of Early Childhood will maintain all state child care licensing and health and safety requirements as specified by CCDF.**

[ ] Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

3. Certify and describe how the health, safety, and well-being of children served

through assistance received through CCDF will not be compromised as a result of the waiver.