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**Child Care and Development Fund (CCDF) Plan  
for  
State/Territory Connecticut**

**FFY 2025 – 2027**

**Version: Initial Plan**

**Plan Status: Approved as of 2024-11-09 00:16:04 GMT**

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

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

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## Overview

### *Introduction*

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

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

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

### *Organization of Plan*

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

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

### *Completing the Plan*

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

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

#### *Review and Amendment Process*

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

#### *Appendix 1: Implementation Plan*

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

#### *CCDF Plan Submission*

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

## 1 CCDF Program Administration

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

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

## 1.1 CCDF Leadership

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

### 1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
  - i. Name of Lead Agency: **Office of Early Childhood**
  - ii. Street Address: **450 Columbus Blvd.**
  - iii. City: **Hartford**
  - iv. State: **Connecticut**
  - v. ZIP Code: **06103**
  - vi. Web Address for Lead Agency: **www.ctoec.org**
- b. Lead Agency or Joint Interagency Official contact information:
  - i. Lead Agency Official First Name: **Beth**
  - ii. Lead Agency Official Last Name: **Bye**
  - iii. Title: **Commissioner**
  - iv. Phone Number: **860-500-4412**
  - v. Email Address: **Beth.Bye@ct.gov**

### 1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:
  - i. CCDF Administrator First Name: **Julie**

- ii. CCDF Administrator Last Name: **Giaccone**
- iii. Title of the CCDF Administrator: **Family & Community Services Director**
- iv. Phone Number: **860-500-8132**
- v. Email Address: **Julie.Giaccone@ct.gov**
- b. CCDF Co-Administrator contact information (if applicable):
  - i. CCDF Co-Administrator First Name: **Kristen**
  - ii. CCDF Co-Administrator Last Name: **Dudanowicz**
  - iii. Title of the CCDF Co-Administrator: **Director of Systems and Policy Planning**
  - iv. Phone Number: **860-500-4470**
  - v. Email Address: **kristen.dudanowicz@ct.gov**
  - vi. Description of the Role of the Co-Administrator: **Work in conjunction with the 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. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

### 1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (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:
    - ☐ State or Territory.
    - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
    - ☐ Other. Identify the entity and describe the policies the entity can set:
  - ii. Sliding-fee scale is set by the:

- ☐ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- 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 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:



CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

### 1.2.3 Information systems availability

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

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

a. Tasks to be performed.

☒ Yes. If yes, describe: **OEC contracts with our vendor, the United Way of Connecticut (UWC) to administer our subsidy program, Care 4 Kids (C4K) and our CCR&R. The tasks to be performed are clearly outlined in our contract. They attest and agree to operating the subsidy program and the child care resource and referral system in accordance with state and federal regulations and provide reports for compliance. OEC monitors compliance through monthly contract and budget meetings, bi-weekly programmatic meetings with UWC and ongoing reporting requirements.**

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: **UWC agrees to complete tasks in accordance with the schedule outlined in the contract as well as any regulatory schedules and timelines. OEC monitors compliance through monthly contract and budget meetings, bi-weekly programmatic meetings with UWC and ongoing reporting requirements.**

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **UWC is required to complete a contract budget at the start of the contract period, and perform budget revisions and amendments as necessary throughout the contract period. There are ongoing monthly financial expenditure reports, broken out by category, reported by UWC, which is tracked in the CT financial system, CORE. The OEC program leads for**

each category in the contract monitor the budget by critically reviewing and approving the monthly expenditures by UWC.

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **OEC's current contract with UWC includes requirements for programmatic reporting for each of the workstreams listed in the contract. Monthly and Quarterly programmatic reports provide performance data in each workstream. CCDF team members are assigned to review the different workstream performance reports and cross reference against the monthly UWC UCOA. OEC has amended the UWC contract to include more specific staffing level productivity - performance data through measurable service level agreement (SLA) metrics implemented through a type of rate card. The amendment was effective July 1, 2024.**

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The OEC conducts daily monitoring of the UWC to assess performance of administrative responsibilities and implementation of the child care subsidy system, Care 4 Kids (C4K) through the C4K Child Care Daily Operational Report provided by UWC. This report contains the number of applications and renewals and their processing status, as well as the number of families and active certificates for each day, with a weekly and monthly summary. The OEC oversees the monthly monitoring of CT's Improper Payment process wherein UWC conducts ongoing reviews of cases that is then re-reviewed by OEC staff. This practice has resulted in a reduction of payment error rates.**

#### 1.2.4 Certification of shareable information systems.

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

☒ Yes.

☐ No. If no, describe:

#### 1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

☒ Yes.

☐ No. If no, describe:

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

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

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

#### 1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The CCDF Administrator and CCDF State Program Manager met with the Executive Director and CEO, Joe DeLong of the Connecticut Conference of Municipalities (CCM), along with the Deputy Director and COO, Ron Thomas to discuss the 2025-2027 CCDF Plan. An overview of the CCDF Plan was shared with CCM. OEC shared current initiatives and future plans as did CCM. Intersections were examined, for example the future plans for SSASID numbers for all children in state and subsidy funded programs for the purpose of prevention and early intervention and how that connects with CCM's intervention work with Disconnected Youth in our state. Further, The OEC Commissioner, Deputy Commissioner and CCDF Administrator met with a diverse group of representatives from local governments through our Blue Ribbon Panel outreach meetings to gather input and feedback on the state of child care in CT and recommendations for Care 4 Kids.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The CCDF Administrator is a member of Connecticut's Early Childhood Cabinet, which acts as an advisory council. The CCDF Administrator and the CCDF State Program manager presented an overview of the 2025-2027 CCDF plan to the Cabinet and requested input into the plan. Links to the preprint were provided to members and the public at this meeting. The CCDF Administrator's email as well as the CCDF State Program Manager's emails were provided for members and the public to use for input, comments and questions regarding the plan. Timelines for public comment and final submission were also discussed.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **Both of Connecticut's Indian Tribes were contacted via email to request a meeting to discuss the plan. To date there has been no response.**

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **An overview of the 2025-2027 CCDF Plan was provided internally to OEC staff at both an agency wide all Staff meeting and a tri-division (ECE, Quality Improvement, CCDF) meeting to review staff roles for contributions to the plan and solicit additional information. This same process was repeated with our sister agencies, Department of Social Services, including representatives from TANF, SNAP and Medicaid, State Department of Education, Department of Mental Health and Addiction Services, and United Way of CT who operates our CCRR and Subsidy. Similarities and overlap within and between various agency work and initiatives were discussed as well as areas for improved communication and collaboration with regard to messaging and outreach, eligibility processes, and consumer education.**

### 1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **5/13/2024**  
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/17/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?  
**[x] Yes.**  
**[ ] No. If no, describe:**
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The public was notified through the OEC website (<http://www.ctoec.org>), the ECE listserv (reaching over 1,500 child care providers and stakeholders), as well as OEC social media channels. Additionally, the Notice of Hearing was shared with our Parent Cabinet to disseminate into all regions of the State and shared on the OEC website. Outreach to notify of the Public Hearing was conducted in English. The Public Hearing was conducted in both English and Spanish.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **To be inclusive of all geographic regions of the State, we offered a virtual public comment forum on March 13, 2024. A user-friendly web-based comment portal was made available to solicit comments for a full month. Additionally, the Notice of Hearing was shared with our Parent Cabinet**

**to disseminate into all regions of the State.**

- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The draft CCDF Plan, along with a summary document (in English and Spanish) highlighting the key initiatives in each section of the draft CCDF Plan, was posted to the OEC website and sent electronically to the State Advisory Council, the Early Childhood Cabinet.**
- vii. Describe how the information provided by the public was 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.**

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

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://www.ctoec.org/ccdf/>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
  - i. ☒ Working with advisory committees. Describe: **The CCDF team met with the OEC Parent Cabinet to discuss ways to further engage stakeholders in reviewing and providing feedback on the plan during the Public Comment period. It was decided that Parent Cabinet ambassadors would share a 1-2 page visual summary document with stakeholders at their various meetings and engagements to encourage participation in the public comment process. The CCDF Administrator is a member of Connecticut's Early Childhood Cabinet, which acts as an advisory council. The CCDF Administrator and the CCDF State Program manager presented an overview of the 2025-2027 CCDF plan to the Cabinet and requested input into the plan. Links to the preprint were provided to members and the public at this meeting. The CCDF Administrator's email as well as the CCDF State Program Manager's emails were provided for members and the public to use for input, comments, and questions regarding the plan. Timelines for public comment and final submission were also discussed.**
  - ii. ☐ Working with child care resource and referral agencies. Describe:
  - iii. ☐ Providing translation in other languages. Describe:
  - iv. ☐ Sharing through social media (e.g., Facebook, Instagram, email). Describe:
  - v. ☐ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe:
  - vi. ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:

- vii. ☐ Direct communication with the child care workforce. Describe:
- viii. ☐ Other. Describe:

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

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

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

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

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

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

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
  - i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
  - ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **The OEC also uses the shared DSS eligibility system, ImpaCT, to verify parents' demographic, household composition, income, etc. to avoid requesting duplicative information from parents that would be burdensome.**
  - iii. ☐ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

- iv. ☒ Self-assessment screening tools for families. Describe: **On the C4K website families can use the Online Screener to determine if their family meets some basic eligibility criteria before submitting an application.**
- v. ☒ Extended office hours (evenings and/or weekends).
- vi. ☒ Consultation available via phone.
- vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **The Office of Early Childhood is dedicated to making sure that applications are processed efficiently and timely. The OEC has designed an online Parent Portal for parents to manage their Care 4 Kids application online. Families can create an account and log in to apply for benefits; use a prescreening tool to see if they are eligible; upload documents; view benefits; report change; renew benefits and view notifications and correspondence. This new portal has allowed for applications to be processed efficiently and makes eligibility determinations timely. In addition, the Office of Early Childhood has the child care regulations (Sec 17b-749-09 (c)) that stipulates: Applications shall be processed, and eligibility determined within 30 days of the date that the Child Care Assistance Program (CCAP) administrator receives the application form; Eligibility shall be determined when sufficient information exists to determine if the family is eligible or ineligible; The CCAP administrator shall determine if the family is eligible for the program without regard to eligibility for payments; The CCAP administrator shall determine if a child is eligible for payment within ten days of the date the provider information is submitted.**
- viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?  
☒ Yes.  
☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?  
☐ Yes. If yes, describe the policies:  
☒ No.

#### 2.1.2 Preventing disruption of eligibility activities

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

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

## 2.2 Eligible Children and Families

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

### 2.2.1 Eligibility criteria: age of children served

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

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- ☒ Yes.
- ☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.
- Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- ☐ No.
- ☒ Yes.
- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**
  - ii. 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 professional acting**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☒ No.

☐ Yes. If yes, and the upper age is (may not equal or exceed age 19):

- 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.**

#### 2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:

- i. ☒ An activity for which a wage or salary is paid.
- ii. ☒ Being self-employed.
- iii. ☐ During a time of emergency or disaster, partnering in essential services.
- iv. ☐ Participating in unpaid activities like student teaching, internships, or practicums.
- v. ☐ Time for meals or breaks.
- vi. ☒ Time for travel.
- vii. ☐ Seeking employment or job search.
- viii. ☐ Other. Describe:

- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:

- i. ☒ Vocational/technical job skills training.
- ii. ☒ Apprenticeship or internship program or other on-the-job training.

- iii. ☒ English as a Second Language training.
  - iv. ☒ Adult Basic Education preparation.
  - v. ☒ Participation in employment service activities.
  - vi. ☐ Time for meals and breaks.
  - vii. ☐ Time for travel.
  - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☐ Time for outside class study or completion of homework.
  - x. ☒ Other. Describe: **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.**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
  - ii. ☒ Certificate programs (12-18 credit hours).
  - iii. ☒ One-year diploma (36 credit hours).
  - iv. ☒ Two-year degree.
  - v. ☒ Four-year degree.
  - vi. ☐ Travel to and from classrooms, labs, or study groups.
  - vii. ☐ Study time.
  - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☐ Time for outside class study or completion of homework.
  - x. ☐ Applicable meal and break times.
  - xi. ☐ Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☒ No.
- ☐ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- ☐ Work. Describe:
- ☐ Job training. Describe:
- ☐ Education. Describe:
- ☐ Combination of allowable activities. Describe:

☐ Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

☒ Yes.

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

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

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

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

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

☒ Children in foster care.

☐ Children in kinship care.

☐ Children who are in families under court supervision.

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

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

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

☒ Children experiencing homelessness.

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

☒ Other. Describe: **“Protective Services” means at-risk populations including children (A) placed in a foster home by the Department of Children and Families and for whom the parent or legal guardian receives foster care payments, (B) adopted through the Department of Children and Families for a period not to exceed one year from the date of adoption, (C) who are homeless children and youths, as defined in 42 USC 11434a, as amended from time to time, and (D) under the care of a caregiver who is a recipient of subsidies under the subsidized guardianship program pursuant to section 17a126 for a period not to exceed one year from the date that such child is approved.**

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

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

☒ No.

☐ Yes.

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

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

☐ Other. Describe:

#### 2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	6320.25	60.00	3792.15
2	8265.00	60.00	4959.00
3	10209.67	60.00	6125.80
4	12154.42	60.00	7292.65
5	14099.08	60.00	8459.45

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

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

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

[ ] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

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

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
4			
5			

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:
- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☐ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☐ Rent for room within the family’s residence.
- vii. ☒ Pensions or annuities.
- viii. ☒ Inheritance.
- ix. ☐ Public assistance.
- x. ☐ Other. Describe:
- d. What is the effective date for these income eligibility limits? **10/1/2024**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- ☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**
- ☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.  
**<https://www.ctcare4kids.com/care-4-kids-program/income-guidelines/>**

#### 2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- i. ☒ Average the family's earnings over a period of time (e.g., 12 months).  
Identify the period of time **Gross income shall be calculated based on the best estimate of the income the family is expected to receive over the course of the year. Income received monthly, or over a more frequent period, shall be annualized based on the amount received in the four week period immediately prior to the date of the income calculation.**
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☐ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☒ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **If the income fluctuates in an unpredictable manner, the income shall be averaged over a longer, more representative period. If income is received regularly according to a schedule, the income shall be annualized based on such schedule.**

#### 2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?  
☒ Yes.  
☐ No. If no, describe:
- 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: **The family fee and asset limit shall be waived on a case by case basis regardless of the parent(s) participation in an approved activity.**

#### 2.2.7 Additional eligibility criteria

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

- a. ☐ Eligibility determination? If checked, describe:
- b. ☐ Eligibility redetermination? If checked, describe:

#### 2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Applicant identity. Describe how you verify: <b>Applicant identity. Describe: Applicants apply by mail, fax, or by dropping off materials. 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.</b>
[x]	[ ]	Applicant's relationship to the child. Describe how you verify: <b>Applicant is not required to be related to the child. The applicant relationship to the child can be verified through any one for these sources, self-attestation of relationship to child on the application, the shared demographic information listed on the Department of Social Services TANF application or through a copy of the birth certificate.</b>
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: <b>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.</b>
[x]	[x]	Work. Describe how you verify: <b>Employment is verified by wage receipts, employment letters, verification forms sent directly to employers, self-declared self-employment forms, IRS tax, and business records.</b>
[x]	[x]	Job training or educational program. Describe how you verify: <b>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.</b>



Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: <b>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 data base, 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.</b>
[x]	[x]	Household composition. Describe how you verify: <b>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.</b>
[x]	[x]	Applicant residence. Describe how you verify: <b>The applicant's statement is accepted upon application.</b>
[ ]	[ ]	Other. Describe how you verify: <b>N/A</b>

#### 2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **Connecticut 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:

## 2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” Special Needs Definition:** 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 health care 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.
- e. **“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).

### 2.3.2 Prioritization of child care services

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

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

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

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

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Priority Group 0A. Protective services Foster Child; Priority Group 0B. Protective Services Adopted Child; Priority Group 0C. Protective Services Homeless; Priority Group 0D, Protective Services Subsidized Guardianship. 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.**

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

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **A separate family unit shall be established for homeless children and youths. These children will be considered a family unit of one for purposes of income eligibility. For purposes of authorizing the hours of care only, Care 4 Kids shall use the child's parent(s) self-declared activity schedule. The child's parent(s) shall not be considered part of the family unit for income eligibility. The income for the child's family unit shall be waived on a case-by-case basis. If the child's parent(s) are employed, or participating in an approved activity, child care shall authorized based on the self-declared schedule on the PPA. If the child's parent(s) are not in an approved activity, child care shall be authorized for a maximum of half-time care, based on the self-declared schedule on the PPA. The family fee and asset limit shall be waived regardless of the parent(s) participation in an approved activity. Required documentation for eligibility determination: Completed Care 4 Kids application; Completed Parent Provider Agreement Form (PPA); and Completed McKinney-Vento Self-Attestation Form. If, within the 12-month eligibility period, an active Care 4 Kids family reports a retroactive change in living circumstances that make them eligible under a protective services class, Care 4 Kids shall approve eligibility back to the date the change occurred as reported on the McKinney-Vento Self-Attestation Form. Families will be provided a 90-day grace to take any necessary action to comply with immunizations and other health and safety requirements, and to obtain required Care 4 Kids documents necessary for program eligibility. The 90-day grace period will begin the date the application is processed by Care 4 Kids and is not a rolling deadline. At the end of the 90-day grace period all documents must be received by Care 4 Kids to continue program eligibility.**

- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

- i. Provide the policy for a grace period for:

**Children experiencing homelessness: 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.

Children who are in foster care: **Effective December 1, 2023, all children eligible for protective services as defined in C.G.S §17b-749 will be granted a 90-day grace period to take any necessary action to comply with immunizations and other health and safety requirements, and to obtain required Care 4 Kids documents necessary for program eligibility. The 90-day grace period will begin the date the application is processed by Care 4 Kids and is not a rolling deadline. At the end of the 90-day grace period all documents must be received by Care 4 Kids to continue program eligibility.**

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

☒ Yes.

☐ No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **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 OEC is working closely with the Community Health Center Association of Connecticut (CHC/ACT), to establish a closely collaborative relationship to advance and align the work of health centers to improve the health and wellness of all. The OEC is looking to ensure staff of the Community Health Centers have information about Head Start and OEC programs and initiatives, and for families to know about the Health Centers across the State to support child well visits and up to date immunizations.**

**The OEC Head Start Collab Office tracks the work of each Head Start Health Services Advisory Committees (HSAC). The HSAC is composed of local health providers who represent a wide variety of local social services agencies; pediatricians, nurses, nurse practitioners, dentists, nutritionists, and mental health providers. These groups are community focused and provide access to needed health services for all children in the community. A recent example, in New Haven the HSAC organized flu shot clinics, which was opened it up to all children in the New Haven area.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
- i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
  - ii. ☒ Informational materials in languages other than English.
  - iii. ☒ Website in languages other than English.
  - iv. ☒ Lead Agency accepts applications at local community-based locations.
  - v. ☒ Bilingual caseworkers or translators available.
  - vi. ☒ Bilingual outreach workers.
  - vii. ☒ Partnerships with community-based organizations.
  - viii. ☐ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
  - ix. ☐ Home visiting programs.
  - x. ☒ Other. Describe: **The Connecticut OEC Parent Cabinet is a diverse, parent-led 15 member advisory group to OEC that meets regularly to help make improvements in the lives of children and families across the state. Offer guidance to state agencies on how to improve programs, policies, and laws related to young children and their families. Advocate for the needs of families from all backgrounds. Help OEC form lasting and effective partnerships with families. Increase awareness around OEC services and supports.**
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
  - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
  - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
  - iv. ☒ Ensuring accessibility of environments and activities for all children.
  - v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.
  - vi. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
  - vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
  - viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
  - ix. ☐ Other. Describe:

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

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
  - i. ☒ Lead Agency accepts applications at local community-based locations.
  - ii. ☒ Partnerships with community-based organizations.
  - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
  - iv. ☐ Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
  - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **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.**
  - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The OEC has designated lead staff who is responsible for training other lead agency staff on identifying and serving children and their families experiencing homelessness. The OEC uses the Pyramid Model which is a framework of evidence-based practices for promoting young children's healthy social and emotional development. The model supports social emotional competence in infants and young children is a positive behavioral intervention and support framework. Early childhood providers, caregivers, and families can use the model to promote young children's social and emotional development and prevent and address challenging behavior. The OEC has designated lead staff who is responsible for integrating Pyramid practices to assist with supporting identify and serving children and families experiencing homelessness.**

#### 2.5 Promoting Continuity of Care

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

#### 2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **The OEC funds and coordinates early care and education programs across the state through several different grants and contracts to support working parents. These funds support child care programs, Head Starts, and public school preschools to provide affordable, high-quality early care and education services. Enrollment and eligibility for these services are handled by local providers. Local providers are encouraged to have eligible parents apply for the Care 4 Kids subsidy program. During the enrollment process the Care 4 Kids subsidy program uses cross-enrollment verification to other public benefits to assist with enrollment and reduce families reporting requirements. Families are also asked if their child has special needs which may require an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP) . The OEC Birth23 program tracks the services the children receive by town and has information on the programs the child attends. If the family is eligible based on completion of the Special needs Verification form their provider would be eligible for 25% increase in payment for care of the qualifying child. The OEC requires licensed programs to work closely with local special education service providers to provide services directly to the child at the program site.**

#### 2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
  - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?  
☒ Yes.  
☐ No. If no, describe:
  - b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
    1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
    2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
    3. Any student holiday or break for a parent participating in a training or educational program.



4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe:

- c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination:

### 2.5.3 Job search and continued assistance

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

i. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. ☒ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☐ Yes. The Lead Agency continues assistance.

☒ No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Families must report a non-temporary change, defined as the cessation of an approved work, education or training activity. When the family reports the non-temporary change, a 3-month job search certificate is approved.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **Families with a non-temporary change which is defined as the cessation of an approved work, education, or training activity. The families will be given a 3-month job search period and a reduction in the family fee.**

- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **Families job search period will be for 3-months.**
  - c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
    - i. ☐ Not applicable.
    - ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.  
  
Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:
    - iii. ☒ A change in residency outside of the State or Territory.  
  
Provide the Lead Agency's policy for a change in residency outside the State or Territory: **If a parent moves out of state, the family's certificate will be discontinued. Care4Kids Program Regulations: 17b-749-04(a)(1)**
    - iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.  
  
Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **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. Care4Kids Program Regulations: 17b-749-20(h)(3).**

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

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

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

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

☒ Yes.

☐ No. If no, describe:

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

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

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

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

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

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

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

- a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **Care 4 Kids provides a second income eligibility threshold of <85% SMI. All redetermining families must meet all other program eligibility requirements to be eligible.**
  - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

- ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
  - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
  - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
  - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
  - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
  - v. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
  - vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

### 3 Child Care Affordability

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

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

#### 3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

### 3.1.1 Family co-payment

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

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **10% dependent on household size and income.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe:

### 3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?  
☒ Yes.  
☐ No. If no, describe how the sliding fee scale is set:
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1.00	0.02	2.00	3792.15	379.00	10.00
2	1.00	0.02	2.00	4959.00	496.00	10.00

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
3	1.00	0.02	2.00	6125.80	613.00	10.00
4	1.00	0.02	2.00	7292.65	729.00	10.00
5	1.00	0.02	2.00	8459.45	846.00	10.00

- c. What is the effective date of the sliding-fee scale(s)? **October 1, 2024**
- d. Provide the link(s) to the sliding-fee scale(s): **<https://www.ctcare4kids.com/care-4-kids-program/income-guidelines/>**
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?
- ☐ No.
- ☒ Yes.
- If yes:
- Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Connecticut's Care 4 Kids rates for certain age groups, regions, and setting types are lower than the average cost of care, 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.**
  - 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 documented in the Parent-Provider Agreement Form (PPA) as the rate that providers charge for care by age group 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 enrollment 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.

For Rates starting on or after July 1, 2024

46% of C4K Center Based providers have PPA rates listed that are less than or equal to the C4K 2022 rates.

31% of C4K Licensed Family providers have PPA rates listed that are less than or equal to the C4K 2022 rates.

41% of C4K Unlicensed Relative providers have PPA rates listed that are less than or equal to the C4K 2022 rates.

Of the Center-based providers that charge x% more than the approved certificate rate: 20% charge 1-25% Higher; 14% charge 25-50% higher, 12% charge 50-100% higher and 54% have PPA rates listed as more than two times the certificate rate.

Of the Licensed Family Homes providers that charge x% more than the approved certificate rate: 26% charge 1-25% Higher; 19% charge 25-50% higher, 16% charge 50-100% higher and 40% have PPA rates listed as more than two times the certificate rate.

## 3.2 Calculation of Co-Payment

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

### 3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
  - i. ☐ The fee is a dollar amount and (check all that apply):
    - ☐ The fee is per child, with the same fee for each child.
    - ☐ The fee is per child and is discounted for two or more children.
    - ☐ The fee is per child up to a maximum per family.
    - ☐ No additional fee is charged after a certain number of children.
    - ☐ The fee is per family.
    - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

- ☐ Other. Describe:
- ii. ☒ The fee is a percent of income and (check all that apply):
- ☐ The fee is per child, with the same percentage applied for each child.
- ☐ The fee is per child, and a discounted percentage is applied for two or more children.
- ☐ The fee is per child up to a maximum per family.
- ☐ No additional percentage is charged after a certain number of children.
- ☒ The fee is per family.
- ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- ☐ Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- ☒ No.
- ☐ Yes.
- If yes, check and describe those additional factors below:
- i. ☐ Number of hours the child is in care. Describe:
- ii. ☐ Quality of care (as defined by the Lead Agency). Describe:
- iii. ☐ Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. ☐ Other. Describe:

### 3.3 Waiving Family Co-payment

#### 3.3.1 Waiving family co-payment

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

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

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



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

- i. ☐ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☒ Families experiencing homelessness.
- iv. ☐ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **"Protective Services" means at-risk populations including children (A) placed in a foster home by the Department of Children and Families and for whom the parent or legal guardian receives foster care payments, (B) adopted through the Department of Children and Families for a period not to exceed one year from the date of adoption, (C) who are homeless children and youths, as defined in 42 USC 11434a, as amended from time to time, and (D) under the care of a caregiver who is a recipient of subsidies under the subsidized guardianship program pursuant to section 17a126 for a period not to exceed one year from the date that such child is approved.**
- vii. ☐ Families meeting other criteria established by the Lead Agency. Describe the policy:

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

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

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

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

### 4.1 Access to Full Range of Provider Options

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

#### 4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Feedback from providers for participation includes capacity to serve additional children due to staffing shortages and turn-over. Cost of Care is higher than payment rates and rates providers will charge due to family's ability to pay in neighborhoods / locations. Some providers reduce their overall rates for care to be able to serve more families, subsidy and non-subsidy, in their immediate neighborhood. Delays in processing of Care 4 Kids Child Care Certificates, have slowed for quick or timely turn-around, which has discouraged some providers from accepting Care 4 Kids. In addition, the requirements for Health and Safety training for staff, compensation costs, and increases in turn-over and difficulty finding new child care staff, have discouraged providers from seeking or maintaining participation in Care 4 Kids. The availability of Infant-Toddler care is limited.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?  
☒ Yes.  
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?  
☐ Yes.  
☒ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The 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. The following is the links are to the Care 4 Kids Application form and Parent-Provider Agreement Form with details on selection and types of care available across the state. <https://www.ctcare4kids.com/wp-content/uploads/2020/02/Application-English-2020.pdf> and <https://www.ctcare4kids.com/wp-content/uploads/2023/07/PPA-ENGLISH-NEW-6.2023.pdf>. Connecticut's E-Licensing website gives additional details about providers which may be easily sorted on town or provider name. <https://www.elicense.ct.gov/Lookup/GenerateRoster.aspx> (Select Child Care Licensing Program).**

- e. Describe what information is included on the child care certificate: **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.**

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

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

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

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

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model

- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

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

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

- a. ☒ Market rate survey.
  - i. When were the data gathered (provide a date range; for instance, September – December 2023)? **October 2023 through December 2023**
- b. ☐ ACF pre-approved alternative methodology.
  - i. ☐ The alternative methodology was completed.
  - ii. ☐ The alternative methodology is in process.

*If the alternative methodology was completed:*

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

*If the alternative methodology is in progress:*

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

#### c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **The MRS was shared with the CT Early Childhood Cabinet (State Advisory Council) on May 21, 2024. The report was shared and the methodology of the MRS was discussed. The OEC State Administrator took questions from the council for review and edited to the survey if necessary.**
- iv. Local child care program administrators: **United Way of Connecticut, the statewide 2-1-1 Child Care agency conducted the 2023-2024 Market Rate Survey and provided the survey data details and results. The University of Connecticut School of Social Work prepared the "2024 Connecticut Child Care Market Rate Report" based on the survey data and results provided by the United Way of Connecticut.**
- v. Local child care resource and referral agencies: **United Way of Connecticut, the**

statewide 2-1-1 Child Care agency conducted the Market Rate Survey and provided the survey data details and results.

- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The OEC works with an External Steering Committee composed of directors, teachers, and key early childhood stakeholders to receive regular feedback and suggestions on key policies and changes that effect the early childhood community in Connecticut. The MRS was shared and discussed with the External Steering committee on May 21, 2024. The OEC State Administrator took questions from the council for review and edited to the survey if necessary.**
  - vii. Other. Describe: **N/A**
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed? **1/1/2024**
  - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **October 2023 through December 2023**
  - iii. Describe how it represented the child care market, including what types of providers were included in the survey: **Connecticut had 401 Licensed Center providers respond to the FY2024 Market Rate Survey, out of a universe of 1,473. This is a sample size of 27%. The response included providers from all 5 Child Care regions in the state. There were 441 or 24% of Licensed Family Child Care providers that responded to the survey out of a universe of 1,843 in Connecticut.**
  - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Database used was merging of 211 Child Care database, and ImpaCT Child Care Eligibility and Payment System.**
  - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The survey reached out to both Center-based and Family Home Child Care providers in the Fall of 2023. The survey form was made available in hard copies mailed out, and word docs of the questions copied from the electronic form, it was made available electronically, and allowed a connection to their 211 child care profile to update their information. WordPress forms were used to create electronic version of the survey. Forms could be sent in via email, USPS mail, in person or conducted via telephone. The survey extended to ensure a statistically valid response rate of 24% for Licensed Family Providers, and a 27% Center-based response rate. In effort to collect survey responses 211 Child Care communication plan consisted of: Campaign Initial email campaign to 100% of programs (~3100) in the 211 Child Care data system. All email campaigns were formatted to resend to non-openers one week after initial sent date. Scheduled postings to ECE listserv Campaign to Staffed Family Child Care Network Campaign to non-responders. On weekly schedule, identify non responders, conduct subsequent email campaigns. 211**

Child Care staff conducted outbound calls to complete 2 cycles of calls to all non-responders. It was conducted in a year where Connecticut Providers were experiencing survey fatigue, due to many exciting working sessions including the work of Connecticut's Blue Ribbon Panel on Child Care that created a Report between July and December of 2023, with significant feedback and participation from child care providers and programs.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **27.00**
  - vii. What is the percent of licensed or regulated family child care homes responding to the survey? **24.00**
  - viii. Describe if the survey conducted in any languages other than English: **The survey was conducted in both English and Spanish.**
  - ix. Describe if data were analyzed in a manner to determine price of care per child: **Yes, each survey included questions for cost of care by child age group, Infant, Toddler, Preschool, and School Age, and hours of care full-time and hourly, with details requested for how many hours the provider considered full-time. Enrollment, Vacancy, and Licensed capacity were all used as consideration for the approach of the survey determination of percentiles. The enrollment numbers by child age group and cost of full-time care were used for determining percentiles of Market Rate.**
  - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Yes, for each age group, statewide and regional, the sample and survey results were determined by all providers that responded to the survey, and then limited to those that had results/answers to each particular age group (infant, toddler, preschool, and school-age) for full-time rate, and by enrollment numbers. School-age results also looked at part-time rates for before and after school care. By age group - in the Licensed Center survey, there were response rates of providers with enrollments >0, as a percent of the sum of Enrollment plus Vacancy, of the providers that responded to the survey, by age group as follows: Infant Enrollments: 51%, Toddler: 47%, Preschool (including part-day): 47%, and School Age: 26%. The percent by enrollment for all ages = 44% for the center-based survey respondents. By age group - in the Licensed Family Child Care survey, there were response rates of providers with enrollments >0, as a percent of the sum of Enrollment plus Vacancy, of the providers that responded to the survey, by age group as follows: Infant Enrollments: 32%, Toddler/Preschool: 32%, and School Age: 33%. The percent by enrollment for all ages = 32% enrollment of total spaces available by licensed family home providers that responded to the survey.**
- e. Price variations reflected.
- The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.
- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by

respondents and include information on how prices or costs could be linked to local geographic areas. **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.**

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Licensed center-based, licensed group child care home, and licensed family day care home provider types were included in the 2024 Child Care Market Rate Survey. The survey also included programs that meet licensing requirements, national accreditation standards, and serve children with special needs. 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 Care 4 Kids program also makes Child Care Certificate payments to Unlicensed Relative Care providers, with rates per child equal to a base set at one-third of minimum wage in Connecticut. Family Child Care subsidy rates are negotiated through a Union Contract between the CSEA-SEIU Union and the State of Connecticut. For SFYs 2024, 2025, and 2026 Licensed Family provider rates increased by 11% and Unlicensed Relative providers by 6% in each of the three years.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **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. Care 4 Kids Child Care subsidy Center Based and Licensed Family rates are paid by Infant/Toddler, Preschool, and School Age categories. The Market Rate Survey identified rates separately for Infants, Toddlers, Preschool and School Age to align with age differences in licensing regulations for Toddler age 2 with Infants in center based and with Preschool in Family based.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The survey also included programs that meet licensing requirements, national accreditation standards, and serve children with special needs. 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, other state-funding, Head Start or Early Head Start, scholarships, military or staff discounts, and sibling reductions. Weekly Full-time rate and number of hours considered full-time were collected. Hourly rates by age group were collected. Questions as to if the provider accepts children in each of the age group were asked. License type, region. Enrollment numbers, vacancy numbers and licensed capacity were collected for each provider by age group were available and in total. If a provider is defined as a Nursery School was also identified. License number,**

type and Care 4 Kids Vendor ID, Provider Name, Address, Accreditation status, total capacity, type of care, town, region, and email were collected.

#### 4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **As part of Connecticut's Blue Ribbon Panel work during 2022-2023, Social Venture Partners updated the 2021 Narrow Cost Analysis conducted by UConn. For this 2025-2027 CCDF Plan, OEC has contracted with Prenatal to Five Fiscal Strategies to further update our Narrow Cost Analysis by first updating the Cost Model Frame, then updating the Cost Model, Run updated NCA scenarios with provision of input from OEC and other stakeholders, such as Social Venture Partners, followed by a Narrow Cost Analysis conducted by Prenatal5 Fiscal Strategies (P5FS). P5FS developed a customized Excel-based cost model for the state to conduct this narrow cost analysis. This model uses a similar methodological approach used by P5FS in several states and communities across the country, as well as the Provider Cost of Quality Calculator (PCQC), the web-based cost modeling tool provided by the federal Office of Child Care that has been approved for use in subsidy rate setting. By creating an Excel-based model, P5FS developed a customized tool for Connecticut that can account for the unique context of the state. This model also benefited from assumptions and analysis conducted for the 2022 Connecticut Narrow Cost Analysis and by modeling completed to support the 2023 Connecticut Blue Ribbon Panel on Child Care.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **To meet the geographic analysis requirements the statewide cost per child outputs are compared to regional subsidy rates to demonstrate how geographic variation in rates impacts the gaps between cost and price. Results of the statewide cost of care analysis were compared to the statewide average rate as well as to the payments rates in each of the five subsidy regions: East Region, North Central Region, Northwest Region, South Central Region, and Southwest Region. Substantial variations were found across regions, most especially between East and Southwest regions as can be seen in the NCA report.**  
**Upon analysis, the statewide average of weekly variation in gaps between cost of care and current salary levels (as listed in CT's Registry) ranged from \$-56.12 below cost for Infant Toddler , versus \$-34.53 below cost for school age and \$-3.91 below cost for preschool age for licensed child care centers.**



Breaking this down further by region, the most significant gaps between cost of care and current salary levels (as listed in CT's Registry) were found in the East Region. These ranged from \$-151.12 below cost for infant toddler, \$-54.21 for school age and \$38.71 for preschool. This is compared to the slimmest gaps found in the Southwest Region, where the Care 4 Kids full time payment was \$69.88 above the cost of care for infant toddlers, \$49.29 above the cost of care for preschoolers, and only \$-17.01 below the cost of care for school age.

Comparatively, the statewide average of weekly variation in gaps between cost of care and current income levels (as listed in CT's Registry) ranged from \$30.14 above cost for Infant Toddler, versus \$-99.06 below cost for preschool age and \$-68.95 below cost for school age for licensed family child care providers.

When we examine the statewide average of weekly variation in gaps between cost of care and higher salary levels (as calculated from CT's Compensation Schedule) ranged from the largest gap of \$-233.88 below the cost of care for infant toddlers to \$-95.42 below cost of care for preschool and \$-86.15 below cost of care for school age for licensed centers.

Breaking this down further by region, the most significant gaps were seen once again in the East Region, ranging from \$-328.88 below cost of care for infant toddlers to \$-130.22 below cost of care for preschoolers, and \$-86.15 below cost of care for school age. This is compared to the slimmest gaps, again seen in the Southwest Region. These ranged from \$-107.88 below cost of care for infant toddlers, to \$-42.22 below cost of care for preschoolers and \$-68.63 for school age for licensed centers.

When we examine the statewide average of weekly variation in gaps between cost of care and higher salary levels (as calculated from CT's Compensation Schedule) ranged from the largest gap of \$-134.53 below the cost of care for infant toddlers to \$-263.73 below cost of care for preschool and \$-151.28 below cost of care for school age for licensed family child care providers

Breaking this down further by region, the most significant gaps were seen once again in the East Region, ranging from \$-229.53 below cost of care for infant toddlers to \$-298.53. below cost of care for preschoolers, and \$-170.96 below cost of care for school age. This is compared to the slimmest gaps, again seen in the Southwest Region. These ranged from \$-8.53 below cost of care for infant toddlers, to \$-210.53 below cost of care for preschoolers and \$-133.76 for school age for licensed centers.

- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? The Connecticut Child Care Cost Model reflects the standards that licensed child care providers are required to meet. P5FS reviewed these standards to determine the cost drivers to include in the model. The cost drivers were reviewed with OEC and compared to assumptions used in both the 2022 NCA and the financial model developed to support the 2023 Blue Ribbon Panel on Child Care. The primary cost drivers are child-to-staff ratios, group size limits, and caregiver qualifications. To meet licensing requirements and health

and safety standards, caregivers must complete annual training and professional development. This is included as a cost driver in the model in the form of hours for a substitute or floater to cover the caregiver's responsibilities while they attend training. All nonpersonnel expenses necessary to operate a program are also captured in the model, including occupancy costs based on the square footage requirements detailed in licensing regulations.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The OEC defines quality through accreditation. Our agency has partnered with NAEYC to develop and implement our ELEVATE initiative gives child care providers the tools and guidance needed to improve their programs.** <https://www.ctoec.org/elevate/>. Cost of quality will be examined through our NCA and will incorporate ratio, group size, staffing levels, staff compensation, professional development requirements, etc. as the first NCA did completed in 2022. In the 2024 NCA, assessing the current cost to meet minimum state standards, the Workforce Registry data is used, whereas, scenarios assessing the cost of higher-quality, the mid-career level salary data is used.
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The 2024 NCA shows a gap between cost of care and current Care 4 Kids' subsidy rates. For child care centers, the weekly statewide average infant/toddler subsidy rate is approximately \$233.88 below the estimated cost, ranging from \$107.88 in the Southwest region to \$328.88 below the estimated cost in the East region. The weekly statewide average preschool subsidy rate is approximately \$95.42 below the estimated cost, ranging from \$42.22 in the Southwest region to \$130.22 below the estimated cost in the East region. The weekly statewide average school age subsidy rate is approximately \$86.15 below the estimated cost, ranging from \$68.63 in the Southwest region to \$105.83 below the estimated cost in the East region.**

**For licensed family child care, the weekly statewide average infant/toddler subsidy rate is approximately \$160.50 below the estimated cost, ranging from \$110.50 in the Southwest region to \$211.50 below the estimated cost in the East region. The weekly statewide average preschool subsidy rate is approximately \$238.10 below the estimated cost, ranging from \$199.50 in the Southwest region to \$277.50 below the estimated cost in the East region. The weekly statewide average school age subsidy rate is approximately \$103.99 below the estimated cost, ranging from \$83.35 in the Southwest region to \$125.35 below the estimated cost in the East region.**

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

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

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

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

- i. Provide the date the report was completed: **6/24/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/27/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **<https://www.ctoec.org/ccdf/>**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **In the Summer and Fall of 2023, public forums including the Blue Ribbon Panel work were held and included the opportunity to reshape the survey questions and methodologies. Relatively slight changes were made to the SFY2024 Survey from the prior Market Rate Survey. Results were presented as a part of the CCDF Plan public hearing / forum in May, 2024, with an open question and answer session and additional opportunity to write questions and comments and submit online. This allowed the State to hear and learn from families, providers, advocates, state and local government staff and leaders about current and relevant issues connecting child care costs and rates charged by providers.**

### 4.3 Adequate Payment Rates

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

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

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

#### 4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?  
☒ Yes.
- i. If yes, check if the Lead Agency:  
☐ Sets the same payment rates for the entire State or Territory.  
☒ Sets different payment rates for different regions in the State or Territory.  
☐ No.
- ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **OEC publishes weekly rates**

#### 4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.
- The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75<sup>th</sup> percentile of the most recent MRS. The 75<sup>th</sup> percentile benchmark applies to the base rates. The 75<sup>th</sup> percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75<sup>th</sup> percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75<sup>th</sup> percentile in the tables below, the Lead Agency must also report the 50<sup>th</sup> percentile and 60<sup>th</sup> percentile for each identified category.
- If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.
- For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

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

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	<b>376.00 Per Week</b>	<b>61.00</b>	<b>376.00</b>	<b>57.00</b>	<b>370.00</b>	<b>390.00</b>	<b>425.00</b>		
Family Child Care for Infants (6 months)	<b>280.00 Per Week</b>	<b>36.00</b>	<b>280.00</b>	<b>60.00</b>	<b>275.00</b>	<b>300.00</b>	<b>300.00</b>		
Center Care for Toddlers (18 months)	<b>376.00 Per Week</b>	<b>65.00</b>	<b>376.00</b>	<b>57.00</b>	<b>370.00</b>	<b>390.00</b>	<b>425.00</b>		
Family Child Care for Toddlers (18 months)	<b>280.00 Per Week</b>	<b>43.00</b>	<b>280.00</b>	<b>60.00</b>	<b>275.00</b>	<b>300.00</b>	<b>300.00</b>		
Center Care for Preschoolers (4 years)	<b>250.00 Per Week</b>	<b>28.00</b>	<b>250.00</b>	<b>41.00</b>	<b>275.00</b>	<b>305.00</b>	<b>350.00</b>		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Preschoolers (4 years)	<b>215.00 Per Week</b>	<b>19.00</b>	<b>215.00</b>	<b>20.00</b>	<b>250.00</b>	<b>275.00</b>	<b>300.00</b>		
Center Care for School-Age (6 years)	<b>176.00 Per Week</b>	<b>11.00</b>	<b>176.00</b>	<b>21.00</b>	<b>240.00</b>	<b>248.00</b>	<b>270.00</b>		
Family Child Care for School-Age (6 years)	<b>201.00 Per Week</b>	<b>79.00</b>	<b>201.00</b>	<b>24.00</b>	<b>260.00</b>	<b>275.00</b>	<b>280.00</b>		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	<b>284.00 Per Week</b>	<b>66.00</b>	<b>284.00</b>	<b>24.00</b>	<b>335.00</b>	<b>350.00</b>	<b>370.00</b>		
Family Child Care for Infants (6 months)	<b>254.00 Per Week</b>	<b>7.00</b>	<b>254.00</b>	<b>87.00</b>	<b>225.00</b>	<b>250.00</b>	<b>250.00</b>		
Center Care for Toddlers (18 months)	<b>284.00 Per Week</b>	<b>66.00</b>	<b>284.00</b>	<b>24.00</b>	<b>335.00</b>	<b>350.00</b>	<b>370.00</b>		
Family Child Care for Toddlers (18 months)	<b>254.00 Per Week</b>	<b>7.00</b>	<b>254.00</b>	<b>87.00</b>	<b>225.00</b>	<b>250.00</b>	<b>250.00</b>		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Preschoolers (4 years)	<b>228.00 Per Week</b>	<b>69.00</b>	<b>228.00</b>	<b>37.00</b>	<b>280.00</b>	<b>300.00</b>	<b>305.00</b>		
Family Child Care for Preschoolers (4 years)	<b>195.00 Per Week</b>	<b>7.00</b>	<b>195.00</b>	<b>20.00</b>	<b>200.00</b>	<b>225.00</b>	<b>250.00</b>		
Center Care for School-Age (6 years)	<b>160.00 Per Week</b>	<b>74.00</b>	<b>160.00</b>	<b>15.00</b>	<b>250.00</b>	<b>250.00</b>	<b>275.00</b>		
Family Child Care for School-Age (6 years)	<b>183.00 Per Week</b>	<b>7.00</b>	<b>183.00</b>	<b>31.00</b>	<b>225.00</b>	<b>240.00</b>	<b>350.00</b>		

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

☒ Yes.

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

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

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

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

☒ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Certificates for Children with Special Needs has an add-on of 25% above base rate. Accredited Center-based program certificates have an add-on of 25% above base rate. Accredited Licensed Family rates have an add-on of 12.5% above the base rate.**

☐ No.

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

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

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

- i. ☐ Differential rate for non-traditional hours. Describe:
- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Certificates for Children with Special Needs has an add-on of 25% above base rate.**
- iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe: **Accredited Center-based program certificates have an add-on of 25% above base rate. Accredited Licensed Family rates have an add-on of 12.5% above the base rate**
- vi. ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **The Connecticut subsidy rates are regional with five regions and different weekly full-time, full-time plus, half-time and quarter time rates in East, North Central, Northwest, South Central, and Southwest regions and by age groups: Infant/Toddler, Preschool, and School Age groups.**
- vii. If applicable, describe any additional add-on rates that you have besides those identified above. **Licensed family child care providers and unlicensed relative provider can receive a 3% incentive for obtaining an associate's degree in early childhood education.**

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

☒ Yes. If yes, describe: **The Care 4 Kids program pays the providers the lower of the two payment rates. For example, if the provider's rates are lower than the subsidy established payment rate, Care 4 Kids will pay the provider's lower rate.**

☐ No.

#### 4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:



- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Connecticut subsidy rates are set for five regions, with different weekly full-time (FT), full-time plus (FT+), half-time (HT) and quarter time (QT) rates based on setting type and age group. These are based on a calculation for a range of hours with cost calculated at  $\text{rate} \times \text{time} \times \text{\# of hours}$ , as follows: Full-time Care = hourly rate x 40 hours (35-50 hours); Full-time Plus Care = x 53 Hours (51-65 hours); Half-time Care = x 24 hours (16 to 34 hours); Quarter-time Care = x 12 Hours (1-15 hours). These rates were set by market rates from prior years by region in East, North Central, Northwest, South Central, and Southwest regions and by age groups: Infant/Toddler, Preschool, and School Age. Over time, the increases have been made in part based on a targeted Market Rate, and in some years by a flat percent increase. Most recently, in the Spring of 2023, rate increases were approved for Licensed Center, Exempt Center, Licensed Group and Licensed Family Child Care to increase by 11% for SFY 2024, and additional 11% for SFY 2025; and a third increase of 11% in SFY 2026, each increase above the prior year rates. Child Care subsidy rates by regions, age group, and hours of care. Center-based and Licensed Family Home rate increase from SFY 2023 to SFY 2024 = 11%, from 2024 to 2025 another 11% increase; and for SFY 2026, a third 11 % increase. During these same dates, Unlicensed Relative providers rates will increase by 6% in SFY2024, another 6% increase in SFY2025 and 6% in SFY 2026. Unlicensed Relative provider rates are relational to and exceeds Connecticut's Minimum Wage if the provider has 3 children in care. In 2022, CT OEC negotiated a new contract with SEIU Family Child Care (FCC) providers, that contained a historic 3-year subsidy rate increase to retain current and attract new FCC providers. Additionally, OEC is working with SEIU on an FCC apprenticeship program.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Connecticut was cited for non-compliance for payments rates below the 50th percentile on April 20, 2023 based on the rates for licensed family child care which were below the 50th percentile of the market. The OEC continues to work closely with Governor's office and state legislature to increase payment rates by sharing with them the MRS and NCA in an effort to increase rates for the next legislative session budget.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Reviewing both the recent MRS and Narrow Cost Analysis, Connecticut's Governor, Legislative and State Leadership, and the Office of Early Childhood Commissioner established a plan to reach toward increasing rates toward the 60th and 75th percentiles, over time. With the commitment to an 11% increase for each year for three consecutive years, to the licensed providers and a 6% increase for each of three years, to unlicensed relative providers, allows for a balance in the number of families able to receive child care subsidy within the State and Federal budget allotments.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Connecticut payment rates are differentiated between Licensed Center-based, Licensed Family Homes and Unlicensed Relative Care. The licensed programs receive higher subsidy rates, and if accredited, receive an additional 25% if Center-based and an additional 12.5% for accredited licensed family settings. For several years, over 80% of**

children in the subsidy program are in licensed settings. Over 40 percent of the children in Licensed Centers are in accredited centers. And 9% of children in Licensed family settings are in accredited setting. This equates to 26% of all children served in Care 4 Kids are in accredited settings.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. A key component of Care 4 Kids provider eligibility is a variety of child care provider setting from Licensed to License-Exempt Centers, Licensed Group and Family Home Child Care, and Unlicensed Relative Care, in all regions in the state, allowing families to choose a provider that fits their and their child's needs, including type of care and location in relation to home, work or training and education. The family chooses the child care provider and establishes a Parent-Provider Agreement. Care 4 Kids pays a maximum base rate as defined in the weekly payment rate charts. <https://www.ctcare4kids.com/wp-content/uploads/2024/01/Care-4-Kids-Weekly-Payment-Rates-July-1-Jun-30-2025.pdf>. In addition, the Family Fee share is a subset of the rate so that the provider receives the full maximum rate with the family paying a portion and the C4K program paying the balance. The Family Fee is based on percent of household income and is the total amount for all children in the program. If a monthly family fee is \$100 and the family has 3 children in the program, the \$100 will be split across the children's certificates with for instance, %50 assigned to the Infant care, plus \$30 assigned to preschool child and \$20 assigned to the school age child. The Family Fee is based on Income range as a percent of State Median Income. Family Fee equals 2% of Household Income for Incomes between 0%-20% or SMI, 4% for 20%-30% SMI, 6% for 30%-40% SMI, 8% for 40%-50% SMI, and 10% for 50% SMI or higher. Connecticut is discussing changes to the Family Fee to reduce it to a maximum of 7% but, will be requesting a waiver of this requirement for the next two years in order to balance the change in fees to the program to offset by a reduction in the number of families served.

#### 4.4 Payment Practices to Providers

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

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

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

#### 4.4.1 Prospective and enrollment-based payment practices

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

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **To date our payment process, quality controls and fraud detection have been established on Provider Invoicing that requires provider to confirm care of child and dates of leave from services. This helps assure that program payments are for services rendered and limit the efforts for an number of recoupment of overpaid funds. Ther are statutory limits on the amount of payments that can be recouped at one time and lends itself to having fund repayment extend over several quarters and multiple fiscal years. Some of these funds go directly into the State collection and are cannot be redirected into the exact program or service, depending on circumstance for recoupment. In addition, if a provider is no longer serving children in Care 4 Kids, the recoupment of overpaid funds will be difficult. This may especially be true for Relative Care where the turn-over of provider is based on their relative child needing care and ends with that child or family's need for care. A process has not been established for a potential significant increase in collection of cost of care for last month care if child did not participate. A new payment process and system would need to be establish and may have significant Information and Technology costs as well as the need for additional process and recoupment staff. Connecticut will request a waiver to establishing prospective payments for a two-year period in order to align Provider Portal invoicing and Eligibility Certificate and payment processes with a prospective payment methods.**

**Based on Connecticut's General Statutes and the efficiency and effectiveness of the Care 4 Kids invoicing and payment process and staff, payments are issued within 15 days for billing for services.**

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

☒ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

☐ No, it is not a generally-accepted practice for each provider type. If no, describe the

provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

☐ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

#### 4.4.2 Other payment practices

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

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

☒ Yes.

☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

☒ Yes. If yes, identify the fees the Lead Agency pays for: **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.**

☐ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **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. The PPA provides the link to the Care 4 Kids website to access additional information about the Care 4 Kids program. The dispute-resolution process is noted on the Care 4 Kids website: <https://www.ctcare4kids.com/provider-information/#invoiceinfo>.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Care 4 Kids mails a notice the same day there is a change in eligibility. For example, if Care 4 Kids discontinues a case, the Notice of Discontinuance goes out the same day.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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.**

**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.**

- f. Other. Describe any other payment practices established by the Lead Agency:

#### 4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Care 4 Kids create electronic invoices on the first of each month for each Child Care Certificate. Care 4 Kids providers log into the Provider Portal and submit their monthly invoice. The portal is mobile friendly and allow providers to submit online either on their smart phone or computer. The system is configured to ensure all necessary information is completed before the invoice is accepted for payment. This is an efficient process to ensure providers are paid timely. Care 4 Kids pays providers' full invoice for the entire month of service if the child attends one day during that service month. Payments are made in the order that the submission by the provider is received.**

## 4.5 Supply Building

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

minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

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

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

☐ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

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

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The OEC will submit a 2 year waiver to meet compliance with the 2024 Final Rule to implement some grants and contracts.**

If no, skip to question 4.5.2.

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

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

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

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

☒ Yes.

☐ No.

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

- i. ☒ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **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.**
- ii. ☒ Restricted based on the in-home 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.**
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☒ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **All unlicensed home-based providers must be related to the child by blood, marriage, or adoption. This means the child is a grandchild, great-grandchild, niece, nephew, or sibling (only a sibling living outside of the child's home) to the provider. All relative providers must be 20 years of age or older. All new relative providers may only care for a total of three (3) children at a time. Of those children, only two (2) children may be under the age of two. All relative providers must complete and post this Emergency Plan. All Care 4 Kids relative providers may only care for a total of three (3) children at a time. Of those children, only two (2) children may be under the age of two.**
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

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

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

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

- a. In infant and toddler programs:
- i. Data sources used to identify shortages: Connecticut has several sources to assess progress towards meeting unmet need in infant and toddler care. The model developed for Connecticut's Blue Ribbon Panel on Child Care report which was published in December of 2023 and cited a shortage of 17,000 infants and toddlers, reflecting in part the relatively high cost of providing care for that age group in combination with an educator workforce shortage, and The United Way of Connecticut's 2-1-1 data system which reflects the supply of care by tracking enrollment and openings for all open licensed and license-exempt programs. CT Data and Bipartisan Policy Center also provide shortage estimates. In addition, in January 2024, Connecticut's Voices for Children published the State of Early Childhood: A Response to the Governor's Blue Ribbon Panel on Child Care. A Continuation of Spotlighting Disenfranchised Populations documenting on page 24 the shortage of child care slots in Connecticut. Contributing to this statistic is a shortage of early care and education teachers according to a report and interactive map released by United Way of CT in February 2024 <https://resources.211childcare.org/map/>, noting that while there are child care slot available for infant -toddler, preschool and school age care, they are not necessarily located in the areas of most need.
  - ii. Method of tracking progress: Unmet need is tracked by United Way of CT through ongoing outreach to providers and families and updates to their 211 Child Care Data System <https://resources.211childcare.org/map/>, as well as by CT Data <https://data.ct.gov/Education/Unmet-Need-For-Infant-Toddler-and-Preschool-Care/k5y6-wdht/data?pane=feed>. The model used in the Connecticut's Blue Ribbon Panel on Child Care report of December of 2023 can continue to track unmet need. It relies on the United Way 2-1-1 provider tracking system, which draws from ongoing program survey and extrapolated data to estimate supply and is reflected in this interactive map: <https://resources.211childcare.org/map/>. On the demand side, national parent surveys were used to estimate parent preferences for formal care for infants and toddlers. These assumptions about parent preferences, which were then applied to town level population data, can also be updated as applicable. CT Data source uses OEC licensed supply data and the 2-1-1 system and demand data are drawn from IPUMS NHGIS data which allow for estimates of population data by age at the town level.
  - iii. What is the plan to address the child care shortages using family child care homes The OEC funded Staffed Family Child Care Networks are charged with outreach to recruit new providers to the professional to increase the supply of family child care personnel. Network staff provide guided support to the OEC child care licensing process using the OEC Licensing TA Guidance document and engage individuals in network activities to develop provider knowledge and improve the quality of these providers' home based care. To further incentivize this activity in support of increasing the number of family child care homes, the OEC includes this activity in a rate card opportunity for SFCCNs. In 2022, CT OEC negotiated a new contract with SEIU FCC providers, that contained a historic 3-year subsidy rate increase to retain current and attract new FCC providers. Additionally, OEC is working with SEIU on an FCC apprenticeship program. The new Family Child Care



Registered Apprenticeship Program is a collaboration between the Connecticut Department of Labor, Office of Early Childhood and CSEA SEIU Local 2001, and is designed to encourage jobseekers to enter careers in home-based child care <https://www.housedems.ct.gov/new-child-care-worker-apprentice-program>. Another promising model to expand and stabilize the child care industry is Connecticut's licensed family child care incubator model, the first in the nation. This pilot program, established by P.A. 21-171, allows a family child care home license to be issued to a provider who wishes to operate outside a private family home if they've partnered with an organization to provide child care services in a space provided by the organization, and is further approved by the Office of Early Childhood. This model allows licensed family child care providers to work in shared space, participate in comprehensive training, create business efficiencies such as backroom administrative operations, and work together as a team <https://www.ctoec.org/wp-content/uploads/2024/03/oec-testimony-commerce-committee-sb249-early-childhood-business-incubator-2024-03-05.pdf>. In addition, OEC has drafted legislation for this year to expand the incubator model by removing the sunset date, allowing for more than one facility per community, allowing for expansion in any community. S.B 249 passed unanimously in the Senate and is now headed to the House for a vote.

- iv. What is the plan to address the child care shortages using child care centers? CCDF will be conducting a Care 4 Kids' contracted slots pilot that targets the infant/toddler shortage, especially in higher SVI areas. Estimated launch will be in SFY 26. OEC's school readiness child care program also responded to providers' need for infant toddler slots by allowing center-based school readiness programs to convert preschool SR slots to I/T SR slots.

The OEC provides technical assistance to increase staff knowledge and strengthen implementation of best practices, thereby improving working conditions for staff, which helps to stabilize the workforce in centers and homes. For center based programs, providers receive increased subsidy rates for accreditation, bringing additional funds to those programs which helps to improve wages and further stabilize staffing. As part of the historic rate 3 year subsidy rate increase for FCCs, CT's OEC Commissioner worked with the Governor's office and legislators to build the same rate increase which spans across all child care age groups into the state budget for child care centers and group homes to support child care providers bottom line and provide some funding for teachers to address staff shortages.

- b. In different regions of the State or Territory:
  - i. Data sources used to identify shortages: In January 2024, Connecticut's Voices for Children published the State of Early Childhood: A Response to the Governor's Blue Ribbon Panel on Child Care – A Continuation of Spotlighting Disenfranchised Populations documenting on page 24 the shortage of child care slots in Connecticut. This report pulled data from Connecticut's Blue Ribbon Panel report published December 8, 2023 <https://www.ctoec.org/blue-ribbon-panel/> quoting a shortage of approximately 17,000 infant toddler slots. Contributing to this statistic is a shortage of early care and education teachers according to a report and interactive map released by United Way of CT in February 2024

<https://resources.211childcare.org/map/>, noting that while there are child care slot available for infant -toddler, preschool and school age care, they are not necessarily located in the areas of most need.

- ii. Method of tracking progress: Unmet need is tracked by United Way of CT through ongoing outreach to providers and families and updates to their 211 Child Care Data System <https://resources.211childcare.org/map/>, as well as by CT Data <https://data.ct.gov/Education/Unmet-Need-For-Infant-Toddler-and-Preschool-Care/k5y6-wdht/data?pane=feed>.
  - iii. What is the plan to address the child care shortages using family child care homes? In 2022, CT OEC negotiated a new contract with SEIU FCC providers, that contained a historic 3-year subsidy rate increase to retain current and attract new FCC providers. Additionally, OEC is working with SEIU on an FCC apprenticeship program. The new Family Child Care Registered Apprenticeship Program is a collaboration between the Connecticut Department of Labor, Office of Early Childhood and CSEA SEIU Local 2001, and is designed to encourage jobseekers to enter careers in home-based child care <https://www.housedems.ct.gov/new-child-care-worker-apprentice-program>. Another promising model to expand and stabilize the child care industry is Connecticut's licensed family child care incubator model, the first in the nation. This pilot program, established by P.A. 21-171, allows a family child care home license to be issued to a provider who wishes to operate outside a private family home if they've partnered with an organization to provide child care services in a space provided by the organization, and is further approved by the Office of Early Childhood. This model allows licensed family child care providers to work in shared space, participate in comprehensive training, create business efficiencies such as backroom administrative operations, and work together as a team <https://www.ctoec.org/wp-content/uploads/2024/03/oec-testimony-commerce-committee-sb249-early-childhood-business-incubator-2024-03-05.pdf>.
  - iv. What is the plan to address the child care shortages using child care centers? As part of the historic 3-year subsidy rate increase for FCCs, CT's OEC Commissioner worked with the Governor's office and legislators to build the same rate increase which spans across all child care age groups into the state budget for child care centers and group homes to support child care providers bottom line and provide some funding for teachers to address staff shortages. Additionally, child care centers are actively encouraged, and are taking advantage of OEC's Qualified Workforce Incentives program, as well as the apprenticeship program, the Workforce Pipeline which is now on its 3rd cohort.
- c. In care for special populations:
- i. Data sources used to identify shortages: In January 2024, Connecticut's Voices for Children published the State of Early Childhood: A Response to the Governor's Blue Ribbon Panel on Child Care – A Continuation of Spotlighting Disenfranchised Populations documenting on page 24 the shortage of child care slots in Connecticut. This report pulled data from Connecticut's Blue Ribbon Panel report published December 8, 2023 <https://www.ctoec.org/blue-ribbon-panel/> quoting a shortage of approximately 17,000 infant toddler slots. Contributing to this statistic

is a shortage of early care and education teachers according to a report and interactive map released by United Way of CT in February 2024 <https://resources.211childcare.org/map/>, noting that while there are child care slot available for infant -toddler, preschool and school age care, they are not necessarily located in the areas of most need.

- ii. Method of tracking progress: Unmet need is tracked by United Way of CT through ongoing outreach to providers and families and updates to their 211 Child Care Data System <https://resources.211childcare.org/map/>, as well as by CT Data <https://data.ct.gov/Education/Unmet-Need-For-Infant-Toddler-and-Preschool-Care/k5y6-wdht/data?pane=feed>.
- iii. What is the plan to address the child care shortages using family child care homes? In 2022, CT OEC negotiated a new contract with SEIU FCC providers, that contained a historic 3-year subsidy rate increase to retain current and attract new FCC providers. Additionally, OEC is working with SEIU on an FCC apprenticeship program. The new Family Child Care Registered Apprenticeship Program is a collaboration between the Connecticut Department of Labor, Office of Early Childhood and CSEA SEIU Local 2001, and is designed to encourage jobseekers to enter careers in home-based child care <https://www.housedems.ct.gov/new-child-care-worker-apprentice-program>. Another promising model to expand and stabilize the child care industry is Connecticut's licensed family child care incubator model, the first in the nation. This pilot program, established by P.A. 21-171, allows a family child care home license to be issued to a provider who wishes to operate outside a private family home if they've partnered with an organization to provide child care services in a space provided by the organization, and is further approved by the Office of Early Childhood. This model allows licensed family child care providers to work in shared space, participate in comprehensive training, create business efficiencies such as backroom administrative operations, and work together as a team <https://www.ctoec.org/wp-content/uploads/2024/03/oec-testimony-commerce-committee-sb249-early-childhood-business-incubator-2024-03-05.pdf>.

CT OEC offers C4K providers a 25% increase in their C4K rate when they accept children with special needs. Families need only to complete the user-friendly form and obtain a specialist's signature to confirm the specific needs of the child. C4K providers are offered free professional development opportunities that support their training for working with special needs children. Additionally, we are working with our SEIU partner and our staffed family child care networks to develop tailored training for licensed FCCs to support their professional growth and skills to work with children with special needs.

- iv. What is the plan to address the child care shortages using child care centers? As part of the historic 3-year subsidy rate increase for FCCs, CT's OEC Commissioner worked with the Governor's office and legislators to build the same rate increase which spans across all child care age groups into the state budget for child care centers and group homes to support child care providers bottom line and provide some funding for teachers to address staff shortages. CT OEC offers C4K providers a 25% increase in their C4K rate when they accept children with special

needs. Families need only to complete the user-friendly form and obtain a specialist's signature to confirm the specific needs of the child. C4K providers are offered free professional development opportunities that support their training for working with special needs children.

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

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

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

- a. Underserved geographic areas. Describe: **The CCDF Subsidy program allows for use of Licensed and Exempt Center based, Licensed Group and Family Home Child Care and Unlicensed Relative care. Allowing parents access to various types of settings in neighborhoods across the state. The Northwest and Eastern regions are the most rural communities and have lower numbers of child care provider within x miles of families homes or workplace. In these communities for Preschool and School Age children, many School Districts provide Preschool and after school care. Other supports include the State funded Early Care and Education through contracted programs such as School Readiness and Child Day Care, Smart Start along with Early Head Start, Head Start.**
- b. Infants and toddlers. Describe: **The OEC is funding a state-wide Staffed Family Child Care Network system. 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.**
- c. Children with disabilities. Describe: **The Care 4Kids Child Care Subsidy program rates for care of Children with Special Needs are paid at 25% higher than the base rates, to provide financial support for care accommodations. The OEC's Division of Quality Improvement has collaborated with CTs Regional Educational Service Centers' (RESN) Alliance to revise state trainings and materials for virtual, interactive presentation for the EC workforce. The revision of these materials and training includes 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.

- d. Children who receive care during non-traditional hours. Describe: **The Care 4 Kids Child Care program allows and pays for care during non-traditional hours. The rate is the same as if it were during daytime hours. Care hours must align with the Parent's work, training or education schedule. In a study of the hours of care during calendar year 2022, just under 5% (>500) families in Care 4 Kids were approved for non-traditional hours between 6pm and 6am. Services were provided in 30 Licensed Center/Group, 146 Licensed Family Homes, and 309 Unlicensed Relative provider homes. The request for care during Non-traditional hours was about six times more than those eligible for non-traditional care at that time.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **The Connecticut Office of Early Childhood has invested in ELEVATE, a state initiative that supports all child care providers in providing quality child care for families. Every licensed child care provider in Connecticut has an Elevate level. A provider's Elevate level reflects where they are in the process of strengthening their program. This is focused statewide on both supply and quality of child care.**

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

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The 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. In addition, the Connecticut Office of Early Childhood uses the Social Vulnerability Index (SVI) in determining higher need communities and neighborhoods. In designing our Care 4 Kids contracting pilot, OEC is using SVI data to recognize communities with an SVI >.8 who are significantly more under resourced, as part of our decision logic. SVI was also used in the decision-making process for our Workforce Pipeline, apprenticeship program.**

## 5 Health and Safety of Child Care Settings

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

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

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

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

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

## 5.1 Licensing Requirements

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

### 5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **CGS Sec. 19a-77(a)(1) 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. (2) 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 that operates in either a commercial or residential facility, 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.**

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

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **CGS Sec. 19a-77: A family child care home consists of a private family home providing care (A) for (i) not more than six children, including the provider's own children not in school full time, without the presence or assistance of an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, present and assisting the provider, or (ii) not more than nine children, including the provider's own children, with the presence and assistance of such approved assistant or substitute staff member, and (B) for not less than three or 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, for providers described in subparagraph (A)(i) of this subdivision, a maximum of three additional children who are in school full time, including such provider's own children, shall be permitted, except that if such provider has more than three children who are such provider's own children and in school full time, all of such provider's own children shall be permitted. During the summer months when regular school is not in session, for providers described in subparagraph (A)(i) of this subdivision, a maximum of three additional children who are otherwise enrolled in school full time shall be permitted if there is such an approved assistant or substitute staff member present and assisting such provider, except that (i) if such provider has more than three such additional children who are such provider's own children, all of such provider's own children shall be permitted, and (ii) such approved assistant or substitute staff member shall not be required if all of such additional children are such provider's own children**

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

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **In-home providers are not subject to licensing.**

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

☐ Yes. If yes, describe:

☒ No.

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

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

- a. License-exempt center-based child care. Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Programs administered by a public school, private school or municipality.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The health, safety and development of children who receive services from programs administered by a public school system, private school, 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 by answering the questions below.
  - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **All unlicensed relative providers are exempt from licensing requirements.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **The 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.**
  - 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 by answering the questions below.
  - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **CT does not approve in-home care by a non-relative.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **CT does not approve in-home care by a non-relative.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **CT does not approve in-home care by a non-relative.**

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



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

#### 5.2.1 Age classifications

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

- a. Infant. Describe: **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: **“School age” means at least five years of age or granted an exception for early entry into kindergarten by September 1 of the current school year and attending school, and less than thirteen years of age or less than twenty-two years of age with special needs requiring the child to receive supplementary care and attending school for completion of a high school diploma with a current individualized education plan or a plan under Section 504 of the Rehabilitation Act.**

#### 5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:
  - i. Infant.  
Ratio: **1:4**  
Group size: **8**
  - ii. Toddler.  
Ratio: **1:4**  
Group size: **8**
  - iii. Preschool.  
Ratio: **1:10**  
Group size: **20**
  - iv. School-Age.  
Ratio: **1:15**  
Group size: **30**
  - v. Mixed-Age Groups (if applicable).  
Ratio: **When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail.**  
Group size: **N/A**

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. ☐ Not applicable. There are no differences in ratios and group size requirements.
  - ii. Infant: **1:4 ; group size 8**
  - iii. Toddler: **1:4; group size 8**
  - iv. Preschool: **1:10 group size 20**
  - v. School-Age: **1:12 for children under age eleven; 1:15 for children over the age of eleven. Group size for field trips exclusively for school age children, outdoor play exclusively for school age children, and activities organized by program staff exclusively for school age children shall not exceed thirty children. Staff child ratios shall be maintained during these activities.**
  - vi. Mixed-Age Groups: **When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail.**
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)
 

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.**

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. Toddler (if applicable)
 

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.**

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. Preschool (if applicable)

**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.

**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. School-Age (if applicable)

**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.

**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. Mixed-Age Groups

**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.

**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.

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

☐ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

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

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

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

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

☒ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **A designated head teacher shall be on site for sixty percent (60%) of the time the child care program is in operation. 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 (20) years of age or older, have the personal qualifications needed to supervise people, and have either: (A) in a child day care center, (i) a high school diploma or equivalency certificate, and (ii) least one thousand and eighty (1080) hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with these standards or comparable standards in this or another state, which program serves children of the same ages and**

developmental stages who are served at the child day care center, and one of the following: a current center-based Child Development Associate Credential, or twelve (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 one thousand and eighty (1080) hours of experience over a nine (9) month span of time 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 (1) semester of student teaching with children of the same age(s) and developmental stages. 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. A second program staff person who works under supervision of the head teacher shall be eighteen (18) years of age or older and have at least one of the following: (A) a high school diploma, or (B) an equivalency certificate, or (C) at least five hundred and forty (540) hours documented experience in working with unrelated children of the same age(s) to be served in this child day care center or group day care home. Other program staff shall be able to work under supervision and shall be at least sixteen (16) years of age. Additional program staff shall be sufficient to provide care of children during all hours of operation in keeping with group size and ratio.

- 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: **The designated director must be twenty years of age or older. Any director hired or newly designated on or after January 1, 2010 shall have not later than one year of being hired or designated at least three credits in the administration of early childhood education programs or educational administration from a regionally accredited higher education institution. Any person designated as director at a specific child care center or group child care home prior to January 1, 2010 shall not be required to meet such educational requirements for director for the duration of their employment as director at that child care center or group child care**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **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 and completion of health and training designated by the Office.**

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

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

#### 5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **The designated staff person in charge shall be 18-years of age or older and must complete health and safety training orientation.**
- b. License-exempt home-based child care. **N/A**
- c. License-exempt in-home care (care in the child's own home). **N/A**

### 5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **For child care centers, At least one staff member who has successfully completed within the last three years a department approved first aid course shall be present at all times the child care program is in operation. Instruction shall include communicable disease prevention; hygiene; diapering techniques; signs and symptoms of illness; temperature taking; and education in specific communicable disease. Staff members shall be knowledgeable about signs and symptoms of childhood illness**

and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms. Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the child day care center or group day care home. Hands of staff and children shall be washed before and after each diaper change, and diapering areas shall be washed and disinfected after each use. Both staff and children shall wash their hands before eating or handling food. When cots are shared, they shall be washed and disinfected, and linens changed between children. Toys used for infants shall be kept separate, washed and disinfected at least daily. Toys for toddlers shall be washed and disinfected at least weekly. Facilities using potty chairs shall ensure they are cleaned and disinfected after each use.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family child care providers must maintain current certification in first aid. The provider, staff and children shall wash their hands with soap and water before eating or handling food and after toileting. Diapering surfaces shall be nonporous and disinfected after each use. Waste materials shall be disposed of in a sanitary manner out of the reach of children. A family child care provider may choose to care for a mildly ill child if the child attends the family child care home on a regular basis and does not have a fever exceeding 101 degrees Fahrenheit, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash. No child shall be accepted for sick care. The provider must use standard precautions and sanitary practices to prevent the spread of infection. The provider must also give parents information about the presence of any contagious illness affecting children, staff or household members.**
  - iii. All CCDF-eligible licensed in-home care.
    - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Licensed exempt child care centers must ensure toys used for infants shall be kept separate, washed and sanitized at least daily. Toys for toddlers, including floor and riding toys, shall be washed and sanitized at least weekly and as needed. Diapering areas shall be washed and disinfected after each use, and the hands of the staff and the children shall be washed after each diaper change. Diapering and hand washing policies and procedures shall be posted in each diapering area and followed. Disposable diapers shall be discarded in a covered receptacle immediately after diapering. Staff shall complete at least one percent of the total annual hours worked of professional development and shall include at least one health and safety topic as defined in 45 CFR § 98.44(b)(1) which may include the prevention and control of infectious diseases.**

#### **Physical Plant and Program Policies**

##### **Procedures in case of illness**

**(1) Staff members shall be knowledgeable about signs and symptoms of childhood**

illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.

(2) Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the program.

(3) Standard precautions and sanitary practices are used to prevent the spread of infection.

#### **Proper Hygiene**

Children and staff shall wash their hands with soap and water before eating or handling food and after toileting.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **licensed center: At least one staff member who has successfully completed within the last three years a department approved first aid course shall be present at all times the child care program is in operation. Instruction shall include communicable disease prevention; hygiene; signs and symptoms of illness; temperature taking; and education in specific communicable disease. Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms. Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the child day care center or group day care home. Both staff and children shall wash their hands before eating or handling food. When cots are shared, they shall be washed and disinfected, and linens changed between children.**

License-exempt programs: Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms. Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the child day care center or group day care home. The building and equipment shall be maintained sanitary and free of health and safety hazards. Potentially hazardous substances and materials in the child care program shall be handled in a safe manner and stored in a separate locked area. Staff shall complete at least one percent of the total annual hours worked of professional development and shall include at least one health and safety topic as defined in 45 CFR § 98.44(b)(1) which may include the prevention and control of infectious diseases.



## Physical Plant and Program Policies

### Procedures in case of illness

(1) Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.

(2) Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the program.

(3) Standard precautions and sanitary practices are used to prevent the spread of infection.

### Proper Hygiene

Children and staff shall wash their hands with soap and water before eating or handling food and after toileting.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The operator shall admit no child to a child care center or group child care home unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization. A record of such determinations under this subdivision shall be maintained on file at the child care center or group child care home for a period of two years after such child is no longer receiving child care services at such child care center or group child care home.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-10(b)(2)(A)(i) Providers shall have a complete and current general health record on file which includes the following information (i) a statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children in care or which would currently affect the child's functional ability to participate safely in a child care setting; (ii) Allergies; (iii) Disabilities; (iv) Ongoing medication; and (v) An immunization record that includes the month, day, and year of each immunization required for admission as specified in subdivision (1) of subsection ( ) of this section, and such documentation as is required to confirm age appropriate immunization, immunization in progress or exemption to immunization as defined in subdivision (3) of subsection (J) of this section. The immunization record and said documentation of immunizations shall be submitted to the Office upon request.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **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 no child will be admitted to child care program unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization against the diseases for which vaccination is recommended in the current schedule for active immunization adopted by the commissioner of public health in accordance with section 19a-7f of the Connecticut General Statutes. No child shall be permitted to continue to attend a child care program for more than thirty days unless such child continues to meet said requirements.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed Center - The operator shall admit no child to a child care center or group child care home unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization. A record of such determinations under this subdivision shall be maintained on file at the child care center or group child care home for a period of two years after such child is no longer receiving child care services at such child care center or group child care home.**

**License-exempt:** 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 no child will be admitted to child care program unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization against the diseases for which vaccination is recommended in the current schedule for active immunization adopted by the commissioner of public health in accordance with section 19a-7f of the Connecticut General Statutes. No child shall be permitted to continue to attend a child care program for more than thirty days unless such child continues to meet said requirements.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-10(g) Infants under twelve (12) months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib or bed designed for infant sleeping, 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. (2) 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. (3) Soft surfaces and gas-trapping objects such as pillows, 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. (4) 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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-10(f) Sleep Arrangements for Infants.** Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular infant under twelve months of age, with a snug fitting mattress covered by a tightly-fitted sheet unless the infant under twelve months of age. When infants under twelve months of age can easily turn over from the supine to the prone position, infants under twelve months of age shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep. No items, including, but not limited to, pillows, soft bumpers, toys and blankets, shall be placed with an infant under twelve months of age in a crib or hung over the side of a crib or other piece of equipment designed for sleeping, except for a pacifier without attachments, unless the infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for such item's use. Bibs and garments with ties or hooks shall be removed from infants under twelve months of age that are placed to sleep. No toys or objects shall be attached to cribs or others pieces of equipment designed for sleeping. No infant under twelve months of age shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed or other soft surface. No infant under twelve months of age shall be put to sleep or allowed to remain asleep 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 infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for its use. No infant under twelve months of age shall be swaddled unless the infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying instructions and a time frame for swaddling the infant under twelve months of age. Infants under twelve months of age shall be physically observed by the provider or staff at least every fifteen minutes to assess the infant's breathing, color, temperature and comfort. No child under three years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard. The provider shall post in a conspicuous place in the family child care home the requirements of this subsection pertaining to sleep arrangements and discuss with the child's parent(s) the requirements of this subsection pertaining to sleep arrangements

prior to enrollment and reviewed as needed during the period of the child's enrollment.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Programs Serving Infants and Toddlers (c) Sleep Arrangements** 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 infant's crib or bed.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-9a(b)(3) Order From An Authorized Prescriber/Parent's Permission.** Except for nonprescription topical medications described in section 19a-79-9a(a)(1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two years after the child is no longer attending the program. Such medications may include: (i) Oral medications; (ii) Topical medications; (iii) Inhalant medications; (iv) Injectable medications, by a premeasured, commercially prepared auto- injector, to a child with a medically diagnosed condition who may require emergency treatment; or (v) Injectable medication other than by a premeasured commercially prepared auto-injector. (xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the director, head teacher, program staff or group child care home provider. (E) Investigational drugs shall not be administered.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-17(b)(3): 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. Order from an Authorized Prescriber and Parent's Permission (A) Except for nonprescription topical medication described in subdivision (I) of subsection (a) of this section, no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the family child care home. Such medication may include: (i (xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of medication by the provider or substitute. (D) The parent shall be notified immediately of a significant medication error or a medication error, and be notified in writing not later than 72 hours after the significant medication error or medication error occurred and the error shall be documented in the medication administration record.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **License exempt child care centers that administer medications of any kind shall 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.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed Center -19a-79-9a(b)(3) Order From An Authorized Prescriber/Parent's Permission. Except for nonprescription topical medications described in section 19a-79-9a(a)(1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two years after the child is no longer attending the program. Such medications may include: (i) Oral medications; (ii) Topical medications; (iii) Inhalant medications; (iv) Injectable medications, by a premeasured, commercially prepared auto- injector, to a child with a medically diagnosed condition who may require emergency treatment; or (v) Injectable medication other than by a premeasured commercially prepared auto-injector. (xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving**

permission for the administration of the drug by the director, head teacher, program staff or group child care home provider. (E) Investigational drugs shall not be administered.

License-exempt: shall comply with sections

10-212a-1 through 10-212-a-10 of the Regulations of Connecticut State Agencies.

(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 a) prior to the administration of any medication, the staff who are responsible for administering the medications shall first be trained by a physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required herein; b) 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; c) training requirements shall be conducted in accordance with sections 19a-79-9a(b)(1)(A) through 19a-79-9a(b)(1)(C) of the Connecticut Statutes and Regulations for Child Care Centers and Group Child Care Homes.

(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, and 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.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-9a(b)(3) Order From An Authorized Prescriber/Parent's Permission (A)** Except for nonprescription topical medications described in section 19a-79-9a(a)(1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two years after the child is no longer attending the program. Such medications may include: (i) Oral medications; (ii) Topical medications; (iii) Inhalant medications; (iv) Injectable medications, by a premeasured, commercially prepared auto- injector, to a child with a medically diagnosed condition who may require emergency treatment; (v) Rectal medications; or (vi) Injectable medication other than by a premeasured commercially prepared auto-injector. (xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the director, head teacher, program staff or group child care home provider. (D) ☒The parent(s) shall be notified immediately of a significant medication error or a medication error and notified in writing not later than seventy-two hours after the significant

medication error or medication error occurred, and the error shall be documented in the medication administration record. Significant medication errors shall also be reported immediately

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-17(b)(3) Order From An Authorized Prescriber and Parent's Permission (A) Except for nonprescription topical medication described in subdivision (l) of subsection (a) of this section, no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the family child care home. Such medication may include: (i) (xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of medication by the provider or substitute. (D) The parent shall be notified immediately of a significant medication error or a medication error, and be notified in writing not later than 72 hours after the significant medication error or medication error occurred and the error shall be documented**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **License exempt child care centers that administer medications of any kind shall 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.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed center: 19a-79-9a(b)(3) Order From An Authorized Prescriber/Parent's Permission (A) Except for nonprescription topical medications described in section 19a-79-9a(a)(1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two years after the child is no longer attending the program. Such medications may include: (i) Oral medications; (ii) Topical medications; (iii) Inhalant medications; (iv) Injectable medications, by a premeasured, commercially prepared auto-injector, to a child with a medically diagnosed condition who may require emergency treatment; (v) Rectal medications; or (vi) Injectable medication other than by a premeasured commercially prepared auto-injector. (xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the director, head teacher, program staff or group child care home provider. (D)**

☑The parent(s) shall be notified immediately of a significant medication error or a medication error and notified in writing not later than seventy-two hours after the significant medication error or medication error occurred, and the error shall be documented in the medication administration record. Significant medication errors shall also be reported immediately

License- Exempt: shall comply with sections

10-212a-1 through 10-212-a-10 of the Regulations of Connecticut State Agencies.

(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 a) prior to the administration of any medication, the staff who are responsible for administering the medications shall first be trained by a physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required herein; b) 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; c) training requirements shall be conducted in accordance with sections 19a-79-9a(b)(1)(A) through 19a-79-9a(b)(1)(C) of the Connecticut Statutes and Regulations for Child Care Centers and Group Child Care Homes.

(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, and 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.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a79-3a(b)(7) The operator is responsible for requiring participation by new staff in employee orientation, and assure annual training for all current staff on the child care center or group child care home policies, plans and procedures. 19a-79-3a(d)(4) The operator shall implement and annually review policies, plans and procedures which shall include emergencies, including medical emergencies. 19a-79-5a(a)(2)(E)The operator is responsible for maintaining a current record for each child enrolled which includes information regarding disabilities or special health care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care**



provider and updated, as necessary. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-10(b)(2) General health record (A) The provider shall have a complete and current general health record on file when the child begins attending the family child care home, signed and dated by a physician, physician assistant or advanced practice registered nurse, based on an examination within the past year for infants, toddlers and preschoolers or within the period allowed by schools for older children. A complete and current general health record shall include, but not be limited to, the following information pertaining to the child: (i) A statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children in care or which would currently affect the child's functional ability to participate safely in a child care setting; (ii) Allergies; (iii) Disabilities; 19a-87b-10(d) Individual Plan for Care The provider shall establish a planned program of developmentally appropriate activities at the family child care home, which promotes the social, intellectual, emotional and physical development of each child. (2) The provider shall have an understanding of the needs of children with disabilities or special health care needs receiving family child care services. (3) The provider shall maintain in the family child care home a written individual plan of care for each child with disabilities or special health care needs, including but not limited to, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease who requires special care be taken or provided while the child is at the family child care home. Such plan shall be based on the recommendations of the child's primary health care**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Record Keeping (e)The operator shall ensure that the individual needs of each child are met and shall maintain at the child care program a written individual plan of care for each child with disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease when it is necessary that special care be taken or provided while the child is in attendance at the child care program. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and staff members responsible for the care of the child.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

N/A

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed Center: 19a-79-3a(b)(7) The operator is responsible for requiring participation by new staff in employee orientation, and assure annual training for all current staff on the child care center or group child care home policies, plans and procedures. 19a-79-3a(d)(4) The operator shall implement and annually review policies, plans and procedures which shall include emergencies, including medical emergencies. 19a-79-5a(a)(2)(E)The operator is responsible for maintaining a current record for each child enrolled which includes information regarding disabilities or special health care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider and updated, as necessary. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the child.**

**Licensed Exempt: Record Keeping (e)The operator shall ensure that the individual needs of each child are met and shall maintain at the child care program a written individual plan of care for each child with disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease when it is necessary that special care be taken or provided while the child is in attendance at the child care program. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and staff members responsible for the care of the child.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-3a(b)(6) Require participation by new staff in employee orientation, and assure annual training for all current staff on the child care center or group child care home policies, plans and procedures. 19a-79-3a(d)(4) The operator shall implement and annually review policies, plans and procedures which shall include emergencies, including medical emergencies. 19a-79-5a(a)(2)(E) The operator is responsible for maintaining a current record for each child which includes information regarding disabilities or special health care needs such as, allergies or special dietary needs, , when it is necessary that special care be taken or provided while a child is in**

attendance at the child care center or group child care home, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider, implemented and updated, as necessary. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and program staff responsible for the care of the child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-10(d) Individual Plan for Care (3)** The provider shall maintain in the family child care home a written individual plan of care for each child with disabilities or special health care needs, including but not limited to, allergies and special dietary needs, who requires special care be taken or provided while the child is at the family child care home. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the provider, parent(s) and any approved staff members responsible for the care of the child.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Record Keeping (e)**The operator shall ensure that the individual needs of each child are met and shall maintain at the child care program a written individual plan of care for each child with disabilities or special health care needs such as allergies and special dietary needs, when it is necessary that special care be taken or provided while the child is in attendance at the child care program. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and staff members responsible for the care of the child.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **License Center: 19a-79-3a(b)(6) Require participation by new staff in employee orientation, and assure annual training for all current staff on the child care center or group child care home policies, plans and procedures. 19a-79-3a(d)(4) The operator shall implement and annually review policies, plans and procedures which shall include emergencies, including medical emergencies. 19a-79-5a(a)(2)(E) The operator is responsible for maintaining a current record for each child which includes information regarding**

disabilities or special health care needs such as, allergies or special dietary needs, , when it is necessary that special care be taken or provided while a child is in attendance at the child care center or group child care home, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider, implemented and updated, as necessary. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and program staff responsible for the care of the child.

**License-exempt: Record Keeping (e)**The operator shall ensure that the individual needs of each child are met and shall maintain at the child care program a written individual plan of care

for each child with disabilities or special health care needs such as allergies and special dietary needs, when it is necessary that special care be taken or provided while the child is in attendance at the child care program. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and staff members responsible for the care of the child.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-7a (a) The standards established by the following sources for the construction, renovation, alteration, expansion, conversion, maintenance and licensure of child day care centers and group day care homes, as they are amended from time to time, are incorporated and made a part of this section by reference: (1) State of Connecticut Basic Building Code, (2) State of Connecticut Fire Safety Code, (3) State of Connecticut Public Health Code, (4) local codes and ordinances. (b) Plans for new construction, expansion, renovation or conversion, indicating the proposed use and accompanied by a written narrative shall be submitted to the department prior to the start of construction. (1) Completed plans and specifications shall be submitted to and reviewed by the department on the basis of compliance with the Public Health Code. (2) Written approval by the local building inspector, local director of health or designee, local zoning and local fire marshal shall be submitted to the department, upon request of the department. (3) Approval by the department is required prior to the use of any space that has been newly constructed, expanded, renovated or converted. (4) All construction, remodeling, renovation, repairs or alterations of structures shall be done in such a manner to prevent hazards or unsafe physical or environmental conditions during**

periods of operation. (c) General requirements (1) Any operator is responsible for maintaining the child day care center or group day care home in compliance with section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies. (2) The building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established that ensures that the interior, exterior and grounds of the building are maintained, kept clean and orderly, free from accumulations of refuse, dampness, stagnant water, dilapidated structures and other health and safety hazards. (3) Water supply, food service and sewage disposal facilities shall be in compliance with all applicable sections of the Public Health Code. (A) All water supplies shall be tested every two (2) years for lead content and the results submitted to the local and state health departments. (B) Whenever water is obtained from other than a department-approved public water supply, it shall be of a safe and sanitary quality and tested every two (2) years for bacterial and chemical quality and the results submitted to the local and state health departments. (C) Sanitary drinking fountains or individual disposable drinking cups shall be provided and accessible to the children at all times. (d) Basic requirements (1) Emergency vehicles shall have access to all child day care centers or group day care homes. (2) Established walkways shall be provided and properly maintained for each entrance and exit leading to a driveway or street. (3) In child day care centers that are licensed by January 1, 1994, a toilet and sink shall be designated for use by the staff and other adults. In child day care centers that are licensed or renovated after January 1, 1994, a room with a toilet and sink within the licensed child day care center shall be designated for the exclusive use of staff and other adults. (4) All windows that open to the outside and are used for ventilation shall be equipped with sixteen (16) mesh screening, and shall be protected to prevent falls. (5) Any unprotected glass doors, windows or mirrors to which children have access shall be protected to a height of thirty six (36) inches from the floor or surface on which a child stands. (6) Where overhead doors are accessible to the children, they shall be equipped with locking devices and spring protectors. (7) Exit doorways, stairs or hallways shall not be blocked by furniture, toys or play equipment. (8) There shall be an area available for the individual storage of each child's clothing and bedding. (9) Smoking is prohibited in all child day care centers or group day care homes and outdoor areas except in designated smoking areas, provided these areas are separate, properly ventilated and enclosed away from any children present at the facility. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited except in designated areas. Matches and lighters shall be inaccessible to children at all times. (10) Electrical outlets shall be provided with safety covers or approved safety outlets. The use and maintenance of electrical cords, appliances and adaptors shall be in full compliance with state codes. (11) Toilet and washing facilities (A) Where toilets and sinks are shared by children and adults, a written policy shall be developed and implemented that requires supervision of children when using the shared toilet room. (B) Programs shall provide changing and sanitary facilities appropriate to meet the individual needs of children who are enrolled at the facility who need assistance with toileting or who are not independent with toileting. (C) For programs serving children under six (6) years of age there shall be at least one (1) toilet and one (1) sink with hot and cold running water for every sixteen (16)

children, or fraction thereof. Standard size toilets and sinks shall be adapted for children's use. Facilities using potty chairs in addition to the required toilets shall ensure that they are of a nonporous, synthetic product, and emptied into the toilet, cleaned and disinfected after each individual use. (D) For programs serving only school age children, there shall be at least one (1) toilet and one (1) sink with running water for every twenty-five (25) children, or fraction thereof. Toilet facilities shall be designed in such a manner to allow individual privacy. (E) Sinks with running water shall be readily accessible to the toilet rooms if not located within them. Toilet tissue, soap, single use disposable towels and a waste receptacle shall be accessible to the toilets and sinks. Staff and children shall wash their hands with soap and water after toileting. (F) Each toilet room shall be well lighted and ventilated to the outside atmosphere. (G) In child day care centers constructed or renovated after January 1, 1994, all toilet facilities shall be mechanically ventilated to the outside atmosphere. (e) Environmental requirements (1) Every area used by children shall be adequately ventilated and have a thermometer affixed to the wall. The ambient air temperature shall be at least sixty-five (65) degrees Fahrenheit as measured three (3) feet from the floor. (2) When the temperature exceeds eighty (80) degrees Fahrenheit, the operator shall provide more fluids and increase ventilation. (3) The water heating equipment shall deliver water at the tap, the temperature of which shall be within a range of sixty (60) degrees Fahrenheit to one hundred fifteen (115) degrees Fahrenheit. It shall have the capacity to deliver the required amounts at all times in conformance with the State of Connecticut Basic Building Code. (4) Only central heating or permanently installed heating systems shall be used. Portable space heaters are prohibited. (5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable. Rugs, if used, shall be secured to the floor. (6) Hot water or steam pipes located in areas accessible to children shall have adequate protective covering which is maintained safely and in good repair. (7) Each level of the child day care center or group day care home shall be provided with a telephone in working order located within the licensed program space accessible to staff for emergency purposes. Emergency telephone numbers shall be posted in an area adjacent to the phone. (8) All spaces occupied by people, equipment within buildings, approaches to buildings and parking lots shall have a minimum of one (1) foot candle of lighting per square foot. (9) Child day care centers and group day care homes shall have at least fifty (50) foot candles of light per square foot in rooms used by children for reading, painting and other close work. There shall be at least thirty (30) foot candles of light in other work or play areas. In child day care centers and group day care homes constructed or renovated after January 1, 1994, all rooms and toilet rooms shall have at least one (1) light fixture switch at each entrance. All areas accessible to children shall have light fixtures that are shielded or shatter proof. (10) Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area. (11) Garbage and rubbish shall be kept in containers constructed of durable material approved by the local health director. Receptacles shall be in good repair to prevent infestations by rodents, insects and other pests and to prevent odors, injuries and other nuisance conditions. The garbage and rubbish shall be moved to an exterior waste storage area at least daily. (12) Stairs must be properly protected and maintained in good repair. There

must be handrails installed at a height usable by children. (13) Toxic plants and materials are prohibited in areas accessible to children. (14) Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying disease and be a friendly companion for the children. (15) When pets are kept on the premises, procedures for their care and maintenance and access to the children shall be written and implemented. (16) There shall be effective measures taken to prevent vermin from entering or breeding in the child day care center or group day care home. All openings to the outer air used for ventilation shall be screened with a minimum of sixteen (16) mesh screening and doors shall be provided to prevent the entrance of vectors. (17) If the child day care center or group day care home uses the basement level or the first floor of a building, a minimum of one (1) radon test shall be conducted using a device or service listed by the National Radon Proficiency Program and approved by the department. (A) This test shall be completed during the months of November through April and the results posted with the license. The department and the local director of health shall be notified of the results. (B) When confirmatory sampling results of radon gas in the air are equal to or greater than 4.0 picocuries per liter (pCi/L), the operator shall ensure that the radon gas is reduced to below 4.0 pCi/L. A qualified residential mitigation service provider as defined in sections 19a-14b and 20-420 of the Connecticut General Statutes shall be hired to reduce the level of radon gas in the air. (18) Child day care centers and group day care homes that utilize combustible fuel shall be equipped with at least one (1) operable carbon monoxide (CO) detector on each occupied level of the facility. CO detectors shall comply with Underwriters Laboratories (UL) Standards for Safety, and shall be operated in accordance with the manufacturer's instructions. (g) Equipment. All equipment shall be of such design and material as to be readily cleaned and safe for children. (1) Equipment shall not be colored or covered by any poisonous material. All solid constituents of paint for equipment and toys, and pigment coloring in paints, pencils, crayons and inks, to be used by the children shall be non-toxic. Equipment shall be sturdy, safely constructed and free from protruding nails, rust, toxic material and other hazards. (2) Adequate equipment for rest shall be provided. An individual cot shall be provided for any child who regularly remains five (5) hours or longer per day. When cots are shared, they shall be washed and disinfected and linens changed between children. In a group day care home, an individual mat or individual sleeping bag may be substituted for the individual cot. (3) Metal equipment shall be free from rust or chipping paint. (4) Hardware such as air conditioners, water heaters or fuse boxes shall be inaccessible to children. (5) The materials and equipment available and used by children shall be developmentally appropriate for the ages of the children served. (h) Outdoor play space (2) Where swings, seesaws or climbing apparatus are used, the surface in the space shall be protected with a minimum of eight (8) inches of impact absorbing materials, e.g., sand or its equivalent. (3) The playground shall be free of glass, debris, holes and other hazards. (4) Nuts, bolts and screws shall be tight; and those that protrude shall be covered or protected. (5) Outside equipment shall be anchored for stability. Anchors shall be buried below ground level. (6) The operator shall provide documentation to the department, upon request, by a certified playground safety inspector that newly constructed playgrounds and all newly installed playground equipment that are

set in position and anchored in such a way to last indefinitely are designed and installed in accordance with U.S. Consumer Product Safety Commission and the American Society for Testing and Materials Standards. (7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. (A) Fences used to protect children from hazards shall be at least four (4) feet in height. (B) When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by children. (C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than three and one half (3 1/2) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it. (8) Drinking water shall be available and accessible. (9) Outdoor equipment shall be arranged in such a way as to avoid accidents. (i) Swimming, wading and bathing facilities. Swimming, wading and bathing facilities, if provided, shall comply with the provisions of sections 19-13- B33b, 19-13-B34 and 19-13-B36 of the Regulations of Connecticut State Agencies. No wading pools shall be used. No day care child shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children. (j) No dangerous weapon as described in section 53-206 of the Connecticut General Statutes or facsimile of a firearm as defined in section 53-206c of the Connecticut General Statutes shall be permitted on the premises of the child day care center or group day care home unless the carrier of such weapon or facsimile firearm is a peace officer as defined in section 53a-3 of the Connecticut General Statutes.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-9. Requirements for the Physical Environment** (a) **Cleanliness** The facility and equipment shall be kept in a clean and sanitary condition and shall not pose a health hazard to children. The commissioner, upon inspection, may require the provider to correct any violation of this section that may put children at risk of injury. (b) **Freedom from Hazards** The facility and equipment shall be in good repair, and reasonably free from anything that may be potentially dangerous to children. The commissioner, upon inspection, may require the provider to correct any condition under this section that may put children at risk. (c) **Absence of Potentially Harmful Substances and Materials** All potentially harmful substances and materials, including but not limited to, cleaning supplies, cosmetics, toiletries, medication, alcoholic beverages and other toxins shall be inaccessible to children. Poisonous and unidentified plants shall be removed from the area, protected by barriers, or kept out of the reach of children. Bio contaminants, including but not limited to, blood, bodily fluids or excretions that may spread infectious disease, shall be disposed of in a safe manner and in accordance with manufacturer's instructions, when applicable. ( d) **Fire Safety** The provider shall ensure that the family child care home provides a reasonable degree of safety from fire, which shall include, but not be limited to, the following requirements: (5) **Emergency Plan** The provider shall have a written plan for the protection of children and child care staff in the event of emergencies, including, but not limited to, fire, medical,



weather related, man-made disaster, natural disasters or acts of terrorism. The plan shall address the evacuation and removal of children to a safe location, sheltering in place if evacuation is not feasible, lock-down procedures, plans for continuation of operations, communication and reunification with parents, and accommodations for infants and toddlers, children with disabilities and children with chronic medical conditions, made in consultation with the child's parent(s). The provider and all child care staff shall be periodically instructed and kept informed of their duties under the plan and shall practice at least quarterly an emergency evacuation drill which includes the demonstration of the provider, staff and children exiting the residence of the family child care home. A written log of the practiced drills shall be maintained at the family child care home for one year. ( 6) Smoke Detectors The provider shall have smoke detectors, in operating condition, placed in the home so as to protect children's sleeping areas, play areas and the basement. There shall be at least one smoke detector on each level of the family child care home. (7) Carbon Monoxide Detector Family child care homes that utilize combustible fuel shall be equipped with at least one operable carbon monoxide (CO) detector on each occupied level of the home. CO detectors shall comply with Underwriters Laboratories standards for safety, and shall be operated in accordance with the manufacturer's instructions. (8) Fire Extinguisher (A) The provider shall have easily accessible to the area of child care a minimum of one ABC multi-purpose fire extinguisher in operating condition that contains at least five pounds of fire extinguishing agent and shall have knowledge of its use and the ability to manage its use. (B) Each fire extinguisher shall be installed according to the manufacturer's instructions, at a height not to exceed five feet above the floor. Extinguishers shall not be obstructed or obscured in order to allow for immediate access. (9) Safe Heating Systems and Devices (A) The provider shall show documentation that any auxiliary heater installed after original construction of the facility has been inspected and approved for proper and safe installation by an authorized licensed professional and, where applicable, the local building official. All devices shall be safely located, shall be properly cleaned and maintained with a barrier where necessary for the protection of children receiving family child care services. (B) No heating system or device shall pose a hazard to children. (e) Safe Storage of Guns, Ammunition and other Weapons The provider shall protect children from guns, ammunition and weapons stored at the facility. ( 1) All guns shall be stored unloaded. (2) Ammunition shall be stored and locked in a separate location away from the guns and inaccessible to children. (3) All guns and weapons shall be kept locked or stored in a locked storage area that is known to the provider. (4) Locks shall be openable with a key, combination, or other similar unlocking mechanism that prevents unauthorized persons from obtaining access. ( f) Safe Space (1) There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the children at the facility. When outdoor play space does not exist at the facility, the provider shall identify alternate outdoor play space and develop a written plan that ensures the safe transportation of children to and from the alternate outdoor play space. The outdoor play space shall be protected from traffic, bodies of water, gullies, and other hazards by barriers that bar access to such hazards and are safe for children. (2) When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the

year, there shall be a sturdy fence or barrier, four feet high or higher, which totally and effectively bars access to the water by the children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the facility that serves as one side of the fence or barrier to the body of water has a doorway, such doorway shall remain locked. Shallow wading pools that are not fenced shall be emptied after each use and shall not collect water. Decorative ponds, fish ponds, fountains or similar bodies of water that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children. (3) No child in care shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children. (4) Locks shall be operable with a key, combination, or other similar unlocking mechanism that prevents unauthorized persons from obtaining access. (g) Proper Ventilation, Light, Temperature, and Window Safety The ventilation, light and temperature outside of the facility shall ensure the health and comfort of the children in care. When the temperature exceeds eighty degrees Fahrenheit, the provider shall provide the children with additional fluids and increase ventilation. The room temperature where children are present at the family child care home shall not be lower than sixty five degrees Fahrenheit when measured three feet from the floor. The provider shall implement measures that prevent children from falling from accessible windows above the ground floor. (h) Adequate Washing, Toileting, Sewage and Garbage Facilities The washing and toileting facilities shall be adequate to ensure the health, safety and comfort of the children in care. The water temperature at the tap shall be within the range of sixty degrees Fahrenheit to one hundred twenty degrees Fahrenheit. A mechanism for individual hand drying shall be accessible. Sewage and garbage disposal systems shall ensure a sanitary environment. Garbage and trash shall be disposed of properly and kept covered. (i) Adequate and Safe Water At least one water sample from a sink used for drinking, beverage and food preparation shall be tested for lead, and the results of such sample shall be submitted to the Office at the time of initial application. The water sample shall have been standing in plumbing pipes at least six hours and the test must be conducted not more than twelve months prior to the date of application. If the family child care home is not served by a public water system that is regulated by the Department of Public Health, the provider shall also show proof from analysis dated not more than twelve months prior to the date of initial application and as often as the Office deems necessary, that the water supply is potable, adequate and safe. The water analysis shall include, but not be limited to, tests for bacteria, physical parameters ( color, odor, turbidity, pH), and sanitary chemicals (nitrogen series, chloride, surfactants, hardness, iron, manganese and sodium). Additional tests may be required as deemed necessary by the commissioner. The analysis of samples shall be conducted by an environmental laboratory registered by the Connecticut Department of Public Health pursuant to section 19a-29a of the Connecticut General Statutes. (j) Pasteurization of Milk Supply Milk or milk products provided by the provider for consumption by the children receiving family child care services shall be pasteurized. (k) Working Telephone The provider shall have a working telephone at the family child care home, with emergency numbers for fire, ambulance, police or 911, parents, emergency caregivers, and poison control posted in an

area where family child care services are provided and that is readily accessible and known to the provider and staff. (/) Safe Transportation The provider shall utilize safe transportation for children when transportation is required for an emergency or a child care activity. This shall include, but not be limited to, the use of child auto safety restraints according to section 14-100a of the Connecticut General Statutes. The provider shall be responsible for compliance with all applicable motor vehicle laws when transporting children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Physical Plant and Program Practices (a) The building and equipment shall be maintained sanitary and free of health and safety hazards. (b) Potentially hazardous substances and materials in the child care program shall be handled in a safe manner and stored in a separate locked area. (c) Programs that serve children less than school age and are located in a building constructed prior to 1978 shall include an inspection for evident sources of lead paint in all areas used for childcare. Chipping paint found in such programs shall undergo chemical analysis. A full comprehensive lead inspection of such programs shall be required when the chemical analysis shows evidence of lead. Programs that serve children less than school age, shall be free of sources of lead poisoning. (d) All manufacturer guidelines shall be followed for furniture, equipment and any toy that is used by, or around children. Any furniture, equipment and toy that has been identified as unsafe, or has been subject by the United States Consumer Product Safety Commission guidelines or law, shall be removed or repaired as indicated. (e) The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. Fences used to protect children from hazards shall be at least four feet in height. (f) Swimming pools and bathing facilities, when provided, shall comply with the applicable provisions of sections 19-13-B33b of the Regulations of Connecticut State Agencies. (g) At all times the child care program is in operation, there shall be at least one portable, readily accessible first aid kit, on site at the child care program and on field trips.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **19a-79-7a (a) The standards established by the following sources for the construction, renovation, alteration, expansion, conversion, maintenance and licensure of child day care centers and group day care homes, as they are amended from time to time, are incorporated and made a part of this section by reference: (1) State of Connecticut Basic Building Code, (2) State of Connecticut Fire Safety Code, (3) State of Connecticut Public Health Code, (4) local codes and ordinances. (b) Plans for new construction, expansion, renovation or conversion, indicating the proposed use and accompanied by a written narrative shall be submitted to the department prior to the start of construction. (1) Completed plans and specifications shall be submitted to and**

reviewed by the department on the basis of compliance with the Public Health Code. (2) Written approval by the local building inspector, local director of health or designee, local zoning and local fire marshal shall be submitted to the department, upon request of the department. (3) Approval by the department is required prior to the use of any space that has been newly constructed, expanded, renovated or converted. (4) All construction, remodeling, renovation, repairs or alterations of structures shall be done in such a manner to prevent hazards or unsafe physical or environmental conditions during periods of operation. (c) General requirements (1) Any operator is responsible for maintaining the child day care center or group day care home in compliance with section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies. (2) The building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established that ensures that the interior, exterior and grounds of the building are maintained, kept clean and orderly, free from accumulations of refuse, dampness, stagnant water, dilapidated structures and other health and safety hazards. (3) Water supply, food service and sewage disposal facilities shall be in compliance with all applicable sections of the Public Health Code. (A) All water supplies shall be tested every two (2) years for lead content and the results submitted to the local and state health departments. (B) Whenever water is obtained from other than a department-approved public water supply, it shall be of a safe and sanitary quality and tested every two (2) years for bacterial and chemical quality and the results submitted to the local and state health departments. (C) Sanitary drinking fountains or individual disposable drinking cups shall be provided and accessible to the children at all times. (d) Basic requirements (1) Emergency vehicles shall have access to all child day care centers or group day care homes. (2) Established walkways shall be provided and properly maintained for each entrance and exit leading to a driveway or street. (3) In child day care centers that are licensed by January 1, 1994, a toilet and sink shall be designated for use by the staff and other adults. In child day care centers that are licensed or renovated after January 1, 1994, a room with a toilet and sink within the licensed child day care center shall be designated for the exclusive use of staff and other adults. (4) All windows that open to the outside and are used for ventilation shall be equipped with sixteen (16) mesh screening, and shall be protected to prevent falls. (5) Any unprotected glass doors, windows or mirrors to which children have access shall be protected to a height of thirty six (36) inches from the floor or surface on which a child stands. (6) Where overhead doors are accessible to the children, they shall be equipped with locking devices and spring protectors. (7) Exit doorways, stairs or hallways shall not be blocked by furniture, toys or play equipment. (8) There shall be an area available for the individual storage of each child's clothing and bedding. (9) Smoking is prohibited in all child day care centers or group day care homes and outdoor areas except in designated smoking areas, provided these areas are separate, properly ventilated and enclosed away from any children present at the facility. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited except in designated areas. Matches and lighters shall be inaccessible to children at all times. (10) Electrical outlets shall be provided with safety covers or approved safety outlets. The use and maintenance of electrical cords, appliances and adaptors shall be in full

compliance with state codes. (11) Toilet and washing facilities (A) Where toilets and sinks are shared by children and adults, a written policy shall be developed and implemented that requires supervision of children when using the shared toilet room. (B) Programs shall provide changing and sanitary facilities appropriate to meet the individual needs of children who are enrolled at the facility who need assistance with toileting or who are not independent with toileting. (C) For programs serving children under six (6) years of age there shall be at least one (1) toilet and one (1) sink with hot and cold running water for every sixteen (16) children, or fraction thereof. Standard size toilets and sinks shall be adapted for children's use. Facilities using potty chairs in addition to the required toilets shall ensure that they are of a nonporous, synthetic product, and emptied into the toilet, cleaned and disinfected after each individual use. (D) For programs serving only school age children, there shall be at least one (1) toilet and one (1) sink with running water for every twenty-five (25) children, or fraction thereof. Toilet facilities shall be designed in such a manner to allow individual privacy. (E) Sinks with running water shall be readily accessible to the toilet rooms if not located within them. Toilet tissue, soap, single use disposable towels and a waste receptacle shall be accessible to the toilets and sinks. Staff and children shall wash their hands with soap and water after toileting. (F) Each toilet room shall be well lighted and ventilated to the outside atmosphere. (G) In child day care centers constructed or renovated after January 1, 1994, all toilet facilities shall be mechanically ventilated to the outside atmosphere. (e) Environmental requirements (1) Every area used by children shall be adequately ventilated and have a thermometer affixed to the wall. The ambient air temperature shall be at least sixty-five (65) degrees Fahrenheit as measured three (3) feet from the floor. (2) When the temperature exceeds eighty (80) degrees Fahrenheit, the operator shall provide more fluids and increase ventilation. (3) The water heating equipment shall deliver water at the tap, the temperature of which shall be within a range of sixty (60) degrees Fahrenheit to one hundred fifteen (115) degrees Fahrenheit. It shall have the capacity to deliver the required amounts at all times in conformance with the State of Connecticut Basic Building Code. (4) Only central heating or permanently installed heating systems shall be used. Portable space heaters are prohibited. (5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable. Rugs, if used, shall be secured to the floor. (6) Hot water or steam pipes located in areas accessible to children shall have adequate protective covering which is maintained safely and in good repair. (7) Each level of the child day care center or group day care home shall be provided with a telephone in working order located within the licensed program space accessible to staff for emergency purposes. Emergency telephone numbers shall be posted in an area adjacent to the phone. (8) All spaces occupied by people, equipment within buildings, approaches to buildings and parking lots shall have a minimum of one (1) foot candle of lighting per square foot. (9) Child day care centers and group day care homes shall have at least fifty (50) foot candles of light per square foot in rooms used by children for reading, painting and other close work. There shall be at least thirty (30) foot candles of light in other work or play areas. In child day care centers and group day care homes constructed or renovated after January 1, 1994, all rooms and toilet rooms shall have at least one (1) light fixture switch at each entrance. All areas accessible to

children shall have light fixtures that are shielded or shatter proof. (10) Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area. (11) Garbage and rubbish shall be kept in containers constructed of durable material approved by the local health director. Receptacles shall be in good repair to prevent infestations by rodents, insects and other pests and to prevent odors, injuries and other nuisance conditions. The garbage and rubbish shall be moved to an exterior waste storage area at least daily. (12) Stairs must be properly protected and maintained in good repair. There must be handrails installed at a height usable by children. (13) Toxic plants and materials are prohibited in areas accessible to children. (14) Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying disease and be a friendly companion for the children. (15) When pets are kept on the premises, procedures for their care and maintenance and access to the children shall be written and implemented. (16) There shall be effective measures taken to prevent vermin from entering or breeding in the child day care center or group day care home. All openings to the outer air used for ventilation shall be screened with a minimum of sixteen (16) mesh screening and doors shall be provided to prevent the entrance of vectors. (17) If the child day care center or group day care home uses the basement level or the first floor of a building, a minimum of one (1) radon test shall be conducted using a device or service listed by the National Radon Proficiency Program and approved by the department. (A) This test shall be completed during the months of November through April and the results posted with the license. The department and the local director of health shall be notified of the results. (B) When confirmatory sampling results of radon gas in the air are equal to or greater than 4.0 picocuries per liter (pCi/L), the operator shall ensure that the radon gas is reduced to below 4.0 pCi/L. A qualified residential mitigation service provider as defined in sections 19a-14b and 20-420 of the Connecticut General Statutes shall be hired to reduce the level of radon gas in the air. (18) Child day care centers and group day care homes that utilize combustible fuel shall be equipped with at least one (1) operable carbon monoxide (CO) detector on each occupied level of the facility. CO detectors shall comply with Underwriters Laboratories (UL) Standards for Safety, and shall be operated in accordance with the manufacturer's instructions. (g) Equipment. All equipment shall be of such design and material as to be readily cleaned and safe for children. (1) Equipment shall not be colored or covered by any poisonous material. All solid constituents of paint for equipment and toys, and pigment coloring in paints, pencils, crayons and inks, to be used by the children shall be non-toxic. Equipment shall be sturdy, safely constructed and free from protruding nails, rust, toxic material and other hazards. (2) Adequate equipment for rest shall be provided. An individual cot shall be provided for any child who regularly remains five (5) hours or longer per day. When cots are shared, they shall be washed and disinfected and linens changed between children. In a group day care home, an individual mat or individual sleeping bag may be substituted for the individual cot. (3) Metal equipment shall be free from rust or chipping paint. (4) Hardware such as air conditioners, water heaters or fuse boxes shall be inaccessible to children. (5) The materials and equipment available and used by children shall be developmentally appropriate for the ages of the children served. (h) Outdoor play space (2) Where swings, seesaws or climbing

apparatus are used, the surface in the space shall be protected with a minimum of eight (8) inches of impact absorbing materials, e.g., sand or its equivalent. (3) The playground shall be free of glass, debris, holes and other hazards. (4) Nuts, bolts and screws shall be tight; and those that protrude shall be covered or protected. (5) Outside equipment shall be anchored for stability. Anchors shall be buried below ground level. (6) The operator shall provide documentation to the department, upon request, by a certified playground safety inspector that newly constructed playgrounds and all newly installed playground equipment that are set in position and anchored in such a way to last indefinitely are designed and installed in accordance with U.S. Consumer Product Safety Commission and the American Society for Testing and Materials Standards. (7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. (A) Fences used to protect children from hazards shall be at least four (4) feet in height. (B) When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by children. (C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than three and one half (3 1/2) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it. (8) Drinking water shall be available and accessible. (9) Outdoor equipment shall be arranged in such a way as to avoid accidents. (i) Swimming, wading and bathing facilities. Swimming, wading and bathing facilities, if provided, shall comply with the provisions of sections 19-13- B33b, 19-13-B34 and 19-13-B36 of the Regulations of Connecticut State Agencies. No wading pools shall be used. No day care child shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children. (j) No dangerous weapon as described in section 53-206 of the Connecticut General Statutes or facsimile of a firearm as defined in section 53-206c of the Connecticut General Statutes shall be permitted on the premises of the child day care center or group day care home unless the carrier of such weapon or facsimile firearm is a peace officer as defined in section 53a-3 of the Connecticut General Statutes.

License-exempt: Physical Plant and Program Practices (a) The building and equipment shall be maintained sanitary and free of health and safety hazards. (b) Potentially hazardous substances and materials in the child care program shall be handled in a safe manner and stored in a separate locked area. (c) Programs that serve children less than school age and are located in a building constructed prior to 1978 shall include an inspection for evident sources of lead paint in all areas used for childcare. Chipping paint found in such programs shall undergo chemical analysis. A full comprehensive lead inspection of such programs shall be required when the chemical analysis shows evidence of lead. Programs that serve children less than school age, shall be free of sources of lead poisoning. (d) All manufacturer guidelines shall be followed for furniture, equipment and any toy that is used by, or around children. Any furniture, equipment and toy that has been identified as unsafe, or has been subject by the United States Consumer

Product Safety Commission guidelines or law, shall be removed or repaired as indicated. (e) The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. Fences used to protect children from hazards shall be at least four feet in height. (f) Swimming pools and bathing facilities, when provided, shall comply with the applicable provisions of sections 19-13-B33b of the Regulations of Connecticut State Agencies. (g) At all times the child care program is in operation, there shall be at least one portable, readily accessible first aid kit, on site at the child care program and on field trips.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-8a(h)(7)** The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. (A) Fences used to protect children from hazards shall be at least four feet in height. (B) Unless otherwise specified in this subdivision, when there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four feet high or higher which totally and effectively bars access to the water by children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the child care center or group child care home that serves as one side of the fence or barrier to the body of water has a doorway, such doorway shall remain locked. Decorative ponds, fishponds, fountains or similar bodies of water that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children. Locks shall be openable with a key, combination, fingerprint, magnet or other unlocking mechanism that prevents an unauthorized person from obtaining access.
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-9( f) Safe Space (1)** There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the children at the facility. When outdoor play space does not exist at the facility, the provider shall identify alternate outdoor play space and develop a written plan that ensures the safe transportation of children to and from the alternate outdoor play space. The outdoor play space shall be protected from traffic, bodies of water, gullies, and other hazards by barriers that bar access to such hazards and are safe for children. (2) When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four feet high or higher, which totally and effectively bars access to the water by the children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the facility that serves as one side of the fence or barrier to the body of water has a doorway, such doorway shall remain locked. Shallow wading pools that are not fenced shall be emptied after each use and shall not collect water. Decorative ponds, fish ponds, fountains or similar bodies of water



that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children. (3) No child in care shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children. (4) Locks shall be operable with a key, combination, or other similar unlocking mechanism that prevents unauthorized persons from obtaining access.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Physical Plant and Program Practices (e)The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. Fences used to protect children from hazards shall be at least four feet in height.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed Center: 19a-79-(h)(7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. (A) Fences used to protect children from hazards shall be at least four feet in height. (B) Unless otherwise specified in this subdivision, when there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four feet high or higher which totally and effectively bars access to the water by children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the child care center or group child care home that serves as one side of the fence or barrier to the body of water has a doorway, such doorway shall remain locked. Decorative ponds, fishponds, fountains or similar bodies of water that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children. Locks shall be openable with a key, combination, fingerprint, magnet or other unlocking mechanism that prevents an unauthorized person from obtaining access.**

**Licensed-exempt: Physical Plant and Program Practices (e)The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. Fences used to protect children from hazards shall be at least four feet in height.**

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-3a(m) The operator shall be responsible for compliance with all applicable motor vehicle**

laws when transporting children enrolled in any child day care center or group day care home. 19a-79-(h)(7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. (A) Fences used to protect children from hazards shall be at least four (4) feet in height. (C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than three and one half (3 1/2) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-9( f) Safe Space (1)** There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the children at the facility. When outdoor play space does not exist at the facility, the provider shall identify alternate outdoor play space and develop a written plan that ensures the safe transportation of children to and from the alternate outdoor play space. The outdoor play space shall be protected from traffic, bodies of water, gullies, and other hazards by barriers that bar access to such hazards and are safe for children.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Physical Plant and Program Practices (e)**The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. Fences used to protect children from hazards shall be at least four feet in height.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed center: 19a-79-3a(m)** The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting children enrolled in any child day care center or group day care home. 19a-79-(h)(7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. (A) Fences used to protect children from hazards shall be at least four (4) feet in height. (C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than three and one half (3 1/2) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it.

**License-exempt: Physical Plant and Program Practices (e)**The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children. Fences used to protect children from hazards shall be at least four feet in height.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-3a(b)(8) The operator is responsible for managing child behavior using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff. (A) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, techniques used to manage child behaviors in the facility prior to enrollment and reviewed as needed during the period of the child’s enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (B) The operator shall document that the child’s parent(s) has been informed of the techniques used to manage child behaviors in the facility prior to enrollment and reviewed as needed during the period of the child’s enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate.**

The OEC was issued a non-compliance for this requirement by OCC on December 13, 2021 and September 19, 2023. Specifically, OEC does not have requirements for licensed center and group home providers that address prevention of shaken baby syndrome and abusive head trauma. The OEC has pending regulatory changes in which this requirement is addressed. The above citation, 19a-79-3a(b)(7)(C) is the proposed change to the regulation that addresses the non-compliance. There have been significant delays in getting this rule change passed.
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-10(k)(1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (2) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes. The operator shall implement specific written policies, plans and/or procedures which shall be maintained in the child care program and shall cover, at a minimum, the areas of discipline, child abuse and neglect, program operation, personnel and supervision. The operator shall ensure all program staff are trained on the child care program's policies, plans and procedures.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **License Center: 19a-79-3a(b)(8) The operator is responsible for managing child behavior using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff. (A) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, techniques used to manage child behaviors in the facility prior to enrollment and reviewed as needed during the period of the child's enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (B) The operator shall document that the child's parent(s) has been informed of the techniques used to manage child behaviors in the facility prior to enrollment and reviewed as needed during the period of the child's enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking,**

slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate.

The OEC was issued a non-compliance for this requirement by OCC on December 13, 2021 and September 19, 2023. Specifically, OEC does not have requirements for licensed center and group home providers that address prevention of shaken baby syndrome and abusive head trauma. The OEC has pending regulatory changes in which this requirement is addressed. The above citation, 19a-79-3a(b)(7)(C) is the proposed change to the regulation that addresses the non-compliance. There have been significant delays in getting this rule change passed.

**License-exempt:** The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (2) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes. The operator shall implement specific written policies, plans and/or procedures which shall be maintained in the child care program and shall cover, at a minimum, the areas of discipline, child abuse and neglect, program operation, personnel and supervision. The operator shall ensure all program staff are trained on the child care program's policies, plans and procedures.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-3a(b)(8)** The operator is responsible for managing child behavior using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff. (A) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (B) The operator shall document that the child's parent(s) has been informed of the techniques used to manage child behaviors in the facility [have been discussed with the child's parent(s)] prior to enrollment and reviewed as needed during the period of the child's enrollment. (C) While children are in attendance at the program the operator and staff shall

not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. (D) The operator and staff shall not engage in, nor allow, anyone else to engage in any sexual activity with the [day care] children in care while in attendance at the program. (ages 0-12)19a-79-3a(b) (6) Require participation by new staff in employee orientation, and assure annual training for all current staff on the child care center or group child care home policies, plans and procedures; and (7) Be responsible for managing children using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 19a-87b-10(j) The provider is responsible for the behavior management methods used in the family child care home and shall communicate them to staff. (l) The provider shall use only developmentally appropriate behavior management methods such as positive guidance, redirection, and setting clear limits that encourage children to develop self- control, self-discipline, and positive self-esteem, while also protecting them from harm to themselves or others. (2) The provider shall discuss behavior management methods used in the family child care home with the child's parent(s) prior to enrollment and regularly during the period a child remains enrolled. 19a87b-10(j) Appropriate Discipline Practices The provider is responsible for the behavior management methods used in the family child care home and shall communicate them to staff. (l) The provider shall use only developmentally appropriate behavior management methods such as positive guidance, redirection, and setting clear limits that encourage children to develop self- control, self-discipline, and positive self-esteem, while also protecting them from harm to themselves or others. (2) The provider shall discuss behavior management methods used in the family child care home with the child's parent(s) prior to enrollment and regularly during the period a child remains

19a-87b-10(k) Child Protection (1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others. The provider shall not engage in nor allow anyone else to engage in any sexual activity with the children in care. (2) The provider or substitute shall notify the Office no later than the next business day of: (A) The death of any child enrolled in the family child care home, if the child died while receiving family child care services or if the child died of a contagious disease. (B) Any injury to a child that occurs while the child is receiving family child care services which results in a diagnosed fracture, diagnosed second or third degree burn, diagnosed concussion, the child being admitted to a hospital or the child's death. (3) The provider shall report actual or suspected child abuse or neglect or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by sections 17a-101 to 17a-106, inclusive, of the Connecticut General Statutes. (ages

**0-12)**

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x]** Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **ages 0-12)**  
**Administration (a) The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (2) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. (3) The operator and staff shall not engage in, nor allow anyone to engage in, sexual contact with the children. The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes. The operator shall implement specific written policies, plans and/or procedures which shall be maintained in the child care program and shall cover, at a minimum, the areas of discipline, child abuse and neglect, program operation, personnel and supervision. The operator shall ensure all program staff are trained on the child care program's policies, plans and procedures.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed Center: 19a-79-3a(b)(8) The operator is responsible for managing child behavior using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff. (A) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (B) The operator shall document that the child's parent(s) has been informed of the techniques used to manage child behaviors in the facility [have been discussed with the child's parent(s)] prior to enrollment and reviewed as needed during the period of the child's enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children**

and shall not physically restrain children except for the protection Page 9 of 48 and safety of the child or others, using least restrictive methods, as appropriate. (D) The operator and staff shall not engage in, nor allow, anyone else to engage in any sexual activity with the [day care] children in care while in attendance at the program. (ages 0-12)19a-79-3a(b) (6) Require participation by new staff in employee orientation, and assure annual training for all current staff on the child care center or group child care home policies, plans and procedures; and (7) Be responsible for managing children using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff.

These standards apply to children ages five to age thirteen, or less than nineteen years of age with special needs requiring the child to receive supplementary care and attending school.

License-exempt: The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (2) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes. The operator shall implement specific written policies, plans and/or procedures which shall be maintained in the child care program and shall cover, at a minimum, the areas of discipline, child abuse and neglect, program operation, personnel and supervision. The operator shall ensure all program staff are trained on the child care program's policies, plans and procedures.

#### 5.3.7 Emergency preparedness and response planning standard

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

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. ☐ Staff emergency preparedness
- ☒ Training



- ☒ Practice drills
- vi. Volunteer emergency preparedness
  - ☒ Training
  - ☒ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☒ Continuity of operations
- x. Accommodation of
  - ☒ Infants
  - ☒ Toddlers
  - ☒ Children with disabilities
  - ☒ Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-7a (e)(10):Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area. 19a-79-10(e)(6): A covered washable lined waste receptacle shall be available and located in a convenient place for soiled waste material. These materials shall be removed to an exterior waste storage area at least daily. 19a-79-10(e)(9): Disposable diapers shall be discarded in a covered receptacle immediately after diapering. Programs that monitor children with diabetes must follow 19a-79-13(d)(3) which requires the operator obtain a signed agreement from the child's parent(s) that the parent(s) agrees to check and maintain the child's equipment (finger stick blood glucose tests) in accordance with manufacturer's instructions, restocks supplies and removes material to be discarded from the facility on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent(s) for disposal.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-9(c): All potentially harmful substances and materials, including but not limited to, cleaning supplies, cosmetics, toiletries, medication, alcoholic beverages and other toxins shall be inaccessible to children. Poisonous and unidentified plants shall be removed from the area, protected by barriers, or kept out of the reach of children. Bio contaminants, including but not limited to, blood, bodily fluids or excretions that may spread infectious disease, shall be disposed of in a safe manner and in**

accordance with manufacturer's instructions, when applicable. 19a-87b-9(h); Sewage and garbage disposal systems shall ensure a sanitary environment. Garbage and trash shall be disposed of properly and kept covered. 19a-87b-18(d)(3), The provider shall obtain a signed agreement from the child's parent or guardian that the parent or guardian agrees to check and maintain the child's equipment (finger stick blood glucose strips) in accordance with manufacturer's instructions, restock supplies, and removes material to be discarded from the family child care home on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent or guardian for disposal.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Physical Plant and Program Practices (b) Potentially hazardous substances and materials in the child shall be handled in a safe manner and stored in a separate locked area. Programs Serving Infants and Toddlers: (6) Disposable diapers shall be discarded in a covered receptacle immediately after diapering.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed centers: 19a-79-7a (e)(10):Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area. 19a-79-10(e)(6): A covered washable lined waste receptacle shall be available and located in a convenient place for soiled waste material. These materials shall be removed to an exterior waste storage area at least daily. 19a-79-10(e)(9): Disposable diapers shall be discarded in a covered receptacle immediately after diapering. Programs that monitor diabetes must follow 19a-79-13(d)(3) which requires the operator obtain a signed agreement from the child's parent(s) that the parent(s) agrees to check and maintain the child's equipment (finger stick blood glucose tests) in accordance with manufacturer's instructions, restocks supplies and removes material to be discarded from the facility on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent(s) for disposal.**

**License Exempt: Physical Plant and Program Practices (b) Potentially hazardous substances and materials in the child shall be handled in a safe manner and stored in a separate locked area.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-7a (e)(10) Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area. 19a-79-7a(e)(11) Garbage and**

rubbish shall be kept in containers constructed of durable material approved by the local health director. Receptacles shall be in good repair to prevent infestations by rodents, insects and other pests and to prevent odors, injuries and other nuisance conditions. The garbage and rubbish shall be moved to an exterior waste storage area at least daily. 19a-79-10 (e) (5) Disposable paper sheets shall be used and discarded immediately after each diapering. (6) A covered washable lined waste receptacle shall be available and located in a convenient place for soiled waste material. These materials shall be removed to an exterior waste storage area at least daily.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-9(c) Absence of Potentially Harmful Substances and Materials** All potentially harmful substances and materials, including but not limited to, cleaning supplies, cosmetics, toiletries, medication, alcoholic beverages and other toxins shall be inaccessible to children. Poisonous and unidentified plants shall be removed from the area, protected by barriers, or kept out of the reach of children. Bio contaminants, including but not limited to, blood, bodily fluids or excretions that may spread infectious disease, shall be disposed of in a safe manner and in accordance with manufacturer's instructions, when applicable.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Physical Plant and Program Practices (b) Potentially hazardous substances and materials in the child care program** shall be handled in a safe manner and stored in a separate locked area. Bio contaminants, including but not limited to, blood, bodily fluids or excretions that may spread infectious disease, shall be disposed of in a safe manner and in accordance with manufacturer's instructions, when applicable.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed centers: 19a-79-7a (e)(10) Potentially hazardous substances in the child day care centers and group day care homes** shall be stored in a separate locked area. 19a-79-7a(e )(11) Garbage and rubbish shall be kept in containers constructed of durable material approved by the local health director. Receptacles shall be in good repair to prevent infestations by rodents, insects and other pests and to prevent odors, injuries and other nuisance conditions. The garbage and rubbish shall be moved to an exterior waste storage area at least daily. 19a-79-10 (e) (5) Disposable paper sheets shall be used and discarded immediately after each diapering. (6) A covered washable lined waste receptacle shall be available and located in a convenient place for soiled waste material. These materials shall be removed to an exterior waste

storage area at least daily.

**License-exempt: Physical Plant and Program Practices (b) Potentially hazardous substances and materials in the child care program shall be handled in a safe manner and stored in a separate locked area. Bio contaminants, including but not limited to, blood, bodily fluids or excretions that may spread infectious disease, shall be disposed of in a safe manner and in accordance with manufacturer's instructions, when applicable.**

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-3a(m) The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting children enrolled in any child care center or group child care home. 19a-79-5a(a)(1)(D)(iv): The operator is responsible for maintaining specific written permission forms signed by the parent(s) authorizing: (iv)Transportation services.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-9(f) Safe Space (1) There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the children at the facility. When outdoor play space does not exist at the facility, the provider shall identify alternate outdoor play space and develop a written plan that ensures the safe transportation of children to and from the alternate outdoor play space. 19a-87b-9(l) Safe Transportation The provider shall utilize safe transportation for children when transportation is required for an emergency or a child care activity. This shall include, but not be limited to, the use of child auto safety restraints according to section 14-100a of the Connecticut General Statutes. The provider shall be responsible for compliance with all applicable motor vehicle laws when transporting children. 19a-87b-10(b)(3)(D) Written Permission from the Parent -Transportation of the child from the family child care home by the provider or staff. (F) Arrangements for transitioning children to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Administration (j)The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting enrolled children. Record Keeping (a)(3) Specific written permission forms signed by the parent(s) authorizing: the operator to use previously selected emergency policies of the child care program, which shall accompany the child on trips away from the premises; the name and telephone**

number of one responsible person other than the parent(s) who can remove the child from the child care program; any activity away from the premises.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed center: 19a-79-3a(m) The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting children enrolled in any child care center or group child care home. 19a-79-5a(a)(1)(D)(iv): The operator is responsible for maintaining specific written permission forms signed by the parent(s) authorizing: (iv)Transportation services.**

**License-exempt: Administration (j)The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting enrolled children. Record Keeping (a)(3) Specific written permission forms signed by the parent(s) authorizing: the operator to use previously selected emergency policies of the child care program, which shall accompany the child on trips away from the premises; the name and telephone number of one responsible person other than the parent(s) who can remove the child from the child care program; any activity away from the premises.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79(e) At all times the child day care center or group day care home is in operation, there shall be present at least one (1) staff member who has successfully completed within the past three (3) years a department approved first aid course that meets the following requirements: (A) It shall be at least six (6) hours in length. (B) Instruction shall include, but not necessarily be limited to: (i) the recognition and emergency management of bleeding, burns, poisoning, anaphylaxis, respiratory distress including choking, Musculo-skeletal injury, seizures, wounds including insect bites, head injuries, shock, loss of consciousness, dental emergencies, child abuse and sexual abuse; (ii) communicable disease prevention, recognition and management, which includes: a discussion of transmission through the intestinal tract, the respiratory system and direct contact; hygiene, including hand washing, cleaning and disinfection; diapering techniques; signs and symptoms of illness, including fever, rash and vomiting; temperature taking; education in specific communicable disease, including, but not necessarily limited to, diarrheal diseases, bacterial meningitis, chicken pox, hepatitis, strep throat, head lice, scabies and vaccine-preventable diseases; and (iii) accident prevention and safety including, but not necessarily limited to: safety for the indoor environment and outdoor play area, first aid supplies, child restraint systems and seat belt safety in accordance with section 14-100a of the Connecticut General Statutes and section**

14- 100a-1 of the Regulations of Connecticut State Agencies. (C) Instruction shall be provided by a person who meets at least one of the following requirements: (i) a first aid instructor currently certified by the American Red Cross, American Safety and Health Institute, Medic First Aid International, Inc., National Safety Council or an American Heart Association Heartsaver Instructor or BLS Instructor, (ii) a physician, physician assistant, advanced practice registered nurse or registered nurse licensed in this or another state or (iii) an emergency medical technician or paramedic. (D) The course outline and all other written materials used in the course shall be submitted to the department and shall not be used without approval by the department. (f) The child day care center or group day care home shall keep on file written verification of compliance with subsection (e) of this section for each staff member who the child day care center or group day care home designates to meet the requirements of such subsection. Such verification shall be maintained for three (3) years after the date that staff member completed first aid training for group day care homes and child day care centers. Verification shall include: written verification of first aid training by a representative of the organization, physician, physician assistant, advanced practice registered nurse, registered nurse, emergency medical technician or paramedic who conducted the training. 19a-79-13(b)(1): Prior to the administration of finger stick blood glucose tests, the director, head teacher, program staff or group day care home provider shall have completed the following training requirements: (A) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the facility. All caretakers, teachers, and directors in Care 4 Kids programs must have completed a first aid course appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 19a-87b-6(c) applies. Training Requirements (1) Any application for licensure submitted to the Office shall, before final approval of the application is given, include verification of the applicant's current certification in first aid by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, or Medic First Aid International, Inc. or a current certification based on a first aid course approved on or before March 17, 2018 by the Office under section 19a-79-4a( e) of the Regulations of Connecticut State Agencies. Such first aid certification shall be based on a hands on demonstration of the applicant's ability to provide first aid. (2) Thereafter, the provider shall maintain verification of current certification in first and written verification of such training shall be kept on file at the family child care home. 19a-87b-18(b)(1)(A): Prior to the administration of finger stick blood glucose tests, the provider or substitute shall have completed the following training requirements: (A) A course in first aid described in section 19a-87b-6(c) of the Regulations of Connecticut State Agencies, as verified by a valid first aid certificate on file at the family child care home. All staff in Care 4 Kids programs must have completed a first aid course appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **All caretakers, teachers, and director must complete a training in the administration of first aid appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed center: 19a-79(e) At all times the child day care center or group day care home is in operation, there shall be present at least one (1) staff member who has successfully completed within the past three (3) years a department approved first aid course that meets the following requirements: (A) It shall be at least six (6) hours in length. (B) Instruction shall include, but not necessarily be limited to: (i) the recognition and emergency management of bleeding, burns, poisoning, anaphylaxis, respiratory distress including choking, Musculo-skeletal injury, seizures, wounds including insect bites, head injuries, shock, loss of consciousness, dental emergencies, child abuse and sexual abuse; (ii) communicable disease prevention, recognition and management, which includes: a discussion of transmission through the intestinal tract, the respiratory system and direct contact; hygiene, including hand washing, cleaning and disinfection; diapering techniques; signs and symptoms of illness, including fever, rash and vomiting; temperature taking; education in specific communicable disease, including, but not necessarily limited to, diarrheal diseases, bacterial meningitis, chicken pox, hepatitis, strep throat, head lice, scabies and vaccine-preventable diseases; and (iii) accident prevention and safety including, but not necessarily limited to: safety for the indoor environment and outdoor play area, first aid supplies, child restraint systems and seat belt safety in accordance with section 14-100a of the Connecticut General Statutes and section 14- 100a-1 of the Regulations of Connecticut State Agencies. (C) Instruction shall be provided by a person who meets at least one of the following requirements: (i) a first aid instructor currently certified by the American Red Cross, American Safety and Health Institute, Medic First Aid International, Inc., National Safety Council or an American Heart Association Heartsaver Instructor or BLS Instructor, (ii) a physician, physician assistant, advanced practice registered nurse or registered nurse licensed in this or another state or (iii) an emergency medical technician or paramedic. (D) The course outline and all other written materials used in the course shall be submitted to the department and shall not be used without approval by the department. (f) The child day care center or group day care home shall keep on file written verification of compliance with subsection (e) of this section for each staff member who the child day care center or group day care home designates to meet the requirements of such subsection. Such verification shall be maintained for three (3) years after the date that staff member completed first aid training for group day care homes and child day care centers. Verification shall include: written verification of first aid training by a representative of the organization, physician, physician assistant, advanced**

practice registered nurse, registered nurse, emergency medical technician or paramedic who conducted the training. 19a-79-13(b)(1): Prior to the administration of finger stick blood glucose tests, the director, head teacher, program staff or group day care home provider shall have completed the following training requirements: (A) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the facility. All caretakers, teachers, and directors in Care 4 Kids programs must have completed a first aid course appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.

License-exempt: All caretakers, teachers, and director must complete a training in the administration of first aid appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-4(a)(e))(1) applies. At all times the child day care center is in operation there shall be present at least one (1) staff member who has current certification in cardiopulmonary resuscitation (CPR) in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the child day care center. (Written verification for each staff member who the child day care center or group day care home designates to meet the requirements shall be kept on file for three (3) years after the date that staff member completed CPR training as required for child day care centers only. Verification shall include: (1) written verification or certification in CPR from an organization specified in accordance with section 19a-79(a)(5) of the Connecticut General Statutes that is signed and dated by a representative of the specified organization. 19a-79-4a(d)(6): When children are participating in swimming or wading as part of the program, whether at the facility or on a field trip, there shall be a qualified program staff member present and directly supervising the children who shall be at least twenty (20) years of age and who is certified in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes. The operator shall verify that there is a person directly supervising the children who holds a current lifeguard certification accepted by the department. All caretakers, teachers, and directors must complete a CPR course appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-6(c) applies. Training Requirements (1) Any application for licensure submitted to the Office shall, before final approval of the application is given, include verification of**



the applicant's current certification in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the family child care home. Such cardiopulmonary resuscitation certifications shall be based on a hands on demonstration of the applicant's ability to provide cardiopulmonary resuscitation. (2) Thereafter, the provider shall maintain verification of current certification in cardiopulmonary resuscitation and written verification of such training shall be kept on file at the family child care home. All staff must complete a CPR course appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staffing (e): Staff acting in a lifeguard capacity shall meet the requirements of section 19a-113a of the Connecticut General Statutes (certified in CPR by the American Heart Association, the American Red Cross, the American Safety and Health Institute or an organization using guidelines for CPR and emergency cardiovascular care published by the American Heart Association and the International Liaison Committee on Resuscitation. All caretakers, teachers, and directors must complete a CPR course appropriate for all of the children served or all required topics of the Care 4 Kids' Federal Online Health and Safety Orientation.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:  
**N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **License Center- CGS 19a-79(a)(5) establish appropriate child care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. or an organization using guidelines for cardiopulmonary resuscitation and emergency cardiovascular care published by the American Heart Association and International Liaison Committee on Resuscitation. All teachers and directors at CCDF providers complete a health and safety orientation training that includes content related to pediatric cardiopulmonary resuscitation.**

Licensed exempt -Staffing (e)Staff acting in a lifeguard capacity shall meet the requirements of section 19a-113a of the Connecticut General Statutes (certified in CPR by the American Heart Association, the American Red Cross, the American Safety and Health Institute or an organization using guidelines for CPR and emergency cardiovascular care published by the American Heart Association and the International Liaison Committee on Resuscitation).Staffing (e)Staff acting in a lifeguard capacity shall meet the requirements of section 19a-113a of the

Connecticut General Statutes (certified in CPR by the American Heart Association, the American Red Cross, the American Safety and Health Institute or an organization using guidelines for CPR and emergency cardiovascular care published by the American Heart Association and the International Liaison Committee on Resuscitation). All teachers and directors at CCDF providers complete a health and safety orientation training that includes content related to pediatric cardiopulmonary resuscitation.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **19a-79-3a(2)(B) The prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking children, and physical restraint, unless such restraint is necessary to protect the health and safety of the child or others; and (C) Child abuse and neglect, including child protection and mandated reporting.** All caretakers, teachers, and directors in Care 4 Kids programs must have completed the Recognition and Reporting of Child Abuse training which is a required topic of the Care 4 Kids' Federal Online Health and Safety Orientation.
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **19a-87b-10(k) Child Protection (1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others. The provider shall not engage in nor allow anyone else to engage in any sexual activity with the children in care. All caretakers, teachers, and directors in Care 4 Kids programs must have completed the Recognition and Reporting of Child Abuse training which is a required topic of the Care 4 Kids' Federal Online Health and Safety Orientation.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  

**[x]** Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Administration (a)The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. All caretakers, teachers, and directors in Care 4 Kids programs must have completed the Recognition and Reporting of Child Abuse training which is a required topic of the Care 4 Kids' Federal Online Health and Safety Orientation.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

N/A

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed Centers: 19a-79-3a(2)(B) The prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking children, and physical restraint, unless such restraint is necessary to protect the health and safety of the child or others; and (C) Child abuse and neglect, including child protection and mandated reporting. All caretakers, teachers, and directors in Care 4 Kids programs must have completed the Recognition and Reporting of Child Abuse training which is a required topic of the Care 4 Kids' Federal Online Health and Safety Orientation.**

**License- Exempt: Administration (a)The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. All caretakers, teachers, and directors in Care 4 Kids programs must have completed the Recognition and Reporting of Child Abuse training which is a required topic of the Care 4 Kids' Federal Online Health and Safety Orientation.**

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **CGS § 17a-101(c) The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. 19a-79-3a(b)(8)(E): The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (B) The operator shall document that the techniques used to manage child behaviors in the facility have been discussed with the child's parent(s) prior to enrollment and reviewed as needed during the period of the child's enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate (D) The operator and staff shall not engage in, nor allow, anyone else to engage in any sexual activity with the day care children while in attendance at the program. The operator and staff shall report actual or suspected child abuse or neglect, or**

the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CGS § 17a-101(c)** The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. **19a-87b-10(k)(1):** The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others. The provider shall not engage in nor allow anyone else to engage in any sexual activity with the children in care.  
The provider shall report actual or suspected child abuse or neglect or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by sections 17a-101 to 17a-101e, inclusive, of the Connecticut General Statutes.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **CGS § 17a-101(c)** The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. License-exempt requirements: Administration - The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (2) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. The operator and staff shall not engage in, nor allow anyone to engage in, sexual contact with the children.  
The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and

Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **licensed center: CGS § 17a-101(c) The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. 19a-79-3a(b)(8)(E): The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (B) The operator shall document that the techniques used to manage child behaviors in the facility have been discussed with the child's parent(s) prior to enrollment and reviewed as needed during the period of the child's enrollment. (C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate (D) The operator and staff shall not engage in, nor allow, anyone else to engage in any sexual activity with the day care children while in attendance at the program. The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.**  
**licensed exempt: CGS § 17a-101(c) The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. License-exempt requirements: Administration - The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff. (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem. (2) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or**

striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. The operator and staff shall not engage in, nor allow anyone to engage in, sexual contact with the children. The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe:

#### 5.3.12 Additional optional standards

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

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Center Regs-19a-79-6a(a)(2)** A nutritionally adequate meal and snack shall be provided by the child care center or group child care home, or the parent(s) according to the following schedule. (A) Children who stay on the licensed premises less than five hours shall have a nutritious snack. (B) Children who stay on the licensed premises longer than five but less than eight hours shall have one meal and one nutritious snack. (C) Children who stay on the licensed premises eight hours or more shall have one meal plus two nutritious snacks, or two meals plus one nutritious snack. (D) Meals and snacks provided by the child care center or group child care home shall meet the nutrition standards in 7 CFR 226.20, as amended from time to time.

**Family Regs-19a-87b-10(c)(2)** Good Nutrition and Hygiene. The family child care program shall include adequate and nutritious meals and snacks, prepared and stored in a safe and sanitary manner including proper refrigeration for perishable foods. Drinking water shall be made available

and offered to children throughout the day.

- ii. Access to physical activity. Describe: **Center Regs-19a-79-8a(a)(1)** The use of a variety of indoor and outdoor equipment and outdoor environments based on the children's interest, individual needs and the learning to be addressed; (2) A flexible schedule that allows time for children to make choices, continue projects over time, and transition from one activity to another; and (3) Learning experiences that are relevant to the children's lives and cultural context. (4) A balance of child-initiated and teacher-initiated experiences; (5) Exploration and discovery; (6) The use of a variety of materials that support active engagement and promote skills across areas of learning and development; (7) Rest, sleep or quiet activities; (8) Nutritious meals and snacks; (9) Toileting and clean up; (10) Individual and small group activities; and (11) Moderate and vigorous physical activity for children three years of age and older unless a child has a disability or is experiencing a developmental delay, as defined in section 10-76a of the Connecticut General Statutes, which prevents such child from engaging in such physical activity. Such activity shall take place outdoors.

**Family Regs-19a-87b-10(c)** The provider is responsible for ensuring that the physical needs of the children are adequately met while receiving family child care services, including the following: (l) **Sufficient Play Equipment** There shall be a sufficient quantity and variety of indoor and outdoor equipment which is appropriate to the needs of the children, their developmental levels and interests and is available for their use. There shall be equipment that encourages large and fine muscle activity, solitary and group play and quiet play. (4) **Flexible and Balanced Schedule** The provider shall develop and implement a written schedule that is flexible, with time for free choice play, outdoor play, snacks, meals and a rest period. (d) **Individual Plan for Care** The provider shall establish a planned program of

developmentally appropriate activities at the family child care home, which promotes the social, intellectual, emotional and physical development of each child.

- iii. Caring for children with special needs. Describe: **Center Regs: 19a-79-5a(a)(2)(E)** Information regarding disabilities or special health care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease when it is necessary that special care be taken or provided while a child is in attendance at the child care center or group child care home, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider, implemented and updated, as necessary. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and program staff responsible for the care of the child.

**Family Regs: 19a-87b-10(c) Meeting Children's Physical Needs** The provider is responsible for ensuring that the physical needs of the children are adequately met while receiving family child care services, including the following: **19a-87b-10(d)(2)** The provider shall have an understanding of the needs of children with disabilities or special health care needs receiving family child care services. **(3)** The provider shall maintain in the family child care home a written individual plan of care for each child with disabilities or special health care needs, including but not limited to, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease who requires special care be taken or provided while the child is at the family child care home. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing



needs. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the provider, parent( s) and any approved staff members responsible for the care of the child.

- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **N/A**

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

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

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

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

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

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

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

☒ No

☐ Yes. If yes, describe:

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

### 5.5.1 Inspections for licensed CCDF providers

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

#### a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?  
☒ Yes.  
☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:  
☒ Annually.  
☐ More than once a year. If more than once a year, describe:  
☐ Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?  
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.  
☒ No. If no, describe: **The OEC was issued a non-compliance for not having requirements, therefore is not able to inspect for, for licensed center and group home providers that address prevention of shaken baby syndrome and abusive head trauma and monitor for emergency preparedness volunteer training and practice drills for licensed centers and group child care homes by OCC on September 19, 2023. The OEC has pending regulatory changes in which these requirements are addressed. There have been significant delays in getting this rule change passed.**
- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **OEC Licensing Division**

#### b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?  
☒ Yes.  
☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

- ☒ Annually.
- ☐ More than once a year. If more than once a year, describe:
- ☐ Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
- ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
- ☒ No. If no, describe: **On September 19, 2023, the OEC was found out of compliance with having requirements for, and therefore cannot inspect for, emergency preparedness volunteer training and practice drills for licensed family child care homes. The OEC intends to proposed regulatory changes where this requirement will be addressed. . Once the standard is in effect, licensing will ensure that this is reviewed at each annual unannounced inspection. Licensed Family Child Care Homes are monitored in the same manner as center-based programs.**
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **OEC Licensing Division**
- c. Licensed in-home CCDF child care providers
- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
- ☒ No.
- ☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
- ☐ Yes.
- ☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
- ☐ Annually.
- ☐ More than once a year. If more than once a year, describe:
- ☒ Other. If other, describe: **OEC does not license in-home child care**
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
- ☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **OEC does not license in-home child care**
- ☐ No.
- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **OEC does not license in-home child care**

### 5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
  - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:  
☒ Annually.  
☐ More than once a year. If more than once a year, describe:  
☐ Other. If other, describe:
  - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?  
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.  
☒ No.
  - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **OEC Licensing Division**
- b. License-exempt CCDF family child care providers
  - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:  
☐ Annually.  
☐ More than once a year. If more than once a year, describe:  
☒ Other. If other, describe: **In Connecticut only license-exempt relative care is allowed. No monitoring of the relative home is conducted.**
  - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?  
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.  
☒ No.
  - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **In Connecticut only license-exempt relative care is allowed. No monitoring of the relative home is conducted.**

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

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

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **The only licensed-exempt in-home care allowed in CT is relative care. No annual monitoring is conducted.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **The only licensed-exempt in-home care allowed in CT is relative care. No inspections are conducted.**

#### 5.5.4 Posting monitoring and inspection reports

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

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

- a. Does the Lead Agency post:
  - i. ☒ Pre-licensing inspection reports for licensed programs.
  - ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
  - iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
  - iv. ☐ Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
  - i. ☒ Date of inspection.
  - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **When View Inspection and Complaint History link is selected, a separate column titled Violations is displayed with a direct link to the regulation number and plain language summary of the regulation.**

- iii. ☒ Corrective action plans taken by the Lead Agency 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.**
- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **N/A**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
  - i. Provide the direct URL/website link to where the reports are posted:  
**<https://www.211childcare.org/>**
  - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **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.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?  
☒ Yes.  
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?  
☒ Yes.  
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?  
☒ Yes.  
☐ No. If no, describe:

#### 5.5.5 Qualifications and training of licensing inspectors

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

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **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. 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.

#### 5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **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**

### 5.6 Ongoing Health and Safety Training

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

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

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

- a. Licensed child care centers: **1% of annual hours worked of professional development/training including at least one training on a health and safety topic area as defined in the Federal Child Care Development Block Grant law.**
- b. License-exempt child care centers: **1% of annual hours worked of professional development/training including at least one training on a health and safety topic area as defined in the Federal Child Care Development Block Grant law.**
- c. Licensed family child care homes: **Ten hours of annual professional development including at least one training on a health and safety topic area as defined in the Federal Child Care Development Block Grant**
- d. License-exempt family child care homes: **N/A**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **N/A**



## 5.7 Comprehensive Background Checks

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

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

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

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

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

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

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints

for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

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

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

#### 5.7.6 Interstate criminal history check

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

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

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

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

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

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

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

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

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

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

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

☒ Yes.

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

#### 5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender

registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
  - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
  - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **A child abuse or neglect finding included on the Connecticut state central registry is not an automatic disqualification. The OEC sends notice of the finding to the candidate via a mailed letter. The candidate is requested to provide documentation to the OEC for a discretionary review and directions on how they can dispute the accuracy of the finding with the appropriate agency (within Connecticut, this is the Department of Children and Families, DCF).**

**A discretionary review involves consideration of several factors including but not limited to:**

- **A personal statement of the event that resulted in the DCF Registry finding,**
- **Proof of Rehabilitation, Training and Other Remedial Activities: Including copies of certificates, letters or other documents which verify completion of counseling, community service, training, classes, therapy, etc. that the candidate may have mentioned in their personal statement.**
- **Three (3) written letters of reference: Each letter must be from someone who has known the candidate for at least three years and be signed, dated, wither author's contact information and relationship to the candidate. Authors may not be other household members.**

During the review, an OEC review committee will determine whether or not the candidate has provided clear and convincing evidence that they are suitable for licensure, employment, or affiliation with an OEC licensed and/or funded program.

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

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: **A child abuse or neglect finding included on an interstate registry is not an automatic disqualification. The OEC sends notice of the finding to the candidate via a mailed letter. The candidate is requested to provide documentation to the OEC for a discretionary review and directions on how they can dispute the accuracy of the finding with the appropriate agency.**

A discretionary review involves consideration of several factors including but not limited to:

A personal statement of the event that resulted in the DCF Registry finding,

Proof of Rehabilitation, Training and Other Remedial Activities: Including copies of certificates, letters or other documents which verify completion of counseling, community service, training, classes, therapy, etc. that the candidate may have mentioned in their personal statement.

Three (3) written letters of reference: Each letter must be from someone who has known the candidate for at least three years and be signed, dated, with author's contact information and relationship to the candidate. Authors may not be other household members.

Did the candidate appeal their placement on the state's registry and were they successful?

During the review, an OEC review committee will determine whether or not the candidate has provided clear and convincing evidence that they are suitable for licensure, employment, or affiliation with an OEC licensed and/or funded program.

If during the review process the OEC committee learns that a candidate has not appealed their placement on an abuse or neglect registry (thus they remain on a registry), or if they did appeal and the allegations remained upheld/substantiated, the committee will give great weight to continued placement on a registry and may determine that candidate to be disqualified following review. So, while not an automatic disqualifier, continued placement on an abuse or neglect registry is a high hurdle for a candidate to overcome.

#### 5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the

results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

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

☒ Yes.

☐ No. If no, describe the current process of notification:

#### 5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:



- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

#### 5.7.12 Provisional hiring of prospective staff members

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

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

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

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.

☒ Yes.

☐ No. If no, describe:

- c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe:

- d. In-state child abuse and neglect registry.

☐ Yes.

☒ No. If no, describe: Pursuant to 45 CFR 98.43 a prospective staff member may begin work for a child care provider after completing a Federal Bureau of Investigation fingerprint check using Next Generation Identification or a State criminal registry or repository check, with the use of fingerprints being required in the State where the prospective staff member resides. Pending completion of all other background check components, the prospective staff member must be supervised at all times by an individual who received a qualifying result on a complete and comprehensive background check within the past five years.

- e. Name-based national Sex Offender Registry (NCIC NSOR).

☐ Yes.

☒ No. If no, describe: Pursuant to 45 CFR 98.43 a prospective staff member may begin work for a child care provider after completing a Federal Bureau of Investigation

fingerprint check using Next Generation Identification or a State criminal registry or repository check, with the use of fingerprints being required in the State where the prospective staff member resides. Pending completion of all other background check components, the prospective staff member must be supervised at all times by an individual who received a qualifying result on a complete and comprehensive background check within the past five years.

- f. Interstate criminal background check, as applicable.

☐ Yes.

☒ No. If no, describe: Pursuant to 45 CFR 98.43 a prospective staff member may begin work for a child care provider after completing a Federal Bureau of Investigation fingerprint check using Next Generation Identification or a State criminal registry or repository check, with the use of fingerprints being required in the State where the prospective staff member resides. Pending completion of all other background check components, the prospective staff member must be supervised at all times by an individual who received a qualifying result on a complete and comprehensive background check within the past five years.

- g. Interstate Sex Offender Registry check, as applicable.

☐ Yes.

☒ No. If no, describe: Pursuant to 45 CFR 98.43 a prospective staff member may begin work for a child care provider after completing a Federal Bureau of Investigation fingerprint check using Next Generation Identification or a State criminal registry or repository check, with the use of fingerprints being required in the State where the prospective staff member resides. Pending completion of all other background check components, the prospective staff member must be supervised at all times by an individual who received a qualifying result on a complete and comprehensive background check within the past five years.

- h. Interstate child abuse and neglect registry check, as applicable.

☐ Yes.

☒ No. If no, describe: Pursuant to 45 CFR 98.43 a prospective staff member may begin work for a child care provider after completing a Federal Bureau of Investigation fingerprint check using Next Generation Identification or a State criminal registry or repository check, with the use of fingerprints being required in the State where the prospective staff member resides. Pending completion of all other background check components, the prospective staff member must be supervised at all times by an individual who received a qualifying result on a complete and comprehensive background check within the past five years.

- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

☒ Yes.

☐ No. If no, describe:

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

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

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☐ Yes.

☒ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **Background checks for individuals are usually fully completed, and eligibility determined, within 45 days. The only component that may be outstanding after 45 days, assuming the applicant correctly submitted all required information and authorizations, are out-of-state checks. The OEC will notify the applicant of the required out of state check and any information on how to request the check(s). All individuals working in child care are responsible for obtaining documents required for the out of state check, per the requirements of each state (as all states have different procedures). Such individuals will be advised to submit documentation of their efforts to request the needed information from relevant state agencies. If requested out-of-state information remains pending and has not been returned, but a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides has been received, the individual will be deemed conditionally eligible to work in child care in a supervised capacity but the case will remain open and a follow up request will be sent for the missing information. The "work supervised" 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.**

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

☒ Yes.

☐ No. If no, describe the current policy:

#### 5.7.14 Responses to interstate background check requests

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

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

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The State of Connecticut is a NFF state. Additionally, The Connecticut State Police Criminal Records Unit keeps the official record of criminal convictions and requires all requests for copies of Criminal History Records to be made using the State of Connecticut Criminal History Record Request Form (DPS-0846-C). Child Abuse and Neglect Registry checks are completed by the Connecticut Department of Children and Families. The**

Department of Children & Families Background Checks Unit (BGU) will perform a search of the department's Central Registry and Child Abuse & Neglect history on an individual who will be working or providing some kind of service directly or indirectly to children and families. The BGC Unit is also responsible to process checks for national and international agencies, due to the passage of the Adam Walsh Act in 2006. For instance, out of state Child Protective Service Agencies. The Connecticut Department of Emergency Services & Public Protection (DESPP) keeps an updated searchable record of sex offenders. Information provided includes the offenders last known address and physical descriptors as well as location, date, and details of the offense.

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

☐ Yes. If yes, describe the current policy.

☒ No.

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

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

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://www.ctoec.org/background-checks/learn-about-out-of-state-background-checks/>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. ☒ Agency name
- ii. ☒ Address
- iii. ☒ Phone number
- iv. ☒ Email
- v. ☒ Website
- vi. ☒ Instructions
- vii. ☒ Forms
- viii. ☒ Fees
- ix. ☒ Is the State a National Fingerprint File (NFF) State?
- x. ☒ Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe:

- c. Interstate sex offender registry (SOR) check:

- i. ☒ Agency name

- ii. ☒ Address
- iii. ☒ Phone number
- iv. ☒ Email
- v. ☒ Website
- vi. ☒ Instructions
- vii. ☒ Forms
- viii. ☒ Fees
- ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
  - i. ☒ Agency name
  - ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
  - iii. ☒ Address
  - iv. ☒ Phone number
  - v. ☒ Email
  - vi. ☒ Website
  - vii. ☒ Instructions
  - viii. ☒ Forms
  - ix. ☒ Fees
  - x. If not all boxes above are checked, describe:

#### 5.7.16 Background check fees

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

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

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

#### 5.7.17 Renewal of the comprehensive background check

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

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

## 5.8 Exemptions for Relative Providers

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

#### 5.8.1 Exemptions for relative providers

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

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **The Office of Early Childhood exempts relatives which are defined as related to the child by blood, marriage, or adoption and are at least 20 years or older. Relative is defined in Pub L. 113-186 and regulation, 45 CFR Part § 98.41 (a) as grandmother/grandfather, great grandmother/grandfather, aunt/ uncle, and sibling. In regard to siblings, based on Care 4 Kids regulation, Sec. 17b-749-12 (a) (4) (D), only siblings living outside of the child's home would considered eligible.**

**The eligible relative would be exempt from becoming licensed and there are no annual inspections of their home. All eligible relatives are also exempt from completing the required annual CCDF health and safety training requirements. Relatives are required to complete a Preservice Provider Orientation training prior to caring for a subsidy child. Further, unlicensed relative providers are exempt from the fingerprint-based criminal registry check (a name and date of birth check is completed), FBI fingerprint check and national sex offender registry check. Unlicensed relatives, in addition to the name and date of birth State criminal history check, a state sex offender registry search is completed as well as a child abuse and neglect registry check.**

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

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

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

## 6.1 Supporting the Child Care Workforce

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

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

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
  - i. ☐ Providing program-level grants to support investments in staff compensation.
  - ii. ☒ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
  - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
  - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
  - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
  - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
  - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
  - viii. ☐ Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **In July 2019, the Connecticut General Assembly passed Public Act 19-61, an Act requiring the Office of Early Childhood (OEC) to develop a proposed early childhood educator compensation schedule for lead teachers employed by State-funded programs. PA 19-61 was enacted during a time of unprecedented emphasis at the federal level on early education - the intent of the act was to position the state to be better prepared for a federal commitment to this area, as such the OEC expanded the scope of the salary scale to include credential levels beyond those considered in the Qualified Staff Member requirement. The OEC leveraged this momentum to demonstrate alignment with the nationally recognized Power to the Profession's "Unifying Framework", a product of a collaboration of 15 national organizations which moves the field towards long overdue professional recognition and highlights the role of the bachelor's degree in the lead teacher (or ECE III) position. In December, 2022, the OEC issued the legislatively required report to provide guidance to state-funded programs to meet minimum compensation recommendations for ECE educators to help sustain the workforce. It is not currently a mandate for providers, as the OEC acknowledges that the**

compensation levels in the proposed schedule are not feasible for most providers in the current funding environment. The OEC suggests that programs strive for a 3% annual increase for educators to account for yearly cost-of-living adjustments and accrued experience.

To support this increase, the OEC has raised subsidy rates by 11% per year for three years, which will prove additional compensation to programs which could increase salary for ECE educators.

Additionally, the OEC is providing Qualified Workforce Incentives to staff with early childhood credentials (CDA, AA, BA) These are described more fully in section 6.1.5.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **CT OEC is not able to offer health care insurance, paid sick time, personal time or retirement to child care providers. However, child care providers in CT can apply for affordable health care through Access Health CT. Access Health CT offers both health and dental plans and financial help to reduce costs for child care providers.**

**CT OEC holds a labor contract with CSEA SEIU for family child care providers who participate in the Care 4 Kids subsidy program. In accordance with the bargaining agreement, a work group has been established to study the issues of health insurance coverage in relation to members of the bargaining unit, consisting of representation from the Union; The State; Access Health CT; Office of Health Care Advocate; Department of Insurance. This workgroup will draft a system of support to help guide FCC providers.**

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **OEC's Behavioral Health Initiatives monthly webinars offer professional development opportunities to childcare providers; an overarching theme for all webinars promotes the importance of mental wellness. Whatever a specific topic may be, within each webinar a message promoting practice of self-care in order to optimize effectiveness in caring for others is conveyed. For example, a webinar focused on suspension and expulsion and how to mitigate such occurrences addressed exclusionary disciplinary actions. However, the webinar also addressed the importance for a provider to be self-aware and able to self-regulate his/her own emotions when engaging with children; if one is mentally unwell, this outcome may be more challenging. Another webinar focused specifically on mental health and included mental health professionals offering words of insight and validation as to the importance of mental health and wellness. In all, eight webinars have been held to date, all of which were open to the public at large to attend.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The workforce pipeline is in year three, having \$5 million allocated for FY24 and 25 in the state budget. We have gleaned some best practices from years one and two and sites are implementing them in year three. In partnership with the CT Department of Labor, OEC and the SEIU Education and Support Fund developed a family child care registered apprenticeship**



program. OEC is supporting this effort with ARPA funding to administer the apprenticeship program for family child care apprentices. Once they complete the apprenticeship, they will have obtained their CDA credential, NAFCC accreditation, and a 12.5% wage increase for subsidized children in their care. OEC also helped to design a center-based registered apprenticeship in cooperation with the CT DOL and child care center leaders. OEC has a \$4.275 million funding opportunity open as of August 2024 to help centers and industry sponsors implement apprenticeship programs at their sites.

#### 6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. OEC has partnered with The Connecticut Community College System (CT State) in order to increase the capacity and create an early childhood education (ECE) pathway for child care workers in the State of Connecticut. These supports include ECE program leadership training through the offering of a Program Leader Initiative (PLI), 12 defined credit hours at an Associates level, the offering of an enhanced Child Development Associate Credential (CDA) effort across the state and additional adult learning theory classes (ALT) to better educate future higher ed educators and trainers in the field of early childhood learning programs. The OEC has a business support contract since 2020 with the Women's Business Development Council to provide (1) training for staff of licensed family homes, centers, and group homes on all aspects of healthy business creation, management, and expansion, (2) individualized program support for assessment and strategic planning, (3) grant opportunities to eligible licensed (or license aspiring) programs for start up, expansion, emergency operating funds, emergency facilities funds, and business technology (hardware, software, access, technical support, etc.), and (4) providing the OEC support in assessing, sequencing and building business related work of the agency and its partners. The OEC is implementing an RFP in the spring of 2024 for the continuation of business services via a contract with an awardee for the period 7/1/24 through 6/30/27. The OEC offers scholarship to program administrators and family home owners to strengthen their business competency. In addition, continuation of the Governor's Education Emergency Relief Fund (GEER) project provides an Online Learning Hub where directors receive technical assistance, coaching and mentoring to support program management around the use of technology for communication and learning with families.

Priority School Readiness Programs, a state-funded program, received the Administrative Funds Enhancement Grant to support the role of School Readiness Liaisons in districts identified by OEC as underfunded based on the number of School Readiness spaces allocated to the district. The amount of Administrative Funds Enhancement provided to each district will equal 3% of the district's current space funding allocation. The funds are intended to support the role of the Liaison in the coordination, program evaluation and administration of the School Readiness Grant. These funds will provide communities with increased access to resources to enhance monitoring and support program quality improvement.

A portion of these funds may be dedicated to compensating parent members of the School Readiness Council for any time and travel related to council meetings, and any activities related to training, leadership, and community engagement.

The OEC provides an incentive program (Qualified Workforce Incentives – QWI) to licensed providers who meet QWI eligibility requirements (Qualified Workforce Incentives (QWI)). The QWI awards providers monetarily for achievement of defined education benchmarks (CDA Credential, associate’s degree in early childhood education or bachelor’s degree with early childhood education credits or OEC equivalent).

Awards are per benchmark and each provides opportunity for bonuses if the applicant: works at an NAEYC Accredited or Head Start Approved program (quality building); the program has an SVI rating of .6 or higher (equity building); and/or if the applicant works with infants or toddlers (capacity building). These awards build on the OEC’s scholarship assistance fund that provides debt free paths to those benchmarks. The OEC encourages programs to use these opportunities as recruitment and retention strategies.

QWI was deployed in phases. The program opened January 2022 and included eligibility for OEC funded School Readiness, Child Day Care and State Head Start programs. Later phases expanded to OEC licensed centers and group homes, included administrators, and awarded incentives for holders of BA plus 12 ECE credits.

- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative 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.
  - ix. ☒ Use of technology in business administration.
  - x. ☒ Compliance with employment and labor laws.
  - xi. ☐ Other. Describe any other efforts to strengthen providers’ administrative business:

#### 6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will

facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The OEC ensures that applications and documents for Care 4 Kids are available in Spanish. Additionally, United Way of CT has bilingual caseworkers or translators available. The C4K and OEC websites are available in multiple languages. The Staffed Family Child Care Networks also have staff and resources available in languages other than English.**

**Additionally, 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.**

- b. Providers and staff who have disabilities: **Care 4 Kids staff are available to assist providers, staff and families who have disabilities to assist with completion of applications and supporting documentation. Care 4 Kids offers deaf families teletypewriter (TTY) for phone calls.**

## 6.2 Professional Development Framework

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

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

### 6.2.1 Updates and consultation

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

**[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: Since the 2022-2024 plan, Connecticut has made the following updates in the framework with plans to continue growth: 1. Professional Standards and Competencies [x] with the NAEYC Unifying Framework and the NAEYC Professional Standards and Competencies as a basis for change, the CT Blue Ribbon**

Panel on Early Care and Education adopted the Unifying Framework as an aspirational structure. While the CT Core Knowledge and Competencies (CKCs) are still in use, our higher education institutions have made the switch to the NAEYC Professional Standards and Competencies. The OEC will review the CKCs for revision to adopt and incorporate the NAEYC document for alignment with higher education and in-service professional development. 2. Career Pathways - The CT Blue Ribbon Panel put forward recommendations to simplify the career pathways. In 2023, the OEC clarified existing pathways for staff working in state-funded programs and launched a campaign to recruit early childhood careers. Based on the NAEYC Unifying Framework, the OEC will be updating career pathways in alignment with the Early Childhood Educator (ECE) levels 1, 2, and 3. 3. Advisory Structure [ ] No changes in advisory structure. Any future development work on the Framework will need to be addressed by any new structures put in place and in coordination with the CT Early Childhood Cabinet. 4. Articulation [ ] The CT Community Colleges merged into one system now called CT State. This merger supports articulation across all CT State campuses in full alignment such as the process to attain a CDA and credits awarded are now one agreement instead of 12. CT State and 8 of CT's 9 bachelor level institutions are either NAEYC accredited and/or engaged in the process of becoming NAEYC accredited. This process requires the use of the NAEYC Professional Standards and Competencies which will support future articulation between CT State and transfer to a CT early childhood bachelor degree program. 5. Workforce Information - Our OEC Professional Registry collects workforce information such as demographics, salary, online training access, and scholarship use. Scholarship opportunities are in line with both the OEC licensing regulations related to professional development and the Unifying Framework regarding ECE I, II, III. Additionally, the OEC interfaces with Protraxx to auto upload completions for many OEC approved non credit trainings directly to Registry accounts to simplify user experiences and applications. 6. Financing - The OEC submitted recommendations for an ECE Salary Scale to the CT General Assembly. The Scale has been used in conversations with the Blue Ribbon Panel regarding financing compensation at the state and local levels.

The OEC utilized the BRP's work to guide the revisions to the framework. The BRP adopted the Unifying Framework as an aspirational structure, allowing OEC to move toward alignment with the Unifying Framework and the NAEYC Professional Standards and Competencies for higher education programs. Advancements are being made to align policies for state-funded programs with the Unifying Framework, and we are supporting NAEYC Accreditation for Higher Education Institutions including the use of the NAEYC Professional Standards and Competencies. Additionally, the BRP adoption of the Unifying Framework guides efforts to articulate career pathways for staff working in state-funded programs.

Now that the BRP has been sun-setted, the Early Childhood Cabinet will be engaged via regular updates on OEC's implementation of the CCDF plan and the Professional Development Framework.

[ ] No.

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

professional development framework?

☒ Yes. If yes, identify the other key groups: **Connecticut Blue Ribbon Panel**

☐ No.

#### 6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:
  - i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The CT Core Knowledge and Competencies are an integrated set of competencies addressing multiple roles. The main audience is early childhood educators. The Technical Assistance Provider Core Knowledge and Competencies address trainers, coaches, consultants and mentors. Each Framework will be revised to include/adopt the NAEYC Professional Standards and Competencies for educators and updated competencies for coaches and mentors in alignment with the newly revised Early Care and Education Professional Development Training and Technical Assistance Glossary.**
  - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The current career ladder has 15 steps which will be revised to as few as 3 steps to align with the NAEYC Unifying Framework. The OEC Early Childhood Professional Registry is PER approved by the National Workforce Registry Alliance and houses workforce information across sectors and settings, including using the current career ladder. The Registry also contains the applications for licensing approved Head Teacher certificate and Education Consultant, the scholarship assistance fund, free unlimited online training, application for OEC approved trainer, application for Qualified Workforce Incentives, and monitoring of subsidy health and safety orientation (Care4Kids) and Qualified Staff Member compliance for OEC funded programs. The only sector required to participate are the settings who receive state funds for service delivery.**
  - iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Since the Cabinet was reinvigorated in 2021, and as we have emerged from the Pandemic, OEC has been working with Cabinet to empower them as an advisory group, reviewing the original purpose, design, and the obligation of their advisory role with all new Cabinet members. The formation of workgroups has been re-introduced to them, with explanation of expected outcomes for work, initiatives and proposals brought to the Cabinet and Cabinet workgroups for direction and feedback.**
  - iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Articulation agreements between higher education institutions are in place, and will be in process of updating and potential aligning**

as they engage in the NAEYC accreditation process. The OEC will utilize the CT State unified process for CDA accomplishment and CDA credit conversion when individuals seek a CDA or credits through the CT State system. Continued efforts toward alignment of CDA credits across all CT institutions will be ongoing.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The OEC Registry is only currently required of teaching staff and administrators in OEC funded programs. The OEC reports annually to both the legislature and externally (i.e. NIEER) about that specific sector of the workforce. The data includes education levels and wages. Demographic data is required by account, and one option includes opting not to reply. Retention data is available for that sector. The OEC does not currently collect actual wage scales, any data about educator well-being, or benefits.**
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The OEC provides an incentive program (Qualified Workforce Incentives – QWI) that awards providers monetarily for achievement of defined education benchmarks (CDA Credential, associate’s degree in early childhood education or bachelor’s degree with early childhood education credits or OEC equivalent). Awards are per benchmark and each provides opportunity for bonuses if the applicant: works at an NAEYC Accredited or Head Start Approved program (quality building); the program has an SVI rating of .6 or higher (equity building); and/or if the applicant works with infants or toddlers (capacity building). These awards build on the OEC’s scholarship assistance fund that provides debt free paths to those benchmarks. The CT Office of Early Childhood is supporting a family child care registered apprenticeship program (RAP) by contracting with the SEIU Education and Support Fund (ESF). ESF was able to hire a program coordinator to provide apprentices with support to obtain their CDA credential as well as National Association of Family Child Care (NAFCC) accreditation, which leads to a 12.5% wage increase for FCC providers for each child who receives a child care subsidy. Using ARPA funding, OEC has been piloting a workforce pipeline program since August 2022 at child care centers across CT. Using this as a framework, OEC has contracted with a consultant group to develop a center-based registered apprenticeship. OEC will issue a RFP in Summer 2024 to support sites who would like to utilize the RAP to recruit early childhood professionals to the field.**

b. Does the Lead Agency use additional elements?

☒ Yes.

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

- i. ☐ Continuing education unit trainings and credit-bearing professional development. Describe:
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **CT utilizes funding to support our Training and Technical Assistance providers with resources, professional learning communities,**

and quarterly meetings addressing the Professional Standards and Competencies and the Training and Technical Assistance Glossary in the design and delivery of professional learning for the early childhood field. Some higher education faculty are active in our TA Provider group. We also gather the higher education early childhood faculty for annual professional development to update on OEC initiatives and to address NAEYC accreditation standards, especially work regarding course and key assessment alignment to the Professional Standards and Competencies.

iii. ☐ Other. Describe:

☐ No.

### 6.2.3 Impact of the Professional Development Framework

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

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The Core Knowledge and Competencies are written to address every level of educator regardless of setting or sector. The revision plans include translation into Spanish. The CKCs reflect content from education, social services, human development, and trauma informed practices to represent a cross-disciplinary foundation for professional development design. Specific content such as the Early Learning and Development Standards, Pyramid Model, Documentation and Observation for Teaching System, and Housing Insecurity use the CKCs as a foundational document to align training goals and build learning content for a cross-discipline approach. The CKCs are due for revision to be updated with inclusion of the revised NAEYC Professional Standards and Competencies. The CKCs as one element of the Framework supports the quality of our workforce by providing a set of foundational competencies by which to set goals and for professional development providers to design quality professional learning thereby lifting the standard of care across sectors when staff engage in quality learning.**

**Between July 1, 2023 and June 30, 2024, training on the CT Early Learning and Development Standards (CT ELDS) was provided to 274 participants. Training on the CT Documentation and Observation for Teaching System (CT DOTS) was provided to 253 individuals. Fifty-eight participants attended other advanced trainings related to standards, curriculum, and assessment. 87% of participants completing survey report that they agree or strongly agree that the trainers/coaches were knowledgeable about the topic. 93% agreed or strongly agreed that they gained strategies or ideas that are meaningful to me and/or my role, and 94% agreed or strongly agreed that the delivery format and timing worked well for the content of the training.**

**36 early care and education programs received coaching related to their standards, curriculum, and assessment related practices in FY 24**

**Pyramid Model training numbers and maybe some figures from evaluations**

**The Pyramid Model promotes young children's healthy social and emotional development**

by providing tools, strategies, and resources for teachers and caregivers to support children and families. Expansion of Pyramid Model in Connecticut grew and included participation from the Family Child Care (FCC) community. Successful Pyramid implementation is heavily reliant on two types of coaches: Program Coach and a Practitioner Coach. Each site is assigned a program coach to implement a Program Leadership Team. Overall, there was an increased number of Implementation Sites to include up to 50 programs (22 Center Based Child Care and Lab Schools and 28 Family Child Care Homes). This year, 28 Participants took part in the Teaching Pyramid Observation (TPOT) Training and 28 passed for reliability and are considered reliable in TPOT for a period of 3 years. Additionally, 3 Mentor Coaches participated in Teaching Pyramid Infant Toddler Observation Tool training (TPITOS) through the Pyramid Model Consortium and are currently working toward the next stage of Train the Trainer to become a TPITOS trainers for CT.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The recommended salary scale submitted to the CT General Assembly addresses the role of educator and is not setting specific.**

The OEC is promoting career pathways using initiatives that meet the variability of qualifications present in the workforce, support providers in all settings and serving all communities. For those new to the field who do not hold ece credentials, we are implementing the Workforce Pipeline Project to train and onboard those new to ECE. We are supporting ECE apprenticeships engaged in coursework and NAFCC Accreditation. The OEC's scholarship assistance program provides funding for business-related and NAFCC professional development criteria coursework for licensed family providers, the CDA Credential 120 content hours earned via training or credit-bearing courses as well as the assessment and one-time renewal fees for licensed family child care, group and center based providers, and for early childhood education associate and bachelor's degree work for licensed family home, group home, center staff as well as teaching staff of license exempt OEC funded programs. An agreement with CT State is addressing the needs of program directors and leaders for administrative courses, as well as offering coursework for staff in licensed programs seeking the CDA Credential or 12 credits in ECE, and adult learning theory coursework for technical assistance providers also represented on career pathways. Collectively these options support advancement along career pathways for providers seeking credentials and they support the OEC's goal of improving quality by advancing providers toward the Unifying Framework.

Once credentials are achieved, the Qualified Workforce Incentive addresses quality, equity and retention of providers through its criteria for award and bonuses.

The OEC has committed state and federal funding to bolster the workforce and increase the number of staff with ECE credentials in the following ways: FY23 OEC developed a workforce pipeline pilot project with \$4.3M in ARPA funding. This continued in FY24 and FY25 with \$5M in state funding, and has resulted in almost 500 staff being hired, mentored, and participating in CDA prep coursework. OEC has also funded FCC registered apprenticeship programming, administered by the SEIU Education and Support Fund. Both projects provide monthly reports to the OEC, with data on their cohorts that includes



wage increases, completion rates, demographics of participants, and any educational or basic needs supports they have needed in order to participate successfully in the training programs.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The OEC relies on our CT Early Childhood Cabinet for advisory and stakeholder feedback. Proposals, including the CCDF draft Plan are brought before the CT EC Cabinet for review and advisory feedback. Additionally, the CT EC Cabinet brings issues and proposal to OEC's attention for further discussion and work.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The OEC staff liaison with higher education faculty and support training and technical assistance providers to examine, design and deliver professional learning in alignment to standards.**

CT has chosen to lean on national standards and competencies to provide consistency and stability to the professional learning experience. CT higher education institutions are engaged in NAEYC early childhood program accreditation. The OEC was able to fund institutions to work with coaches and organize a structure to collaborate on key assessment development and general accreditation processes. NAEYC provides technical assistance in the form of presentations to all engaged institutions and systems level assistance to CT State, our newly merged associate degree college comprised of 6 campuses, all currently working toward a single accreditation. By ensuring standards alignment across associate and bachelor level institutions, the student experience is enhanced and streamlined across the higher education system regarding articulation. When the CKCs are updated to reflect the new NAEYC standards, the professional development in-service system will then align with the higher education system. Participants in either system will be engaged in professional learning that is working on the same competency foundation. Early care and education program quality is enhanced when in-service and pre-service sectors are utilizing the same competencies for all sectors that provide care reaching a diverse population of care givers and educators.

Data:

All 12 campuses of CT State are engaged in NAEYC self-study and data collection on key assessments to bring uniformity across campuses. Key assessments were shared with bachelor level colleges as a basis to draw from when they develop their key assessments.

CT has 9 bachelor level programs. One has been and remains accredited, 7 are engaged in initial accreditation process, 1 program is not engaged at this time.

All programs currently engaged are expected to be successfully accredited between 2025 and 2027.

The OEC Early Childhood Professional Registry is PER approved by the National Workforce Registry Alliance. It collects data on demographics, work history including wages, education and training. The Registry is required of all staff of OEC funded programs, participants in all Workforce Pipeline Project (non ratio trainee) sites, CCDF subsidy funded programs, and applicants for scholarship, incentives and agency applications tied to education qualifications (Head Teacher, Trainer, Education Consultant). Compliance with workforce requirements is tracked via the Registry; data is available and transferred to partners as required. The agency funds at least \$1,000,000 for scholarships per fiscal year via the Registry. A requirement of application for financial aid for degree seekers extends the life of the funds by maximizing federal resource use. For example, OEC typically awards ~\$1,400,000 and reconciles back funds covered by federal grant awards. Data on higher education use, achievements, and funding are all available, and at an individual use level. While use of college course / degree work is available to all private and public regionally accredited colleges in state, the OEC also has a partnership with Universidad de Puerto Rico for Spanish language course and degree work. Scholarship covers all tuition, fees and textbooks with partner colleges, reducing stress on the child care providers. Qualified Workforce Incentives (QWI) awards applicants meeting education benchmarks. As of June 30, 2024, the program has made 2,347 awards to 2,404 individuals totaling \$4,166,450. QWI awards up to three bonus amounts (on top of the base) to individuals working with infants and toddlers (capacity and access), those working in NAEYC Accredited or Head Start approved programs (quality), and those working in programs with SVI rating of .6 or higher (equity). These bonus areas are used across the agency.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The OEC Registry collects data for all users including wages (no benefits currently) and education; only OEC funded program staff are required to create and maintain up to date accounts inclusive of these elements. The Registry data has been used to show wage differences between programs across different elements; for example: between OEC funded license exempt programs and OEC licensed programs. Annually, this data is reported to NIEER. Wage data is also used to support the Governor's Office regarding such assessments as minimum wage increase impact. Additionally, this data was used to gain approval for OEC's Qualified Workforce Incentives program which awards monetarily for education earned at licensed centers and group homes, but not at license exempt programs at this time due to the wage differences.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The OEC's Proposed Early Childhood Educator Compensation Schedule provides guidelines to state-funded programs to meet minimum compensation**

recommendations for ECE educators to help sustain the workforce. It identified Minimum Salary by annual and hourly increments along with a rational for each of five levels of qualifications beginning with high school degree and progressing through Master's Level qualifications. The OEC is currently implementing a plan to increase subsidy payments to providers which provides a financial resource to support providers to make advancements toward the minimum amounts identified in the salary scale guidance.

The OEC provides an incentive program (Qualified Workforce Incentives ☐ QWI) that awards providers monetarily for achievement of defined education benchmarks (CDA Credential, associate's degree in early childhood education or bachelor's degree with early childhood education credits or OEC equivalent). Awards are per benchmark and each provides opportunity for bonuses if the applicant: works at an NAEYC Accredited or Head Start Approved program (quality building); the program has an SVI rating of .6 or higher (equity building); and/or if the applicant works with infants or toddlers (capacity building). These awards build on the OEC's scholarship assistance fund that provides debt free paths to those benchmarks.

## 6.3 Ongoing Training and Professional Development

### 6.3.1 Required hours of ongoing training

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

- a. Licensed child care centers: **1% of annual hours worked or a minimum of 5 hours annually for caregivers, teachers, and directors.**
- b. License-exempt child care centers: **1% of annual hours worked or a minimum of 5 hours annually for caregivers, teachers, and directors.**
- c. Licensed family child care homes: **A minimum of 18 hours per year.**
- 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.**

### 6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The OEC has contacted the Social Service Manager of the Mohegan Tribe Family Services Department to inform them of training and professional development available to tribal providers. 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. Tribal providers have access to the free online health and safety orientation**

**training and other professional development offered through CT's professional development system.**

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

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

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **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.**

Head Start programs are required by the HSPPS to obtain determinations from health care and oral health care professionals as to whether or not the child is up to date on a schedule of age-appropriate preventive and primary medical, mental health, and oral health care, based on: the

well-child visits and dental periodicity schedules as prescribed by EPSDT. Programs may have dedicated staff such as onsite nurses, Health Managers, or Health Advocates to meet this HSPPS, or may contract with Health Consultants to perform this work. Programs are also responsible for providing ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

OEC licensing requires health consultants, at a minimum, to visit licensed centers and group home quarterly or semi-annual site depending on the age range served. The site visits include reviewing health and immunization records of children. The health consultants are a resource for programs to provide training and support to staff and families on EPSDT services.

## 6.4 Early Learning and Developmental Guidelines

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

### 6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
  - i. ☒ Research-based.
  - ii. ☒ Developmentally appropriate.
  - iii. ☒ Culturally and linguistically appropriate.
  - iv. ☒ Aligned with kindergarten entry.
  - v. ☒ Appropriate for all children from birth to kindergarten entry.
  - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
  - i. ☒ Cognition, including language arts and mathematics.
  - ii. ☒ Social development.
  - iii. ☒ Emotional development.
  - iv. ☒ Physical development.
  - v. ☒ Approaches toward learning.
  - vi. ☐ Other optional domains. Describe any optional domains:
  - vii. If any components above are not checked, describe:

- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **2013. They were updated to provide a comprehensive set of birth to age 5 standards aligned with kindergarten through grade 12 standards.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.  
**<https://www.ctoec.org/wp-content/uploads/2019/12/CT-ELDS-Main-2014.pdf>**

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

- a. Describe how the Lead Agency uses its early learning and developmental guidelines.  
**Connecticut uses the CT Early Learning and Development Standards (CT ELDS) as a foundation for efforts to promote high quality early care and education. Quality improvement activities are grounded in the CT ELDS and specific training and coaching is available to support both family child care and center-based programs in implementing the CT ELDS. An introductory video was recently released to further support the use of the CT ELDS: <https://youtu.be/Stanw1dsR6M>**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
  - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
  - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
  - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
  - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
  - v. If any components above are not checked, describe:

## 7 Quality Improvement Activities

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

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

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used

to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

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

## 7.1 Quality Activities Needs Assessment

### 7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **In 2024, the University of Connecticut (UConn), School of Social Work explored access and barriers to early childhood care as well as quality of care reflected through the accreditation status, to identify potential areas of early childhood resource need. For this work, UConn reviewed existing secondary data sources from 2022 and published the 2024 Report on Child Care Quality, Access, and Needs in Connecticut. The 2022 report included secondary data sources from FFY22 OEC Parent Survey and data collect on provider's quality improvement levels in the OEC Elevate System. This report provided high-level initial information from which to build a more comprehensive, systemic CCDF Quality Activities Needs Assessment for SFY 25 that will include primary sources of data, including stakeholder input collected through listening tours, interviews, and surveys for the purposes of assessing which quality improvement activities are most in need. The design of the CCDF Quality Activities Needs Assessment will also incorporate a process for using the results to develop a strategic plan to improve the availability, affordability and quality in our early childhood.**
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Primary findings from the UConn report include 1) Income, racial/ethnic, and regional disparities in access to and affordability of child care. Child care challenges were heightened for parents of color, parents with lower household income, and parents in SFCCN Regions 1 and 3 compared to non-Hispanic/Latino White parents, parents with higher household income, and parents in other SFCCN regions. 2) Challenges accessing preferred or specialized child care, particularly among parents of infants/toddlers and parents of children with disabilities/special needs. 3) Nuanced differences in Elevate engagement by provider type, program capacity, and SFCCN region. Outreach targeting family child care home providers and/or providers with lower licensed capacity (who may have less infrastructural and financial support than larger, center-based providers) is warranted. The OEC has not yet identified goals. The OEC is working closely with UConn and our Quality Division to develop these goals for the Quality Needs Assessment.**

## 7.2 Use of Quality Set-Aside Funds

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

#### 7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The QPR Reports are available on the OEC Reports webpage. <https://www.ctoec.org/agency-program-reports/>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
  - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

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

☒ Yes. If yes, describe current and future investments. **Funds are utilized to provide training and technical assistance to early care and education providers and family childcare. Activities include supports for our trainers and coaches to be trained in content and coaching process, environmental rating scale use, standards, curriculum and assessment activities, homelessness and insecure housing awareness, accreditation supports, consultation support for programs that may have licensing compliance issues, staffed family child care networks, and funds to provide resources through a shared platform called CT Shares. Future investments may include building sustainable coaching and mentoring practices within programs. In addition, the Lab Schools Investments Initiative (LSII) is a partnership of the CT Office of Early Childhood (CT OEC) and the Connecticut State Colleges and Universities (CSCU) that uses ARPA funds, managed and monitored by CCDF, to sustain and support Connecticut’s lab schools, the ECE workforce pipeline, and high-quality early childhood programming statewide. The Lab Schools provide professional learning opportunities for the greater early childhood workforce and will continue through 2026. Future investments may include building sustainable coaching and mentoring practices within programs, and further collaboration with the Connecticut Network for Children and Youth to provide free and low-cost training specifically for school-age programs aligned to best practice for this age group.**
  - ii. Developing, maintaining, or implementing early learning and developmental guidelines.

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

☒ Yes. If yes, describe current and future investments. **Plans are underway to begin a review and update for the CT Early Learning and Development Standards (CT ELDS), with the involvement of a cross-sector advisory group including the Lab School Investments Initiative participants, child care providers, and technical**



assistance providers. It is anticipated that a full work plan and timeline for updates will be in place by 2025.

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

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

☒ Yes. If yes, describe current and future investments. **Elevate is the Office of Early Childhood's (OEC) quality improvement system for licensed and many license-exempt child care programs in family, group, and center-based settings. Our system gives child care providers the tools and guidance they need to improve their programs over time at their own pace. Elevate builds on Connecticut's licensing requirements and links to national accreditation standards, in fact, programs who are licensed are automatically in Elevate as a Member level of the System. This quality improvement system also brings together OEC's existing technical assistance and professional development opportunities with exciting new resources. Service Navigators are experienced guides who can talk with program's about their needs and direct them to resources for self-reflection and professional learning. Elevate offers members 3 levels of engagement: Member, Member+, and Member Accredited. Licensed and license-exempt child care providers start out as Members. The system relies heavily on providers planning their program's needed improvements and implementing those plans with the OEC resources described. Providers demonstrate their commitment to continuous quality improvement by creating Elevate Program Plans in which they develop SMART Goals, actions steps and detail how they will reach their goals and continue their program quality over time. Service Navigators guide this process. In addition, Staffed Family child Care Network staff support family child care provider members in accessing Elevate resources and advancing Elevate levels. Achieving national accreditation places programs at the Member Accredited level.**

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

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

☒ Yes. If yes, describe current and future investments. **OEC has added 1,300 new infant and toddler spaces to the state-funded system statewide. We offered professional development opportunities for infant/toddler providers to improve the quality of child care services. OEC offered two series of trainings focused on infant mental health (in English and Spanish) to newly funded infant and toddler providers. Participants in both series were offered the opportunity to engage in reflective supervision and apply for the national infant mental health endorsement. In addition, the OEC offered a 4-part series on the Program for Infant and Toddler Care (PITC) for technical assistance providers working across a range of activities . Participants will be provided further opportunities for learning and discussion focused on ensuring existing training and coaching (e.g., training on early learning standards, accreditation support) adequately address the needs of infant and toddler providers.**

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

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

☒ Yes. If yes, describe current and future investments. **CCDF Funds are currently**

being used to expand the capacity and improve the services of our statewide CCRR. Funds were added to the UWC contract to increase the number of call center staff, for better, faster customer service. CCDF Funds were also used to increase the capacity and user-friendly features of the Child Care Data System used by UWC 211 and online child care look up tool. Our OEC CCDF and Quality Improvement teams have been working with our CCRR contractor to increase staff's level of understanding of quality child care and how they can support families' understanding of quality child care in order to more effectively support families in their search for child care that meets their needs. Consumer education materials and information available online through our CCRR have been aligned with OEC's launch of the ELEVATE quality framework. System changes have been and will continue to be made to the child care online look up tool so families can readily see the ELEVATE level of the child care program. Future changes will include more accurate enrollment reports and quick identification of child care program funding options available per program.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

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

☒ Yes. If yes, describe current and future investments. **Consultation Quality Improvement Support is a statewide activity that will provide and/or secure consulting support to early childhood providers serving young children engaging in continuous quality program improvement or whose compliance with licensing, accreditation, or other standards is determined to be non-compliant and places them at risk. This initiative augments other CT OEC initiatives such as AQIS and Elevate with an emphasis on system building and continuous quality improvement. Consultation support is tailored to each program's unique needs, delivered by knowledgeable consultants, and utilizes the many OEC funded initiatives designed to support continuous quality. Currently, consulting support is available to programs with: licensing consent order; licensing negotiated corrective action plan; multiple/repeated licensing violations; and state-funded programs non-compliant with state-funded grant/contract requirements and/or Accreditation/Head Start Compliance. Within the next year, support will be available to any program statewide for the reason previously mentioned and for those seeking to engage in continuous quality improvement.**

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

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

☒ Yes. If yes, describe current and future investments. **The OEC will continue to fund contracted Technical Assistant Providers to provide training and coaching to center and family child care providers on the CTCLDS and DOTS. The OEC will continue to fund implementation of the Early Childhood Rating Scales for state-funded programs who are not currently accredited through NAEYC or NAFCC.**

- viii. Accreditation support.

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

☒ Yes. If yes, describe current and future investments. **Accreditation Quality Improvement Support (AQIS) is a statewide initiative that provides center-based programs with access to a team of staff (facilitators) with expertise in continuous program improvement using the NAEYC standards and assessment items as the framework for growth. The CT AQIS is established under CT General Statutes to provide a "system of accreditation facilitation to assist early childhood education and child care programs in achieving national standards and program improvement". The Office of Early Childhood establishes this system of support through contracts with agencies that hire staff to implement the CT AQIS model. AQIS supports are free and open to all child care providers engaged in quality improvement, even providers not actively pursuing or maintaining NAEYC Accreditation with the understanding that best practices are the foundation of quality. CT Staffed Family Child Care Networks are initiating support of NAFCC accreditation for member family providers by providing Communities of Practice on the topic of accreditation. OEC funds accreditation fees for NAEYC and NAFCC accreditation and provides bonus payments through the Care 4 Kids system to accredited providers.**

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

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

☒ Yes. If yes, describe current and future investments. **Yes. the Office of Early Childhood defines high quality according to the standards of national organizations including Head Start, NAEYC and NAFCC. We invest funds in a partnership with NAEYC that informs our quality improvement system, Elevate. This partnership creates alignment between NAEYC standards, publications and products and providers' needs and areas for program improvement. We also pay the cost of NAEYC Accreditation for programs. Through our SFCCN Hub, we are invested in NAFCC standards by supporting membership and accreditation costs for family child care providers. These two investments result in our system aligning with readiness and support for accreditation.**

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

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

☒ Yes. If yes, describe current and future investments. **The OEC outcomes working group is an internal working group to outline a vision for child outcomes associated with the work of the Office of Early Childhood (OEC). We view these outcomes as a result of our investments in Connecticut's children and their families, rather than measures of a particular intervention or the final results of a specific activity. We anticipate these outcomes will align with overall child well-being as defined by OEC programs and services to support children and their families. Our Vision for Child Outcomes was not written to advance children's skills at kindergarten entry. The Vision for Desired Child Outcomes is being developed with two key themes: access, and positive learning experiences.**

Associated with each theme, we are identifying the desired outcome, available data, and data for which OEC must develop systems and collection strategies in order to be able to analyze and plan. Child outcomes are articulated for OEC programs and services that directly impact children from the prenatal period to age five, including: developmental screening; child care for families; and supports from Birth to Three or Home Visiting for eligible children and families. The OEC also leads initiatives to help the adults in children's lives nurture their healthy development. Similarly, the OEC partners with other organizations to improve families' access to resources. We will explore outcomes related to these adult-focused and partnership-based efforts at a future date.

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

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

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

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

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

#### 8.1.1 Coordination with required and optional partners

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

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The 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 in 2021, and continues to be active, meeting quarterly with all meetings open to the public. The vision and mission of the OEC and alignment to the CCDF plan and implementation of the plan were reviewed and discussed at the**

Cabinet's most recent meeting in March, 2024. 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.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **With the last CCDF 2022-2024 Plan, the OEC coordinated with the Mohegan Tribe to communicate access to the OEC Registry and explanation of available online professional development opportunities to subsidy providers within the Registry. The OEC reached back out to both the Mohegan Tribe and Mashantucket Pequot Tribe but were unable to schedule a meeting prior to this CCDF 2025-2027 Plan draft because both tribal communities were unresponsive to OEC's repeated emails.**

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

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The OEC is working closely with the IDEA 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.**
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **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 listening sessions, planning and drafting of the Governor's Blue Ribbon Panel report; (2) Ongoing 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.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **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. Following the COVID-19 crisis, the OEC and CT UW (CCR&R) continue to work closely with the Department of Public Health (DPH) to coordinate and update messaging pertaining to health practices.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **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 to long-term outcomes such as wage growth and sustained employment, which are tied to families' ability to move towards economic stability. OEC's CCDF Administrator is a member of the 2-Gen Benefits Cliff work group which includes DOL and OWC. This group is currently working on a proposal for the Governor's office and state legislators to run a pilot supporting working low-income families to keep their benefits, such as child care, after receiving employment advances and increases income to bridge the benefit cliff and ensure continuity of care for our young children.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **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. In 2023, legislation was passed to include families experiencing homeless, foster families and families in their first year of adoption from the DCF system in OEC's Protected Services category to ensure safe, quality free child care to these populations. In addition, 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. The OEC has and continues to work collaboratively with the Connecticut Association of Public-School Superintendents in our Blue Ribbon Panel work as we focus on streamlining and improving the child care system in CT, including transition to kindergarten. 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. OEC recently updated the transition to kindergarten parent materials and translated them into Spanish.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **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 now updated 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. OEC child care licensing regulations for licensed center-based and group homes will soon be aligned to our C4K subsidy health and safety requirements resulting in all newly licensed programs eligibility as Care 4 Kids providers. These regulations are scheduled to go into effect in October 2024, followed by FCC regulation changes at a later date.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **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.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The OEC has contracted with the regional Education Service Center (EdAdvance) 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.**

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Department of Social Services is responsible for the TANF program. 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. FFY23, the Care 4 Kids program had 10.4% 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.**

The OEC staff works closely with Department of Labor staff to coordinate benefits for family participating in TANF Jobs First Training Programs. The OEC shares policy changes and case processing timelines with Department of Labor Jobs First Staff.

The Department of Social Services is operating a pilot Opportunity Center. The Opportunity Center is a location where families can schedule appointment with the social service providers, to enroll in eligible services.

The Care 4 Kids program has assigned staff to the Opportunity Center where they assist the family to apply for child care subsidy.

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **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. As of 2017, the Community Health Network for Connecticut have had active 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.**

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **In accordance with Public Act 13-178, Connecticut Department of Children and Families is the primary state agency responsible for children's**



mental health needs. DCF is charged with creating a comprehensive and integrated behavioral health plan that meets the behavioral health needs of all children in the state. Interagency collaboration is essential with respect to areas of expertise and population served within each agency. Recognizing the value of a well-established continuum of care, OEC values the importance of proactively expanding partnerships with sister state agencies to promote overall wellness for children throughout their development. OEC has reached out to DCF to collaborate on past and upcoming professional learning webinars focused on promoting mental health and wellness for children, families and providers. Additionally, OEC has collaborated with other CT State agencies promoting mental wellness in the same way, including State Department of Education (SDE), Department of Housing (DOH), and Department of Energy and Environmental Protection (DEEP).

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **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. Through the UWC contract, UWC coordinates and implements professional learning opportunities in the areas of First Aid/CPR/Med Admin certifications throughout the state, both in person and online. Through this collaboration, UWC has increased the number of offerings, locations, and languages. From OEC direction, UWC C4K has updated their website, and continues to improve the user-friendliness of website as well as revising family/provider communications to be more family friendly and culturally responsive. UWC C4K has collaborated with OEC and other partners to improve the effectiveness of our online Parent Portal, including a recent update that incorporates redeterminations.**
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The OEC continues to work with the Connecticut Network for Children and Youth, the statewide afterschool network, to address the pressing issue of ensuring quality in afterschool programs. The Connecticut Network for Children and Youth provides a variety of conferences, fee-for-service trainings, and consultation that meets providers where they are and helps to assess programs' progress made towards goals. The OEC will continue to explore opportunities to invest in additional school-age training and professional development that promote high quality before- and after-school care. Additionally, OEC Contracts with the Connecticut Network for Children and Youth to help build local coordinating entities for early childhood services, an initiative that is also funded in part by CT's Early Childhood Funders Collaborative. This assures that local planning efforts around child care include planning for school-age children.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The OEC is an active participant in state emergency preparedness and response activities, and takes a leading role in response related to provision of child care services. Jointly with the Department of Emergency Management and Homeland Security the OEC co-chairs the Child Emergency Preparedness Committee, a group of stakeholders with roles in emergency response related to children. The group's current focus is the expansion of the Handle With Care program to communities throughout CT. Handle with Care creates a process by which police notify a school/district**

that a child may have witnessed a violent or traumatic incident. This information is relayed to the classroom teacher as a “situational awareness” message, informing the adults who work with the child that something has happened in the child’s life that may be exhibited in uncharacteristic behavior, fatigue, or other response. The adults are then primed to be able to provide additional support and make referrals as necessary. The State Department of Education is leading discussions with school superintendents to advance this work during FY 25 to new districts. The CEPC partners with OEC to deliver annual training on emergency preparedness for child care providers by providing access to the CT State Police training unit.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **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 OEC has a partnership with CT State, our consolidated community college system, to provide courses toward a CDA and a set of 12 defined early childhood credits on a path toward a degree.**
  - iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
  - iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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 reentry 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.

- v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **CT OEC 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.**
- vi. **[x]** 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. Additionally, OEC has worked with DCF over the past 18 months to create a Protected Services category that includes foster families. OEC has also agreed to take over all child care payments on behalf of DCF. Those providers who are not Care 4 Kids providers will be paid out of DCF funds, not CCDF funds, that will be transferred from DCF to OEC quarterly per draft MOA.**
- vii. **[x]** Child care 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 is to increase the supply of infants and toddlers, reduce administrative costs of family childcare providers through technical assistance, training, and back-office support.**
- viii. **[x]** Parent groups or organizations. Describe: **The CCDF team met with the OEC Parent Cabinet to discuss ways to further engage stakeholders in reviewing and providing feedback on the plan during the Public Comment period. It was decided that Parent Cabinet ambassadors would share a 1-2 page visual summary document with stakeholders at their various meetings and engagements to**

encourage participation in the public comment process. The CCDF Administrator is a member of Connecticut’s Early Childhood Cabinet, which acts as an advisory council. The CCDF Administrator and the CCDF State Program manager presented an overview of the 2025-2027 CCDF plan to the Cabinet and requested input into the plan. Links to the preprint were provided to members and the public at this meeting. The CCDF Administrator’s email as well as the CCDF State Program Manager’s emails were provided for members and the public to use for input, comments, and questions regarding the plan. Timelines for public comment and final submission were also discussed.

- ix. ☐ Title IV B 21<sup>st</sup> Century Community Learning Center Coordinators. Describe:
- x. ☐ Other. Describe:

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

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

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

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

### 8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21<sup>st</sup> Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☐ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21<sup>st</sup> Century Community Learning Center Funds (Every Student

Succeeds Act)

☒ State- or Territory-only child care funds

☐ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☐ Title IV-E funds (Social Security Act)

☐ Other. Describe:

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **Providers serving children birth through 12 years and who receive state funding for School Readiness, Smart Start, Child Day Care Contracts, and Early Head Start Partnerships 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.**

#### 8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

*Note:* Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: **State General Fund Appropriation**

☐ No.

- b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. ☐ Donated directly to the state.

- ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs

are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☐ Yes.

☒ No. If no, describe: **Not Applicable. No pre-Kindergarten expenditures are used to serve as MOE.**

### 8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

#### 8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: Connecticut funds a state-wide CCR & R (United Way of Connecticut) 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) Researched-based information on the long-term impact of high quality early childhood education and development; (3) Assistance for low income families to access child care and early education services; (4) Maintenance of a referral system to provider services and information to support families and providers; (5) Information for families of services available through the Help Me Grow/ Child Development Infoline regarding Birth to 3 services and managing the state-wide Ages and Stages Child Monitoring program for families to track the development of child from birth - 5 years of age. Help Me Grow has a database that tracks demographics, client service needs and outcomes of referrals; and (6) Providing technical assistance through on-site visits to newly licensed family child care providers. There are a variety of ways that the United Way 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 statewide 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 thousand of young children. The UW also connects with health and human services to help families and provider connected to needed resources. UWC maintains and updates a 211 child care data base. Part of this process is surveying providers on a regular basis to update their information, i.e., enrollment numbers, etc. UWC providers OEC with an omnibus report containing data regarding supply and location on a quarterly basis. This information is shared with UConn to use in their process of determining unmet need across the state with involves use of US census and SVI information. As a result of this collaboration, OEC is able to identify supply of child care, and demand in terms of unmet need.**

## 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

#### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Social Venture Partners-Connecticut (SVP-CT)** SVP supported the Blue Ribbon Panel and the Office of Early Childhood (OEC) in developing the Blue Ribbon Plan on Child Care. SVP, with the leadership of staff Jennifer Gerber and Dr. Monisha Gibson, played a wide range of roles, including project planning and management, financial modeling and analysis; and consulting support for two of the workgroups. SVP supported the extensive stakeholder engagement and outreach effort, led by Dr. Gibson—involving nearly 3,000 people and over 300 meetings—that made the final plan stronger and more reflective of the needs of constituents across the state. The Hunt Institute: Dr. Dan Wuori and the Hunt Institute provided subject matter expertise on the landscape of early childhood fiscally in America as well as, research and subject matter expertise on the subject of brain development from the womb through early childhood and the importance of brain development and high-quality early childhood environments for the Blue Ribbon Plan. Dr Wuori also served as a consultant and guide in creating the final draft of the plan. Social Finance Social Finance created a seven-year term plan to ensure that the pay for early childhood educators in Connecticut meets the suggested levels outlined in the Unifying Framework (UF) for the Early Childhood Education profession as part of the Blue Ribbon Plan. Social Finance supported the OEC in planning for the Blue Ribbon Panel, including acting as project manager for the Workforce and Quality working group, which was tasked with outlining a plan to develop a high quality, well compensated provider workforce. Odonnell Company The Odonnell Marketing company provided Blue Ribbon Panel support by taking copious notes at all the Blue-Ribbon Panel meetings, public sharing sessions, and stakeholder engagement. Additionally, Odonnell provided support to organize and coordinate meeting agendas, marketing, logos, informational pages, meeting presentations and the final copy of the Blue-Ribbon Panel Plan. They acted as consultants for marketing the Blue Ribbon Plan and the overall communication of the Blue Ribbon Plan. Rhian Evans, Workforce Advisor: Former Executive Officer of the National Education of Young Children supported the Blue Ribbon Panel by serving as an advisor to the Workforce and Quality work team. Evans provided clear guidance on the Unifying Framework, a professional alignment of skills and compensation for early childhood educators created by NAEYC. Her expertise greatly influenced the plans' adoption of the Unifying Framework, which calls for increased compensation and a clear path for professional development. Linda Smith-BPC, Policy Advisor: Linda Smith served as the former deputy assistant secretary for early childhood development at the Department of Health and Human Services, and currently serves as the Director of The Bipartisan Policy Center Early Childhood Development Initiative. Smith provided her expertise on policy and government systems and funding, as well as, provided insight to the conditions that are needed to change the overall infrastructure within a state to support early childhood. Simon Workman, Fiscal Advisor: Simon workman and the P5 Fiscal Strategies organization provided support around systems funding and infrastructures. Simon served as the subject matter expert of the Blue-



**Ribbon Panel Funding Group, advising on the funding mechanisms and systems that are needed to support a high-quality early childhood infrastructure within a state.**

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

### 8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The State’s plan was finalized in September 2019. It was updated in April 2024. The updates include updated hyperlinks throughout document; page 10 inserted detail regarding OEC Incident Command; Page 17 inserted OEC as responsible entity for child safety kits. All updates are noted on page two of the plan which is posted on the OEC website.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
  - i. The plan was developed in collaboration with the following required entities:
    - ☒ State human services agency.
    - ☒ State emergency management agency.
    - ☒ State licensing agency.
    - ☒ State health department or public health department.
    - ☒ Local and State child care resource and referral agencies.
    - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
  - iii. ☒ The plan includes guidelines for the continuation of child care services.
  - iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
  - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
    - ☒ Procedures for evacuation.
    - ☒ Procedures for relocation.
    - ☒ Procedures for shelter-in-place.
    - ☒ Procedures for communication and reunification with families.
    - ☒ Procedures for continuity of operations.

- ☒ Procedures for accommodations of infants and toddlers.
- ☒ Procedures for accommodations of children with disabilities.
- ☒ Procedures for accommodations of children with chronic medical conditions.

- vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. ☒ The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **<https://www.ctoec.org/wp-content/uploads/2019/10/Connecticut-Child-Care-Emergency-Preparedness-Manual-3-2024-update.pdf>**

## 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

### 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

#### 9.1.1 Parental complaint process

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

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Office of Early Childhood Division of Licensing has specialists are bilingual Spanish/English and correspond via phone, email and chat. For all other languages, translation services are available. The regulations for family child care homes are available in English and Spanish. Most of the documents required for licensing family child care homes are available in English and Spanish. The informational portions of the website feature a translation button prominent in the upper right corner of each page and offers translation in the eight most common languages used by consumers in Connecticut.**
- c. Describe how the parental complaint process ensures broad 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.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?  
☒ Yes. If yes, describe: **All complaints are filed with OEC by either calling the OEC Licensing complaint line or completing the OEC complaint form. All complaints that allege violations of the licensing regulations/statutes or health & safety requirements are accepted for investigation. Upon intake, an OEC licensing staff, screen and prioritizes 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. 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.**  
☐ No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF

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 and non-CCDF providers.**

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **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**

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

### 9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage:  
**<https://www.211childcare.org/>**
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?  
**[x] Yes.**  
**[ ] No. If no, describe:**
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?  
**[x] Yes.**  
**[ ] No. If no, describe:**

### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://www.ctoec.org/licensing/centers-group-child-care-homes/>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: [https://resources.211childcare.org/parents/licensing\\_accreditation/](https://resources.211childcare.org/parents/licensing_accreditation/)
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: <https://www.ctoec.org/background-checks/>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: <https://www.ctcare4kids.com/wp-content/uploads/2012/04/Copy-of-Copy-of-Copy-of-Disqualifying-Crimes-Revised-082017.pdf>

### 9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
  - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?  
☒ Yes.  
☐ No. If no, describe:
  - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://www.211childcare.org/>
  - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
    - ☒ License-exempt center-based CCDF providers.
    - ☐ License-exempt family child care CCDF providers.
    - ☒ License-exempt non-CCDF providers.
    - ☐ Relative CCDF child care providers.
    - ☐ Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results
--

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. ☒ All licensed providers. Describe: **Fees by age group, School Districts, Website, License Number**
  - ii. ☒ License-exempt CCDF center-based providers. Describe: **Fees by age group, School Districts, Website, Exempt Status Credential**
  - iii. ☐ License-exempt CCDF family child care providers. Describe:
  - iv. ☒ License-exempt, non-CCDF providers. Describe: **Fees by age group, School Districts, Website, Exempt Status**
  - v. ☐ Relative CCDF providers. Describe:
  - vi. ☐ Other. Describe:

#### 9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
  - i. ☒ Quality improvement system.
  - ii. ☒ National accreditation.
  - iii. ☐ Enhanced licensing system.
  - iv. ☒ Meeting Head Start/Early Head Start Program Performance Standards.
  - v. ☐ Meeting pre-Kindergarten quality requirements.
  - vi. ☐ School-age standards.
  - vii. ☐ Quality framework or quality improvement system.
  - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
  - i. ☒ Licensed CCDF providers. Describe the quality information: **Quality Improvement Level, Quality Improvement Level Icon, Accreditation, Head Start**
  - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **Quality Improvement Level, Quality Improvement Level Icon, Accreditation, Head Start**
  - iii. ☒ License-exempt center-based CCDF providers. Describe the quality information: **Quality Improvement Level, Quality Improvement Level Icon, Accreditation, Head Start**
  - iv. ☐ License-exempt FCC CCDF providers. Describe the quality information:
  - v. ☒ License-exempt non-CCDF providers. Describe the quality information: **Quality Improvement Level, Quality Improvement Level Icon, Accreditation, Head Start**
  - vi. ☐ Relative child care providers. Describe the quality information:
  - vii. ☐ Other. Describe:

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

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data

Report on serious incident data that have occurred in child care settings each year.

- i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
  - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
  - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
  - iv. ☒ The total number of children in care by provider category and licensing status.
  - v. If any of the above elements are not included, describe:
- b. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **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: **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.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:  
**<https://resources.211childcare.org/reports/other-reports>**

#### 9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?  
☒ Yes.  
☐ No.  
☐ Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:  
**<https://resources.211childcare.org/>**



### 9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to this information: <https://www.211childcare.org/>

### 9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to the sliding fee scale.  
<https://www.ctcare4kids.com/care-4-kids-program/income-guidelines/>

## 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

### 9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **Information 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 are aware of the availability of all state and federally funded financial support for child care, where funded childcare vacancies exist and how to access services. This allows them to support families in**

meeting child care needs. 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.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **OEC provides several guidance documents related to the CT Early Learning and Development Standards (CT ELDS), including the series for providers entitled Supporting All Children Using the CT ELDS (<https://www.ctoec.org/supporting-all-children-using-the-ct-elds/>) which include evidence-based practices to promote development across all developmental domains. One documents in this series includes resources to share with families related to the CT ELDS. The OEC also provides resources (video clips, etc.) related to child development specifically designed for families (<https://www.ctoec.org/child-development/>) and promotes the use of the Sparkler app by child care programs in CT to foster family engagement and support families in completing developmental screenings.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **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.

#### 9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The OEC Statement on Exclusionary Discipline** (<https://www.ctoec.org/forms-documents/oec-statement-on-exclusionary-discipline.pdf/>), and an accompanying executive summary (<https://www.ctoec.org/forms-documents/behavior-and-discipline-in-early-childhood-programs-ct-oec-9-20-23.pdf/>) were released in September of 2023. OEC partnered with Walter Gilliam and several CT agencies to provide a webinar to highlight the issue of suspension and expulsion. introduce the documents and share resources available to help programs support social and emotional competence. The statements are posted on the OEC website and we are currently planning next steps in dissemination to providers and families.
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:  
N/A

### 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

#### 9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

☒ Yes.

☐ No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

☒ Yes.

☐ No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **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.**

☐ No. If no, describe:

- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

☒ Yes.

☐ No. If no, describe:

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

### 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

#### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The OEC follows all State of Connecticut guidelines, memorandums, rules, and laws related to funding and internal controls. All of our funding is tracked and managed through the State's electronic accounting system known as Core-CT. There are systems and controls within Core-CT that provide for and regulate the segregation of duties and roles related to all avenues of the contracting and expenditure process. Our processes and expenditures are periodically reviewed by the State's Auditors of Public Accounts (APA) for compliance with State and Federal regulations and to ensure that we are implementing our own policies and procedures effectively. The Office of Policy and Management (OPM) is consulted for approval regarding all new programs and the Office of the Attorney General (OAG) reviews and approves all contracts executed by the Lead Agency. Each contract and program has various monitoring schedules and procedures depending on the program ranging from subrecipient monitoring protocols to direct contract management. Our Program Managers, Grants and Contracts Unit, and Fiscal Department have regular meetings and discussions through email and Teams chats regarding contracts and procurement and allowable use of funds.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.

3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

#### 10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The OEC's Fiscal Department maintains overall responsibility for the fiscal administration of the CCDF program and has worked with the CCDF team to establish comprehensive controls to direct and monitor vendor performance. The OEC's Fiscal Department follows all federal and state rules, including those pertaining to CRRSA and ARPA funds, governing financial management and ensures compliance with state and federal audit requirements. The OEC's Grants and Contracts Unit supports the CCDF team in monitoring all contracted entities for compliance. Vendors are required to meet the performance standards established in their contract. The OEC's Fiscal Department utilizes management reports and audits to monitor compliance. Further, a monthly review of United Way's contract UCOA, in CORE, is performed in two steps 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 expenditure category reports, in CORE, and the corresponding amounts as compared to the approved budget. Each monthly report displays the pre-calculated formulas for Expenses % Total Budget and 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.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **All funds and expenditures are tracked and managed through the State of Connecticut's financial accounting system, CORE-CT. Payments to providers are made through the ImpaCT system. The Lead Agency's CCDF budget (Spend Plan) is reconciled quarterly, or monthly if needed, 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 quarterly basis. Record is kept of any outstanding items or questions with a one week follow up. The CCR&R monthly review process includes meetings 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 on 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. 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 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.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: OEC's Fiscal Department is responsible for the federal and state reporting of the CCDF program. The federal ACF-696 financial report is completed quarterly and reports all program and administrative expenditures funded by the multiple CCDF funding streams. OEC uses a Crosswalk workbook that was created to align to the federal ACF-696 form, calculate the federal requirement amounts under the various categories, and record cumulative expenditures claimed. It is a multi-step process to update the Crosswalk with quarterly CCDF expenditures. First, the CCDF budget (Spend Plan) is reconciled against the Expenditure by Object Report and Voucher Report (from CORE-CT) and any variances between these two reports are researched. Second, the Cashbook is updated with direct service payments, manual issues, refunds and cancellations. The Cashbook data comes from various sources including Program staff reports, ImpaCT eligibility/expenditure system, CORE-CT, and United Way payment requests. The Cashbook totals are reconciled against bank statement activity. Once the Spend Plan and Cashbook reconciliations are completed, the expenses are added to the quarterly Crosswalk for the appropriate Grant Year. The Crosswalk Expense tabs are verified by the person entering the expenses and also by a second reviewer/approver. The Expense tab expenditures automatically flow to the cumulative 696a form for the corresponding quarter, which is then used to enter the ACF-696 report into ACF's electronic filing system, or Grant Solutions. In the ACF-696 Crosswalk, formulas and checks are added for reviewers to verify that the federal/MOE requirements are met, and that the expenditures claimed are not in excess of the awards received. The same CORE-CT reports mentioned above, in addition to other sources such as ImpaCT, eGMS, OF1/OF2 budget documents, are used to complete the state ARPA-CSFRF (Coronavirus State Fiscal Recovery Fund) reporting to the Office of Policy and Management (OPM). Obligation and expenditure information is obtained from these reports and entered into the appropriate column for current period and cumulative amounts. An additional state report that is completed quarterly is the Legislative Report which includes CCDF allocations, expenditures, and projections by funding source. We use CORE-CT appropriation and allotment data to enter the amounts available through the reporting period and what will be available for the SFY. We then update the expenditures and projections using the Spend Plan totals, which have been previously reconciled against CORE-CT and Cashbook.
- d. Other. Describe:

#### 10.1.3 Effectiveness of fiscal management practices



Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The OEC considers effective fiscal management practices to be the standard operating procedures developed to carry out our accounting, financial reporting, budgeting, and other activities related to managing the business of the agency. There are quarterly, or monthly if needed, meetings with Fiscal and Program Directors to review the program activities under their department along with the budget and expenditures for these activities. Any discrepancies discovered during these analysis meetings are updated and corrected as needed.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Consistency and transparency in financial reporting is critical to consider when measuring the effectiveness of our procedures. In addition to the random sampling audits performed by the Office of the State Comptroller (OSC), we perform a monthly reconciliation of expenditures to ensure proper coding and allowable use of funds. Further, the Auditors of Public Accounts (APA) review all of our expenditures and business practices on a routine basis. All budgets and expenditures related to CCDF are tracked in our Spend Plan. The Spend Plan is updated monthly and contains historical expenditure information since 2019. Because we have been using this method to budget and track yearly expenditures, we can compare many variables and use that analysis to inform policy and decision-making conversations. Furthermore, the CCDF Administrator meets monthly and quarterly with the fiscal department and division directors and program managers to reconcile their portions of the budget through the Spend Plan. This allows us to have a clear vision of our CCDF Budget on a monthly basis so that we can make informed budgetary decisions moving forward.**
- c. How the results inform implementation. Describe: **If our monthly reconciliation or the external audits performed by our sister agencies yield any inconsistencies or errors, we analyze the findings to determine if there is a systemic issue or room to improve or grow in our policies and procedures. When necessary, we review and make changes to our procedures to ensure we have the most effective and practical methods in place. During monthly or quarterly meetings, the CCDF Administrator, fiscal department and division directors review each division's budget and spending. This process assists the OEC fiscal team to understand budget spending and make timely decisions if fund reallocation is needed.**
- d. Other. Describe:

#### 10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Each fiscal year, the Lead Agency works with the State Department of Education to annually update the Office of Policy and Management (OPM)'s Compliance Supplement, which informs auditors of the rules regulations surrounding each State funded major program. If a contractor or recipient is required to have an audit performed, the Compliance Supplement will help identify risks for the auditors. The audits are uploaded onto OPM's Electronic Audit Reporting System (EARS).**

We also have contractors submit programmatic and fiscal reports on an applicable schedule with are review by Program Managers. Further, we perform monthly reconciliations of expenditures to ensure accuracy of payments and coding.

For overseeing the UWC contract , we use the following Risk Assessment Steps: Identify the hazards, decide who might be harmed, evaluate risks and decide on precautions, implement findings, review assessment and update when/if necessary are built into our Active Contract Management Process as well as our monitoring of licensure requirements. In Active Contract Management, program managers and individuals assigned to oversee contracts review contract language with our Grants and Contracts division and the state's Attorney General's office looking for any risks or potential for harm to any stakeholder. Once contracts are approved and executed, active contract management consists of reviewing the requirement contractor weekly, monthly, quarterly programmatic, and fiscal reports applying the risk assessment framework. Weekly, monthly, and quarterly meetings are scheduled to review and discuss findings and adjust or draft amendments when necessary. During monitoring licensing visits, OEC licensing specialists apply the risk assessment model in their monitoring visits, observing practice, environment, reviewing files, etc. ensuring all practices and activities are aligned to our state licensing regulations. When violations are discovered, consequences such as placing a program on a Corrective Action plan, are aligned to the level of risk of the violation.

- b. The frequency of each risk assessment. Describe: The Lead Agency reviews payments and coding at a minimum of a monthly basis. The Office of the State Comptroller (OSC) performs an audit of a random sampling of expenditures on a monthly basis. The Auditors of Public Accounts (APA) perform State and Federal audits of our agency on an annual basis and perform a departmental audit on a three-year basis.

For overseeing the UWC contract, risk assessments are built into regular intervals. For contracts and program management, these are conducted weekly, monthly, quarterly, depending on the portion of the contract / work stream being examined. Licensing visits occur annually, and they are unannounced. More frequent license monitoring visits can occur if risk assessment determines the need or if minor changes, such as address or licensed capacity changes.

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: If our monthly reconciliation or the external audits performed by our sister agencies yield any inconsistencies or errors, we analyze the findings to determine if there is a systemic issue or room to improve or grow in our policies and procedures. When necessary, we review and make changes to our procedures to ensure we have the most effective and practical methods in place.

For overseeing contracts, the Risk Assessment Steps: Identify the hazards, decide who might be harmed, evaluate risks and decide on precautions, implement findings, review assessment and update when/if necessary are built into our Active Contract Management Process as well as our monitoring of licensure requirements. In Active Contract Management, program managers and individuals assigned to oversee contracts review contract language with our Grants and Contracts division and the state's Attorney

General's office looking for any risks or potential for harm to any stakeholder. Once contracts are approved and executed, active contract management consists of reviewing the requirement contractor weekly, monthly, quarterly programmatic, and fiscal reports applying the risk assessment framework. Weekly, monthly, and quarterly meetings are scheduled to review and discuss findings and make adjustments or draft amendments when necessary. During monitoring licensing visits, OEC licensing specialists apply the risk assessment model in their monitoring visits, observing practice, environment, reviewing files, etc. ensuring all practices and activities are aligned to our state licensing regulations. When violations are discovered, consequences such as placing a program on a Corrective Action plan, are aligned to the level of risk of the violation.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **We know that our monthly reconciliation is effective because on occasion we have found discrepancies in coding that we've had to enter journal vouchers to correct. Additionally, the audits performed by APA for all agencies are posted on their website and show the results of all the audits they have performed.**

For contracts, risk assessment is an ongoing process, intertwined into active contract management and monitoring of licensing requirements. OEC staff involved in this work operate within a continuous cycle of improvement, this the process is ongoing with results reviewed regularly for success or needed revision.

- e. Other. Describe:

#### 10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
  - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **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. OEC has hired staff specifically for the CCDF program and their roles are related to CCDF activities. Staff members are also offered opportunities to attend conferences such as STAM to learn more about CCDF program requirements and their role within the program. Staff members are also provided with materials, such as federal instructions and guidelines, to learn about the rules and regulations of the CCDF program. Staff attend all meetings relating to CCDF to become more familiar with the activities, contracts, and agencies associated with the program. Our CCR&R also responds to providers' individual requests for update trainings. We implement the concepts of Tell, Show, Do, Review in our training, which we have found to be effective with new**

staff onboarding. This includes showing the staff the process to complete, walking them through the process, having them complete it independently and then reviewing their work.

- ii. Describe how staff training is evaluated for effectiveness: **This would be completed during the "Review" portion of the training mentioned in the previous response to make sure there are no errors. It also gives an opportunity to provide feedback/suggestions to new staff.**
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **OEC takes information from audit findings from APA to re-train and update procedures as necessary. OEC uses the results of error rate to inform agency staff of areas of opportunity in our subsidy program to help providers and families better understand eligibility rules and requirements. For example, it has been noted that there has been a high rate of application denial due to income and activity requirements and have advised all agency staff that use of the Parent Portal and pre-screening tool online are available to reduce the high denial rate and increase efficiency.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
- i. Describe the training for providers around CCDF program requirements and program integrity: **CT has created, posted and implemented an on-demand training which provides an overview of the CCDF requirements with a focus on how to maintain program requirements and ensure program integrity. The training is 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.**

The OEC has contracted with providers to offer a number of free trainings to the field, broadly accessible to both family childcare providers as well as centers. These trainings have been targeted to support family childcare providers more inclusively than ever before. Trainings include: Provider Orientation Training for Care4Kids providers which covers a number of child development topics Medication Administration train the trainer sessions to replicate the Yale University model CPR, First Aid trainings, and nutrition trainings Backpack and I Am Moving I am Learning based trainings Coaching. In addition, 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.

- ii. Describe how provider training is evaluated for effectiveness: **The OEC professional registry and the Care 4 Kid ImpaCT system tracks provider**

compliance in meeting the orientation. Relatives are required to complete a pre-service orientation program the includes the topic areas: child development, SIDS, building and physical premise safety, emergency preparedness, storage of hazardous materials, nutrition and physical activity. Currently, we do not have an evaluation tool built for the training. However, we are partnering with UWC to develop an online evaluation survey that would be optional after the trainings are completed.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **OEC uses the results of error rate study to inform ongoing providers training needs in multiple ways. During a recent error rate review, the review team identified numerous errors related to self-employment reporting requirements. It was found that many families submitted incorrect documentation on their self-employment which delayed process of their applications. OEC has contracted with CohnReznick to streamline reporting requirements and has conducted training for United Way staff to better assist providers who help family's complete eligibility documents. The training materials are available for reference for on the Care 4 Kids website for families and providers to access. Additionally, we found through the error rate process that many families send incomplete applications requiring missing information letter to be sent out. The C4K and OEC staff have encouraged families to access the online Parent Portal to submit applications and documentations.**

#### 10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Connecticut completes the triennial error rate review and submits the ACF-404 Improper Payment Report. This report summarizes key finding from the review and the report is shared with staff and leadership members of both organization (OEC and UWC). The report is used to evaluate the internal controls used at UWC when determining family eligibility and issuing subsidy payments. Based on the finding OEC/UWC develop plans to ensure effective internals controls are maintained.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency receives its audit results from APA via email and it is made available on the APA website. The Lead Agency uses the feedback and any suggestions to improve and strengthen our internal controls when necessary.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

#### 10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no

weaknesses in the Lead Agency's internal controls.

- b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The Auditors of Public Accounts (APA) review all expenditures and business practices on a routine basis. OEC uses their findings and recommendations to make improvements on our internal controls. For example, as a result of a recent State Audit finding, OEC recently updated the written procedures for preparing and submitting the quarterly ACF-696 Financial Report to be more accurate with the current procedures followed.**

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
  - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When a child care case is entered into ImpaCT (a system for data collection and eligibility determination), Care 4 Kids has access to the Department of Social Services information and data to see if the family is also receiving Medical and/or SNAP benefits. Care 4 Kids uses this information to determine other state benefits, and who in the family is receiving the awards. This process helps identify families that may intentionally withhold information or provide inaccurate information on their applications. In addition to SNAP and Medical benefits, Care 4 Kids also checks TANF, State Directory of New Hires, Social Security Administration, and unemployment databases.**

**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 communicated with 5 CACFP sponsoring organizations to verify enrollment in CACFP or to inquire about enrollment in CACFP.**

**Additionally, The Work Number is used to verify income. If the employer participates in The Work Number, UWC is able to verify income information and identify any intentional or unintentional misrepresentation of the income the family is expected to receive. UWC averages about 2000 inquiries per month to**

verify income using The Work Number.

These practices ensure proper use of CCDF funds by instituting an additional layer of verification of the family's income. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When a child care case is entered into ImpaCT (a system for data collection and eligibility determination), Care 4 Kids has access to the Department of Social Services information and data to see if the family is also receiving Medical and/or SNAP benefits. Care 4 Kids uses this information to determine other state benefits, and who in the family is receiving the awards. This process helps identify families that may intentionally withhold information or unintentionally provide inaccurate information on their applications. In addition to SNAP and Medical benefits, Care 4 Kids also checks TANF, State Directory of New Hires, Social Security Administration, and unemployment databases.**

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 communicated with 5 CACFP sponsoring organizations to verify enrollment in CACFP or to inquire about enrollment in CACFP.

Additionally, The Work Number is used to verify income. If the employer participates in The Work Number, UWC is able to verify income information and identify any intentional or unintentional misrepresentation of the income the family is expected to receive. UWC averages about 2000 inquiries per month to verify income using The Work Number.

These practices ensure proper use of CCDF funds by instituting an additional layer of verification of the family's income. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Care 4 kids case worker verifies family data through other state databases. If inaccuracies are noted, the case worker will reach out to the other state agency to confirm. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT.**

- b. **[x]** Run system reports that flag errors (include types).

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When a child care case is entered into ImpaCT (a system for data collection and eligibility determination), the system runs a Department of Social Services comparison to see if the family is also**

receiving Medical and/or SNAP benefits. Care 4 Kids uses this information to determine other state benefits, and who in the family is receiving the awards. This process helps identify families that may intentionally withhold information or provide inaccurate information on their applications.

Additionally, The Work Number is used to verify income. If the employer participates in The Work Number, UWC is able to verify income information and identify any intentional or unintentional misrepresentation of the income the family is expected to receive. UWC averages about 2000 inquiries per month to verify income using The Work Number.

These practices ensure proper use of CCDF funds by instituting an additional layer of verification of the family's income. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When a child care case is entered into ImpaCT (a system for data collection and eligibility determination), the system runs a Department of Social Services comparison to see if the family is also receiving Medical and/or SNAP benefits. Care 4 Kids uses this information to determine other state benefits, and who in the family is receiving the awards. This process helps identify families that may intentionally withhold information or unintentionally provide inaccurate information on their applications.**

Additionally, The Work Number is used to verify income. If the employer participates in The Work Number, UWC is able to verify income information and identify any intentional or unintentional misrepresentation of the income the family is expected to receive. UWC averages about 2000 inquiries per month to verify income using The Work Number.

These practices ensure proper use of CCDF funds by instituting an additional layer of verification of the family's income. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **When agency errors are identified, they are corrected and any trends identified are used to inform subsequent employee training and onboarding materials. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT.**

- c. **[x]** Review enrollment documents and attendance or billing records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Case managers review submitted applications and renewals for completeness. If required information is missing,**



illegible or outdated, a Missing Information Notice is sent to obtain verified and correct documentation.

C4K invoices are sent to providers on a monthly basis. The invoices list all children enrolled in C4K, the number of days/months approved based on what is reported on the Parent Provider Agreement Form (PPA), and the number of days the child attends. The provider attests to the information on the invoice and returns it to C4K for payment through the provider portal.

United Way of CT has an internal Quality Assurance process, where cases are consistently reviewed using the same data elements as noted on the Federal Record Review Worksheet. The outcome of the reviews determines ongoing training and staff development topics. UWC reviews approximately 1000 cases annually. Ongoing training and staff development reduces case processing errors.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Case managers review submitted applications and renewals for completeness. If required information is missing, illegible or outdated, a Missing Information Notice is sent to obtain verified and correct documentation.**

C4K invoices are sent to providers on a monthly basis. The invoices list all children enrolled in C4K, the number of days/months approved based on what is reported on the Parent Provider Agreement Form (PPA), and the number of days the child attends. The provider attests to the information on the invoice and returns it to C4K for payment through the provider portal.

United Way of CT has an internal Quality Assurance process they implement to ensure intentional and unintentional program violations are identified. Cases are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. UWC reviews approximately 1000 cases annually. Ongoing training and staff development reduces case processing errors.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Cases are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and staff development topics. UWCT does not track the total instances of identified discrepancies between information reported on the C4K application vs. Information found in DSS ImpaCT. Ongoing training and staff development reduces case processing errors.**

- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Cases are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and**

**staff development topics. Ongoing training and staff development reduces case processing errors.**

- ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Cases are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and staff development topics. Ongoing training and staff development reduces case processing errors.**
  - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Parent Provider Agreement forms are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and staff development topics. Ongoing training and staff development reduces case processing errors.**
- e. **[x] Audit provider records.**
- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Parent Provider Agreement (PPA) forms are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and staff development topics.**

**When discrepancies related to care and work schedules of the unlicensed relative providers are noted on the PPA, a referral is made to the DSS Fraud Early Detection Unit (FRED) to investigate. In FY23, there were eleven provider referrals made to FRED.**

- ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Parent Provider Agreement forms are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and staff development topics.**

**When discrepancies related to care and work schedules of the unlicensed relative providers are noted on the PPA, a referral is made to the DSS Fraud Early Detection Unit (FRED) to investigate. In FY23, there were eleven provider referrals made to FRED.**

- iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Parent Provider Agreement forms are reviewed for accuracy. If inaccurate information is identified, corrections are completed to ensure program integrity. The outcome of the reviews determines ongoing training and staff development topics.**
- f. **[x] Train staff on policy and/or audits.**
- i. **[x] Intentional program violations. Describe the activities, the results of these**

- activities, and how they inform better practice: **Care 4 Kids staff attend a 6-week new hire training on program regulations, policy, & procedures. Care 4 Kids staff attend mandatory ongoing quarterly trainings. Staff are consistently provided up to date policy & procedures to apply knowledge to case processing.**
- ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Care 4 Kids staff attend a 6-week new hire training on program regulations, policy, & procedures. Care 4 Kids staff attend mandatory ongoing quarterly trainings. Staff are consistently provided up to date policy & procedures to apply knowledge to case processing.**
  - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Care 4 Kids staff attend a 6-week new hire training on program regulations, policy, & procedures. Care 4 Kids staff attend mandatory ongoing quarterly trainings. Staff are consistently provided up to date policy & procedures to apply knowledge to case processing.**
- g. **[x] Other. Describe the activity(ies): DSS Fraud Investigations**
- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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 approves benefits. This program is a fraud prevention program in which investigations are conducted by DSS to identify any intentional or unintentional violations for program eligibility including but not limited to verifying household composition and self-employment activities. Care 4 Kids refers active cases with suspected or identified fraud to DSS for investigation and criminal prosecution. In FY23, 592 referrals were made to FRED.**
  - ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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 approves benefits. This program is a fraud prevention program in which investigations are conducted by DSS to identify any intentional or unintentional violations for program eligibility including but not limited to verifying household composition and self-employment activities. Care 4 Kids refers active cases with suspected or identified fraud to DSS for investigation and criminal prosecution. In FY23, 592 referrals were made to FRED.**
  - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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 approves benefits. This program is a fraud prevention program in which investigations are conducted by DSS to identify any intentional or unintentional violations for program eligibility including but not limited to verifying household composition and self-employment activities. Care 4 Kids refers active cases with suspected or identified fraud to DSS for investigation and criminal prosecution. In FY23, 592 referrals were made to FRED.**

### 10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Department of Social Services 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. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
  - i. **[x] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: \$10.00 is the minimum dollar amount to require recovery. United Way of CT identifies if an improper payment has been made and reviews the amount of the improper payment. Overpayments of \$10.00 or more are recouped from the parent or provider. Overpayments are referred to Department of Administrative Services for recovery of funds. For the period of January 1, 2022, through January 1, 2024, there were 412 cases recovered through state/territory tax intercepts by DAS and a total of \$411,080.49 was collected.**
  - ii. **[x] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: United Way of CT refers cases with suspected or identified fraud to DSS for investigation and criminal prosecution. Overpayments are referred to DAS for processing and recovery of funds. For the period of January 1, 2022, through January 1, 2024, there were 412 cases recovered through state/territory tax intercepts by DAS and a total of \$411,080.49 was collected. For the time frame of January 1, 2022, through January 1, 2024, 1367 Fraud Early Detection referrals were made to the Department of Social Services Investigations Division for the investigation of applicants. Of those referrals, 359 applications were denied or withdrawn resulting in \$2,926.579 in cost savings and 401 applications were granted at a reduced rate resulting in \$258,052 in cost savings. For the same time frame, 49 Active Case Assessment Program referrals were made to the Department of Social Services Investigations Division for the investigation of recipients' current or historical eligibility. Of those referrals, 5 resulted in overpayments totaling \$435,223, 3 resulted in cost savings totaling \$73,725 and 2 recipients were disqualified. 10 referrals are currently pending criminal court adjudication.**
  - iii. **[x] Recover through repayment plans. Describe the activities and the results of**

these activities based on the most recent analysis: **The Department of Administrative Services will contact the parent/provider regarding repayment options. For the period of January 1, 2022, through January 1, 2024, there were 412 cases recovered through state/territory tax intercepts by DAS and a total of \$411,080.49 was collected.**

- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If the provider is currently receiving payments, United Way of CT will reduce the provider's monthly payment by 25% for intentional overpayments. For the period of January 1, 2022 through January 1, 2024, UWCT processed 696 intentional overpayments , of the 696, fifty three (53) were not paid in full and 643 were paid in full.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **When an overpayment is not recovered from the parent/provider or DAS, their state tax refund will be intercepted until the full overpayment is recovered. When a case, if 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. For the period of January 1, 2022, through January 1, 2024, there were 412 cases recovered through state/territory tax intercepts.**
- vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The potential fraud identification unit is made up of a Recoupment Specialist, a lead and a manager. This unit works closely with DSS Fraud and Recovery. The Recoupment Specialist investigates the referrals from Eligibility Service Specialists for overpayments, calculates the overpayment amounts, and sends to DAS for recovery. Any cases that require extensive review for fraud are referred to DSS. For the time frame of January 1, 2022, through January 1, 2024, 1367 Fraud Early Detection referrals were made to the Department of Social Services Investigations Division for the investigation of applicants. Of those referrals, 359 applications were denied or withdrawn resulting in \$2,926.579 in cost savings and 401 applications were granted at a reduced rate resulting in \$258,052 in cost savings. For the same time frame, 49 Active Case Assessment Program referrals were made to the Department of Social Services Investigations Division for the investigation of recipients' current or historical eligibility. Of those referrals, 5 resulted in overpayments totaling \$435,223, 3 resulted in cost savings totaling \$73,725 and 2 recipients were disqualified. 10 referrals are currently pending criminal court adjudication.**
- viii. **[ ]** Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
  - [ ]** No.
  - [x]** Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **\$10.00 is the minimum dollar amount to require recovery. United Way of CT identifies if an improper payment has been made and reviews the amount of the improper payment. Overpayments of \$10.00 or more are recouped from the parent or provider. Overpayments are referred to Department of Administrative Services for recovery of funds. For the time period of January 1, 2022, through January 1, 2024, 2278 cases were processed by the UW of CT staff member who handles overpayments. Out of those 2278 cases processed 56 were referred to DAS, OAG or SAO for recoupment or prosecution measures. If there was no overpayment found or if they set up repayment plans, we would not refer to DAS.**
- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **United Way of CT refers cases with suspected or identified fraud to DSS for investigation and criminal prosecution. Overpayments are referred to DAS for processing and recovery of funds. For the period of January 1, 2022, through January 1, 2024, there were 412 cases recovered through state/territory tax intercepts by DAS and a total of \$411,080.49 was collected. For the time frame of January 1, 2022, through January 1, 2024, 1367 Fraud Early Detection referrals were made to the Department of Social Services Investigations Division for the investigation of applicants. Of those referrals, 359 applications were denied or withdrawn resulting in \$2,926.579 in cost savings and 401 applications were granted at a reduced rate resulting in \$258,052 in cost savings. For the same time frame, 49 Active Case Assessment Program referrals were made to the Department of Social Services Investigations Division for the investigation of recipients' current or historical eligibility. Of those referrals, 5 resulted in overpayments totaling \$435,223, 3 resulted in cost savings totaling \$73,725 and 2 recipients were disqualified. 10 referrals are currently pending criminal court adjudication.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Department of Administrative Services will contact the parent/provider regarding repayment options. For the time period of January 1, 2022, through January 1, 2024, 2278 cases were processed by the UW of CT staff member who handles overpayments. Out of those 2278 cases processed 56 were referred to DAS, OAG or SAO for recoupment or prosecution measures. If there was no overpayment found or if they set up repayment plans, we would not refer to DAS.**
- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If the provider is currently receiving payments, United Way of CT will reduce the provider's monthly payment**

by 10% for unintentional overpayments.

- v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **When an overpayment is not recovered from the parent/provider or DAS, their state tax refund will be intercepted until the full overpayment is recovered. 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, 2022, through January 1, 2024, there were 412 cases recovered through state/territory tax intercepts.**
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The potential fraud identification unit is made up of a Recoupment Specialist, a lead and a manager. This unit works closely with DSS Fraud and Recovery. The Recoupment Specialist investigates the referrals from Eligibility Service Specialists for overpayments, calculates the overpayment amounts, and sends to DAS for recovery. Any cases that require extensive review for fraud are referred to DSS. For the time frame of January 1, 2022, through January 1, 2024, 1367 Fraud Early Detection referrals were made to the Department of Social Services Investigations Division for the investigation of applicants. Of those referrals, 359 applications were denied or withdrawn resulting in \$2,926,579 in cost savings and 401 applications were granted at a reduced rate resulting in \$258,052 in cost savings. For the same time frame, 49 Active Case Assessment Program referrals were made to the Department of Social Services Investigations Division for the investigation of recipients' current or historical eligibility. Of those referrals, 5 resulted in overpayments totaling \$435,223, 3 resulted in cost savings totaling \$73,725 and 2 recipients were disqualified. 10 referrals are currently pending criminal court adjudication.**
  - viii. ☐ Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- ☒ No.
- ☐ Yes.
- If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
  - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

- iii. ☐ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
- iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
  - i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Clients are disqualified after a final determination that they committed fraud has been made by the court or disqualification hearing. Clients are disqualified for 3 months after the first finding of fraud, 6 months for the second finding, and 1 year for any subsequent findings for each occurrence. The parent may appeal the decision to the superior court within 45 days of the decision by serving a copy of their petition to appeal to the commissioner or attorney general. For the time frame of January 1, 2022, through January 1, 2024, 1367 Fraud Early Detection referrals were made to the Department of Social Services Investigations Division for the investigation of applicants. Of those referrals, 359 applications were denied or withdrawn resulting in \$2,926,579 in cost savings and 401 applications were granted at a reduced rate resulting in \$258,052 in cost savings. For the same time frame, 49 Active Case Assessment Program referrals were made to the Department of Social Services Investigations Division for the investigation of recipients' current or historical eligibility. Of those referrals, 5 resulted in overpayments totaling \$435,223, 3 resulted in cost savings totaling \$73,725 and 2 recipients were disqualified. 10 referrals are currently pending criminal court adjudication.**
  - ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Clients are disqualified after a final determination that they committed fraud has been made by the court or disqualification hearing. Clients are disqualified for 3 months after the first finding of fraud, 6 months for the second finding, and 1 year for any subsequent findings for each occurrence. The parent may appeal the decision to the superior court within 45 days of the decision by serving a copy of their petition to appeal to the commissioner or attorney general. For the time frame of January 1, 2022, through January 1, 2024, 1367 Fraud Early Detection referrals were made**



to the Department of Social Services Investigations Division for the investigation of applicants. Of those referrals, 359 applications were denied or withdrawn resulting in \$2,926.579 in cost savings and 401 applications were granted at a reduced rate resulting in \$258,052 in cost savings. For the same time frame, 49 Active Case Assessment Program referrals were made to the Department of Social Services Investigations Division for the investigation of recipients' current or historical eligibility. Of those referrals, 5 resulted in overpayments totaling \$435,223, 3 resulted in cost savings totaling \$73,725 and 2 recipients were disqualified. 10 referrals are currently pending criminal court adjudication.

- iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Overpayments of \$2000.00 or more are referred to DSS for prosecution. 10 referrals are currently pending criminal court adjudication.**
- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
  - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
  - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		