



ADMINISTRATION FOR
CHILDREN & FAMILIES

330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

SEP 25 2019

Beth Bye, Commissioner
Office of Early Childhood
450 Columbus Boulevard
Hartford, CT 06103

Dear Commissioner Bye:

The Office of Child Care has completed its review of the proposed amendments to Connecticut's conditionally approved Child Care and Development Fund (CCDF) Plan for 2019-2021, submitted on August 30, 2019.

This letter is to inform you that the following CCDF Plan amendments were approved.

- **Section 3.1.3 – Income Eligibility** – Amended to reflect the use of the 2020 State Median Income guidelines, effective October 1, 2019.
- **Section 3.1.7 – Graduated Phase Out** – Amended to reflect new policy to provide a second tier of eligibility (65% SMI) at redetermination, effective September 30, 2019. Approval of this amendment indicates that Connecticut's CCDF Plan demonstrates compliance with the Final Rule and is no longer under a Corrective Action Plan (CAP) for this requirement.
- **Section 3.2.6 – Grace Period for Immunization and Health and Safety Requirements** - Amended to reflect new policy allowing a 45 day grace period for foster children that applies to existing licensing requirements, effective July 1, 2019. Approval of this amendment indicates that Connecticut's CCDF Plan demonstrates compliance with the Final Rule and is no longer under a Corrective Action Plan (CAP) for this requirement.
- **Section 4.3.1 – Setting Payment Rates** – Amended to reflect increase in the Lead Agency's payment rates for all ages for both center-based care and family child care, effective July 1, 2019 for family child care and September 1, 2019 for center-based care. Please note, Connecticut remains on a Corrective Action Plan for **Section 4.4.1b Equal Access** for your FY 2019-2021 CCDF Plan, and, therefore still subject to the notice of non-compliance issued on April 12, 2019 until all CCDF requirements are met.
- **Section 4.4.1(b) – Equal Access** – Amended to reflect increase in rates for center-based care and family child care, effective July 1, 2019 for family child care and September 1, 2019 for center-based care. Please note, Connecticut remains on a

Corrective Action Plan for **Section 4.4.1b Equal Access** for your FY 2019-2021 CCDF Plan, and, therefore still subject to the notice of non-compliance issued on April 12, 2019 until all CCDF requirements are met.

- **Section 4.5.1(c) – Payment Practices** – Amended to reflect new policy to pay for reasonable mandatory registration fees for families receiving subsidy, effective September 30, 2019. Approval of this amendment indicates that Connecticut's CCDF Plan demonstrates compliance with the Final Rule and is no longer under a Corrective Action Plan (CAP) for this requirement.

The effective dates listed above for these amendments to the Connecticut CCDF Plan are noted on the amendments log within the ACF-118 electronic submission site.

We look forward to our continued partnership in the administration of your Child Care and Development Fund program. If you have any questions or need further assistance, please feel free to contact Shireen Riley, Child Care Program Manager in our Boston Regional Office at 617-565-1152 or shireen.riley@acf.hhs.gov.

We appreciate your efforts to meet the child care needs of eligible families in the State of Connecticut, and look forward to our continued partnership in the administration of your Child Care and Development Fund Program.

Sincerely,



Ellen C. Wheatley, Ph.D.
Deputy Director
Office of Child Care

cc: Harriet Feldlaufer, Division Director, Early Care and Education
Shireen Riley, Regional Program Manager, Office of Child Care Region I
Dawn Ramsburg, Regional Liaison, Office of Child Care

Child Care and Development Fund (CCDF) Plan For Connecticut FFY 2019-2021

1 Define CCDF Leadership and Coordination with Relevant Systems

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

1.1 CCDF Leadership

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

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

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

Effective Date: 01/22/2019

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Office of Early Childhood

Street Address: 450Columbus Blvd

City: Hartford

State: CT

ZIP Code: 06103

Web Address for Lead Agency: <http://www.ct.gov/oec/site/default.asp>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Beth

Lead Agency Official Last Name: Bye

Title: Commissioner

Phone Number: 860-500-4412

Email Address: Beth.Bye@ct.gov

1.1.2 Who is the CCDF Administrator?

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

Effective Date: 10/01/2018

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Harriet

CCDF Administrator Last Name: Feldlaufer

Title of the CCDF Administrator: Division Director, Early Care and Education

Phone Number: 860-500-4422

Email Address: harriet.feldlaufer@ct.gov

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

Street Address: N/A

City:

State:

ZIP Code:

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the role of the Co-Administrator:

Phone Number:

Email Address:

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

Street Address: N/A

City:

State:

ZIP Code:

1.2 CCDF Policy Decision Authority

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

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

Effective Date: 10/01/2018

- ☒ All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- ☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

☐ Other.

Describe:

2. Sliding-fee scale is set by the:

☐ State or territory

☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

☐ Other.

Describe:

3. Payment rates are set by the:

☐ State or territory

☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

☐ Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

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

Effective Date: 10/01/2018

a) Who conducts eligibility determinations?

☐ CCDF Lead Agency

☐ Temporary Assistance for Needy Families (TANF) agency

- ☐ Other state or territory agency
- ☐ Local government agencies, such as county welfare or social services departments
- ☒ Child care resource and referral agencies
- ☐ Community-based organizations
- ☐ Other.

Describe

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

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

Describe

c) Who issues payments?

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

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Effective Date: 10/01/2018

The OEC conducts annual monitoring of the United Way of Connecticut (UW of CT) to assess performance of administrative responsibilities and implementation of the childcare subsidy program, Care 4 Kids. The areas included in the annual monitoring are: 1. Program administration including staffing levels and staff training; 2. Case and formal complaints processing; and 3. Site operation and web site management. OEC also performs a review of improper payment cases based on a monthly sample of issued payments. Any errors noted are sent to the UW of CT, the child care subsidy vendor, for immediate correction.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Effective Date: 10/01/2018

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

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

Effective Date: 10/01/2018

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Effective Date: 10/01/2018

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The OEC and the UW of CT, the childcare subsidy vendor, handle all confidential and personally-identifiable information about children and families in accordance with FERPA requirements.

Effective Date: 10/01/2018

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

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

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

Effective Date: 10/01/2018

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

The CCDF lead administrator contacted the Connecticut Conference of Municipalities (CCM) in writing to request a conversation to discuss the development of CT's CCDF plan. The OEC conducted an interview with Joseph De Long, Executive Director of CCM and Ron Thomas, Deputy Director of CCM. The discussion focused on key activities related 2 Gen programs and how OEC could collaborate with CCM on the implementation of the activities. The OEC and CCM also discussed how the availability of high-quality childcare services positively affects towns and the importance of increasing awareness among businesses regarding the value of early care and education. We also discussed several state to local communication opportunities to increase collaboration with Connecticut Local Councils of Government.

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

Several meetings were held with the Governor's Early Childhood Cabinet (SAC) to review the CCDF Plan requirements and OEC's proposed changes. The SAC provided input into the development of the plan, and had the opportunity to review all public comments prior to finalizing the plan for submission.

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

The OEC consulted with the Social Services Manager for the Mohegan Sun Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and strategies for collaboration. The OEC will continue to coordinate with the Mohegan Sun as they develop their CCDF Plan in order to share relevant resources. The OEC has reached out to the Mashantucket Pequot Tribe to discuss collaboration and resource sharing. As of this date, the Tribe has not responded and the OEC will continue to try to make contact.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

N/A

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

Effective Date: 10/01/2018

a) Date of the public hearing. 05/15/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a).
04/20/2018

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

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

The public was notified through the OEC website (www.ct.gov/oec), the Early Childhood listserv (reaching nearly 1,100 early childhood providers and stakeholders) and OEC social media channels.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Hearings were held at three different locations across the state. In addition to the hearings, a user-friendly web-based survey was made available to solicit comments.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The Plan was posted on the OEC website (www.ct.gov/oec) and the Early Childhood listserv .

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All public comments were reviewed and considered for completion of the final plan . A summary of comments was posted to the OEC website and sent electronically to the Early Childhood Cabinet (SAC).

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

Effective Date: 10/01/2018

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

<https://www.ct.gov/oec/cwp/view.asp?Q=602590&A=4547> and
<http://www.211childcare.org/>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

☐ Working with advisory committees.

Describe:

☒ Working with child care resource and referral agencies.

Describe:

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

☒ Providing translation in other languages.

Describe:

Spanish translation was provided at all public comment sessions.

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

Describe:

<https://www.facebook.com/ctoec>, https://twitter.com/ct_oec
<https://www.youtube.com/user/CTearlychild>

☒ Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

The OEC posts announcements to a statewide early childhood listserv. This listserv is a dedicated to provide information, advocacy and relevant announcements regarding early childhood issues and topics. Link to listserve registration:

http://www.caahs.org/join_our_mailing_list

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

Effective Date: 10/01/2018

 (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

The OEC conducted an interview with Joseph De Long, Executive Director of

Connecticut Conference of Municipalities (CCM) and Ron Thomas, Deputy Director of CCM. The OEC will leverage communication channels, such as meetings with the Connecticut Councils of Government, to disseminate information, strategies, and policy changes to senior-level staff and mayors. CCM offered to send out surveys to communities to support OEC in better understanding the needs and concerns of their residents in relation to access and quality of childcare

- ☒ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The 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. Central to their work is a focus on reducing the numbers of families experiencing homelessness by supporting "The Opening Door Connecticut a Framework to End Homelessness for Young Children." The Cabinet has taken the lead on supporting significant policy changes including supporting the OEC's recent legislation to provide a 90- day grace period for families experiencing homeless in submitting immunization and health related documentation in order to receive child care services. Prior to submission of the CCDF Plan, the Cabinet convened a special session to review the key policy decisions such as rate increases and waiving the parent share for very low income families. The Cabinet was also involved planning a pilot program to gather data to inform policy changes regarding the education and training requirements for the C4K subsidy program.

The Cabinet provided input into the overall development of the Plan and had the opportunity to review all public comments prior to finalizing the Plan for submission.

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

- ☒ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

The OEC consulted with the Social Services Manager for the Mohegan Sun Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and strategies for collaboration. The OEC will continue to

coordinate with the Mohegan Sun as they develop the tribes CCDF Plan and to include strategies to share resources. The OEC has reached out to the Mashantucket Pequot Tribe to discuss collaboration and resource sharing. As of this date, the Tribe has not responded and the OEC will continue to try to make contact.

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

☒ (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and and Part B, Section 619 for preschool).

Describe the coordination goals and process:

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

☒ (REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The Head Start State Collaboration Office resides in the Office of Early Childhood. This affords real time coordination on a variety of CCDF Plan activities specifically resource and referral services, school transitions and other state priorities to increase access and quality in the state's early childhood services. The Head Start

Collaboration Office is serving as the coordinating entity for new 2- Generation legislation. This legislation calls for improved coordination and delivery of early learning programs, adult education, childcare, housing, job training, transportation, financial literacy and other related support services. The legislation includes the establishment of 2-Gen Advisory Council and the OEC , the lead agency for CCDF is a member and is activity participating in the process.

☒ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

On several occasions, OEC staff tried to schedule an interview with the Department of Public Health to discuss improving the coordination of accessing health and immunization records for families experiencing homelessness and children in foster care. To this date, the OEC has not been able to schedule an interview, but will continue to reach out to DPH.

☒ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

OEC has been working with the Department of Labor (DOL) and Office of Workforce Competitiveness (OWC) to better understand the need to support nontraditional hours of care. DOL and OWC suggested working with local adult education programs run by the public schools to identify strategies to expand access for these services. The OEC is exploring options to expand the definition of education to include attainment of educational credentials in targeted industries to long-term outcomes such as wage growth and sustained employment, which are tied to families' ability to move towards economic stability.

☒ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The CT's CCDF Administrator and OEC staff continue to work with the McKinney Vento State Administrator, who is a staff member of the State Department of Education, on relevant issues related to the Plan's activities in order to better serve families experiencing homelessness. Furthermore, three members of the Governor's

Early Childhood Cabinet (SAC) are staff from the State Department of Education, including the Deputy Commissioner, the IDEA Part B State Coordinator, and the McKinney Vento State Administrator. In addition, the OEC works collaboratively with the Connecticut Association of Public School Superintendents and continues to work collaboratively to ensure all health and safety requirements are being met for children in public schools who receive a childcare subsidy.

☒ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

The OEC's Division of Licensing works closing with the CCDF State Administrator to align state licensing regulations to meet the health and safety standard set forth in the CCDF plan. The OEC's Licensing Division also monitors all CCDF licensed and license- exempt CCDF providers in meeting the health and safety standards. The OEC Director of Licensing completed all health and safety sections in the CCDF plan and is the key staff assigned to this work.

☒ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

The 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

☒ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

The OEC is engaged in ongoing and regular communication with the State McKinney Vento Coordinator to improve the referral pathway into education programs for children experiencing homelessness. OEC is leveraging existing training utilized by McKinney Vento liaisons to increase providers' understanding of the definition of homelessness used in the McKinney Vento Act, and to educate providers on how to identify and care for children experiencing homelessness. The OEC requires local

McKinney Vento Liaisons to be members of local School Readiness Councils.

- ☒ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The Office of Early Childhood is working closely with Department of Social Services to provide access for childcare to parents participating in the SNAP E&T program. The OEC is drafting legislation to expand the definition of education and training to include families participating in the SNAP E&T. This type of collaboration allows the state to receive additional federal funds to support the state's child care system.

- ☒ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

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

- ☒ (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The OEC reached out several times to schedule an interview with the Department of Mental Health and Addiction Services but to date has not scheduled a meeting. The OEC will continue to contact DMHAS to explore future coordination.

- ☒ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and

professional development.

Describe the coordination goals and process:

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.

- ☒ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

The OEC is working with the Connecticut After School Network to address the pressing issue of ensuring quality in afterschool programs. The Connecticut After School Network provides a fee for service training and consultation that meets providers where they are and helps to assess progress made towards goals. The OEC will continue to explore opportunities so providers can easily access webinars and trainings to promote high quality before and after school care.

- ☒ (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

The OEC works directly with the Department of Emergency Services and Public Protection to coordinate preparedness activities. A staff member from the OEC's Division of Early Care and Education co-chairs the statewide Child Emergency Preparedness Committee.

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

- ☒ State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The 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 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.

☒ [State/territory institutions for higher education, including community colleges](#)

[Describe](#)

The Office of Early Childhood meets quarterly with the Early Childhood Higher Education Consortia (ECHEC) comprised of representatives from all 2- and 4- year institutions of higher education to discuss best practices and strategies to increase coordination and continuity regarding pre-service teacher preparation. The OEC is exploring options to expand the definition of education to include attainment of educational credentials in targeted industries to long-term outcomes such as wage growth and sustained employment, which are tied to families' ability to move towards economic stability. OEC will make stronger linkages to local Adult Education programs and support models similar to Even Start.

☐ [Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

☒ [State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The Office of Early Childhood's Division of Family Support is the recipient of the MIECHV Grant program.

☐ [Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

☐ [State/territory agency responsible for child welfare.](#)

[Describe](#)

☐ [State/territory liaison for military child care programs.](#)

Describe

☐ Provider groups or associations.

Describe

☐ Parent groups or organizations.

Describe

☐ Other.

Describe

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

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive

services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

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

Effective Date: 10/01/2018

☐ No (If no, skip to question 1.5.2)

☒ Yes. If yes, describe at a minimum:

a) How you define "combine"

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

b) Which funds you will combine

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

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

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

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

Combining funds is done at the program level

e) How are the funds tracked and method of oversight

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

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

Note:

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

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

Effective Date: 01/01/2019

- ☐ N/A - The territory is not required to meet CCDF matching and MOE requirements
- ☒ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

State General Fund Appropriation

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 40,000,000

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

-- If checked, are those funds:

☐ donated directly to the State?

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

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

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

☒ State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): 30%

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

The State utilizes the Child Daycare Contracts (CDC) as its matching funds. The CDC requirements mirror the Care 4 Kids program in both income and working guidelines.

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$ 4,985,486

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

The State utilizes the Child Daycare Contracts (CDC) as its matching funds. The CDC requirements mirror the Care 4 Kids program in both income and working guidelines.

The CDC offers a full day/ full year program for working families. Each CDC contractor

is required to maintain program accreditation with the National Association for the Education of Young Children (NAEYC).

- ☒ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☒ Yes

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

The CDC offers a full day/ full year program for working families. Each CDC contractor is required to maintain program accreditation with the National Association for the Education of Young Children (NAEYC).

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

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

The State utilizes the Child Daycare Contracts (CDC) as its MOE requirements. The CDC requirements mirror the Care 4 Kids program in both income and working guidelines.

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$ 4,000,000

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF

expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The Early Childhood Funders Collaborative is a project of the Connecticut Council for Philanthropy (CCP). This statewide association of grant-makers has dedicated fiscal resources to support the CCDF plan for a peer learning community forum on Shared Service Alliances and provided financial support to implement a fiscal management training series to strengthen family and center-based providers' business practices. The OEC is in discussion with the Department of Labor to explore the broadening the definitions around "education" and "job training" eligible activities. The OEC is also in the process of developing pilot programs with state community colleges to offer childcare subsidies for students enrolled in programs with strong track records of post-program employment. These may included selected manufacturing or health care degree programs. Based on data collected by CT State Colleges and Universities (CSCU), these two programs have been identified as having strong career pathways and opportunities for high paying jobs in CT. Data from these pilot sites will provide important information on expanding our state's definitions of education and training requirements for subsidy eligibility. The OEC is engaging with Coordinated Access Networks (CANs) across the state that work closely to support homeless families through shelters and shelter diversion. The CANs will help streamline the referral process to prioritize homeless families on the wait list. OEC is actively pursuing partnerships. OEC is exploring outcomes payments for prevention of homelessness (and associated child trauma) when families are diverted as well as outcomes payments when sheltered families become employed and eligible for childcare subsidy. We are investing in Family Child Care Networks with a specific emphasis on increasing the supply of infants and toddler care, by reducing administrative costs of family child care providers through technical assistance, developing and sharing strategies to increase access to I/T funding, as well as provision of training, and back office support. As OEC works with providers to make infant and toddler care more

accessible and affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care.

Effective Date: 10/01/2018

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

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

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

Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

Effective Date: 10/01/2018

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

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

a) What services are provided through the CCR&R organization?

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) Developmentally appropriate learning activities based on Connecticut's Early Learning and Development Standards; (3) Researched-based information on the long-term impact of high quality early childhood education and development; (4) Assistance for low income families to access child care and early education services; (5) Maintenance of a referral system to provider services and information to support families and providers; (6) Information for families of services available through the Help Me Grow/ Child Development InfoLine regarding Birth to 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. (7) Conducting educational workshops and presentations for child care providers, and parent education activities state-wide (all training content is aligned with the Connecticut's Early Learning and Development Standards and Core Knowledge and

Competency Framework); and (8) Providing technical assistance through on-site visits to newly licensed 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 state-wide provider associations such as their membership in the Early Childhood Alliance which is a state-wide organization for early childhood agencies (state and local organizations). The Early Childhood Alliance provides information sharing, networking, policy development and advocacy for over 100 members serving thousand of young children. The UW also connects with health and human services to help families and provider connected to needed resources.

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

Connecticut funds United Way of Connecticut to operate the state-wide CCR&R system.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children'including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(l)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

Connecticut's State Response Framework describes the interaction of state government with local, federal and tribal governments, nongovernmental response organizations and other private sector partners, the media, and the public in implementing emergency response and recovery functions in times of crisis. The Framework describes how the State of Connecticut and its partners will work together to support local governments and their residents in responding to disasters and emergencies. Connecticut's commitment to emergency preparedness and children is founded on Special Act 02-8, An Act Concerning Civil Preparedness and the Needs of Children. More recently Public Act 11-66, An Act Concerning Children Affected by Disaster and Terrorism Public Act requires Department of Emergency Management and Homeland Security (DEMHS) to amend current civil preparedness plans and programs to include planning activities specifically for children and youth in the event of natural or manmade disasters and terrorism. These legislative requirements, and subsequent efforts by the Division of Emergency Management and Homeland Security (DEMHS) and State Agency partners serve to integrate preparedness for children into the State Response Framework and the annual Emergency Preparedness and Practice Initiative. CT's preparedness efforts are managed by Unified Command, with the ability to scale up or down based on the scope of the disaster. The State agencies that lead response collaborate with the OEC to address the needs of children and child care programs, including for example, ensuring access to the state's mass communication system (CTAlert) to provide notification via email, text and phone; providing GIS mapping to identify licensed providers in disaster affected areas, and/or utilizing the state's R & R vendor to communicate with licensed and CCDF providers to conduct status or damage assessments. Additionally, local communities are required to plan for special locations within the community that may require additional direct warning or may be subject to additional risk related to all hazards planning. Children are a category for which specific local planning must be completed related to the provision of mass care in a large-scale disaster, and related to the inclusion of local child care providers regarding their emergency plans and evacuation procedures, to support response, evacuation, transportation, reunification, mental health, and recovery. An OEC staff member serves as the Co-chair of the Child Emergency

Preparedness Committee (CEPC), a subcommittee of CT's Statewide Emergency Management and Homeland Security Advisory Council, under DESPP/DEMHS (see reference in State Response Framework). The Advisory Council brings together all aspects of statewide coordination of disaster response and recovery. The CEPC's work emphasizes preparation, response and recovery, is integrated into statewide planning efforts to focus on children's needs during emergency and disaster situations, and disseminates training to schools, early childhood providers, and other organizations serving children. The committee's work is advanced by regional Department of Emergency Services and Public Protection staff who assist in making connections with other Emergency Management leaders at the state and local levels. This connection has been invaluable to the delivery of preparedness training at the local level and the linking of local Emergency Management personnel to the child care programs in their jurisdictions. Within the OEC, a working group, responsible for management of emergency situations impacting the OEC and its services, is receiving technical assistance from BUILD to further delineate and prepare for emergency response, recovery, and mitigation. This preparation is critical to OEC's successful implementation of continuity of operations activities as we slowly move from operating under the State Department of Education's continuity of operations plan to an OEC specific plan. OEC staff will participate in a peer learning group (PLG), Taking a Critical Look at Child Care Disaster and Emergency Preparedness, Response, and Recovery Plans from May thru August 2018. This effort will refine our internal response protocols as related to our sister agency the State Department of Education and strengthen our internal capacity to manage response, recovery and mitigation. Regardless of this transition from one COOP to another, the OEC is part of statewide response and would implement its continuity of operations plans in conjunction with sister agencies under the direction of Unified Command. This would include, if necessary, operating from the State's Emergency Operations Center.

Effective Date: 10/01/2018

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The OEC would implement a plan for the continuation of child care subsidies and services in response to a disaster or emergency declared by the Governor, if such emergency interrupted the flow of subsidy funds to our vendor, United Way of Connecticut. The OEC has responsibility to make the determination to engage our emergency plan for the processing of funding to UW by considering the: (1) duration of the disaster or emergency, (2) impact on timing of state payments to UW of CT; and (3) communication from UW regarding fund balance. The United Way of CT has its own plan for continuity of services during a disaster. The UW's division of Child Care services will engage in strategic communication. Provisions for communication with local child care providers in their respective geographic areas will be made during preparation, response and recovery times. Child Care services will collaborate with OEC child care licensing division and CT Department of Public Health (and/or local health agency) for information sharing. Child Care services will provide information and resources to child care providers about financial assistance available during the recovery phase. United Way of CT implements several systems to ensure their own continuity of operations within the context of a range of different disasters. UW headquarters has multiple natural gas generators capable of powering the entire data center, all work stations, lights, heat, elevators and AC. Essential workforce has the ability to operate remotely in the event that the building is on-line but not accessible. All servers are virtualized and fully backed up daily onto off-premise systems. These systems have the capacity to be brought up and made operational if needed. We also have access to a cloud-based remote-capable call system that would be implemented in the event that we were not able to utilize our building. Should there be reason to offer temporary child care in shelters or other non-licensed facilities, the state has provided the Red Cross with five Child Friendly Spaces Kits, to be used to set up a well-supplied temporary safe space for up to 25 children at a time. There are also volunteers trained by Children's Disaster Services to support the use of these kits. The OEC, in collaboration with DEMHS, is exploring the possible expansion of supplies to provide additional kits to staging areas around the state. The State of CT has also purchased and distributed almost 200 porta-cribs to our primary state and regional emergency supply locations. CT recently amended background check requirements to allow portability, which makes it possible to enlist staff already screened by virtue of their employment in licensed programs, as caregivers in emergency situations.

Effective Date: 10/01/2018

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

When the Governor has declares a civil preparedness emergency, legislative authority (Sec. 19a-79. (Formerly Sec. 19-43d). Regulations. Exemptions. Waivers.) allows the Commissioner of the Office of Early Childhood to “waive the provisions of any regulation adopted pursuant to this section if the commissioner determines that such waiver would not endanger the life, safety or health of any child.” This secures the state’s ability to provide temporary child care services or to waive provisions of regulations to make child care feasible under emergency circumstances.

Effective Date: 10/01/2018

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

The OEC addresses these priorities across categories of providers using two strategies. Our child care licensing regulations provide foundational requirements for written plans for licensed homes and centers which are inspected annually. For center-based programs the following exists in regulation: (1) Procedures in place for evacuation: Regulation 19a-79-3a(d)(4)(D). (2) Procedures in place for relocation: Regulation 19a-79-3(d)(4)(D). (3) Procedures in place for communication and reunification: Regulation 19a-79-3a(d)(4)(A); 19a-79-3a(d)(4)(B); 19a-79-3a(d)(4)(C); 19a-79-3a(d)(4)(D). (4) Procedure for staff and volunteer emergency preparedness training: 19a-79-3a(b)(7). For family child care homes, the following exists in regulation: (1) Procedures in place for evacuation: Regulation 19a-87b-9. (2) Procedures in place for staff emergency preparedness training: Regulation 19a-87b-9(d)(5) Changes to the licensing regulations for family childcare homes are pending so that they are more specific as to the requirements for an emergency plan. Relative providers are required to create and post an emergency plan in their home. Center and home based

providers who receive CCDF funding are required to participate in online training which includes content on preparedness and response, and is aligned with on-ground training delivered by the Child Emergency Preparedness Committee. The Provider Orientation Program (POP), a required training for all CCDF family home providers, includes content on emergency preparedness and each provider receives the Family Home Provider Emergency Plan Template to complete and post in their home. The template is available at: <http://www.ctcare4kids.com/licensedfamilychildcareproviders/>

Effective Date: 10/01/2018

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

Center and home based providers who receive CCDF funding are required to participate in online training which includes content on preparedness and practice and is aligned with on-ground training delivered by the Child Emergency Preparedness Committee. Regulations for both center and home based providers require that staff are trained in the preparedness plan for the facility and that drills are practiced regularly. Family home regulations require practice drills on a quarterly basis; center-based programs are required to practice drills monthly.

Effective Date: 10/01/2018

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

The State Response Framework is available at http://www.ct.gov/demhs/lib/demhs/srf_v_4_1.pdf

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

Effective Date: 10/01/2018

- ☒ Application in other languages (application document, brochures, provider notices)
- ☒ Informational materials in non-English languages
- ☒ Website in non-English languages
- ☐ Lead Agency accepts applications at local community-based locations
- ☒ Bilingual caseworkers or translators available
- ☒ Bilingual outreach workers
- ☒ Partnerships with community-based organizations
- ☒ Other.

Describe:

The OEC has multi-year contract with the O'Donnell Company to increase awareness of the why quality childcare is important and what services are available to families.

This campaign will ensure consistent messaging through a set of communication that are easily access by families. Through this contract a list of community partners, non-profits who work with families and key influencers 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 childcare, what to look for in quality childcare and the important role families play in their child's life. Outreach to targeted groups including English as a second

language, homeless, deep poverty and families with new infants. Strategies include press outreach, Google ads, Facebook, community newspapers in English and Spanish, billboard and bus cards and shelter ads in major cities.

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

Effective Date: 10/01/2018

- ☒ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- ☐ Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- ☒ Caseworkers with specialized training/experience in working with individuals with disabilities
- ☐ Ensuring accessibility of environments and activities for all children
- ☒ Partnerships with state and local programs and associations focused on disability-related topics and issues
- ☒ 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
- ☒ Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- ☒ Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- ☒ Other.

Describe:

IDEA Part C is a program of the lead agency and works collaboratively with the CCDF Administrator; together these partners will expand 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 will be 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 child with disabilities about their rights to access childcare. The OEC will offer training for childcare providers on how to use the ASQ screening tool along with families' use of Sparkler.

2.2 Parental Complaint Process

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

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

To file a complaint, parents or any other interested party may call the OEC Complaint Line or complete a Complaint Intake Form found on the OEC website at http://www.ct.gov/oec/lib/oec/licensing/childcare/complaint_procedure.pdf. Complaints may be anonymous

Effective Date: 10/01/2018

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

Complaints are screened immediately upon receipt and assigned to an investigator by the next business day following receipt. If a complaint involves allegations of abuse or neglect, the investigation is coordinated with DCF and follows such agency's response time as outlined in 17a-101g of the CT General Statutes. Such Statute requires the commencement of an investigation within two hours of receipt if the report concerns an imminent risk of physical harm to a child or other emergency and within 72 hours of receipt for all other reports involving abuse or neglect. Initial responses to complaints not alleging abuse or

neglect will not exceed two weeks. All complaints identifying immediate concerns are responded to immediately.

Effective Date: 10/01/2018

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Complaints are screened immediately upon receipt and assigned to an investigator by the next business day following receipt. If a complaint involves allegations of abuse or neglect, the investigation is coordinated with DCF and follows such agency's response time as outlined in 17a-101g of the CT General Statutes. Such Statute requires the commencement of an investigation within two hours of receipt if the report concerns an imminent risk of physical harm to a child or other emergency and within 72 hours of receipt for all other reports involving abuse or neglect. Initial responses to complaints not alleging abuse or neglect will not exceed two weeks. All complaints identifying immediate concerns are responded to immediately.

Effective Date: 10/01/2018

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

The results of all complaints, substantiated and unsubstantiated, are housed in a database.

Effective Date: 10/01/2018

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Currently, all substantiated complaints within the past three years on licensed providers are posted on the OEC website. It is expected that the updated consumer education website will display all substantiated complaints, including complaints on license-exempt CCDF providers within the past five years.

Effective Date: 10/01/2018

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

Child Care Centers/Group Child Care Homes Section 19a-87a(d) and Family Child Care HomesSection 19a-87e(e)

Effective Date: 10/01/2018

2.3 Consumer Education Website

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

additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The OEC contracts with the United Way of CT to implement its statewide CCR&R, 211 Child Care. The 2-1-1 Child Care website provides families with a wealth of information on childcare providers and the links to consumer education materials. The website can be easily navigated; uses titles and taglines effectively; contains content that is simple and concise; uses visuals that enhance the content; and is responsive on mobile devices. Via links to chat, call, or email childcare referral specialists are available on all search query results. Displayed data is updated daily and uses family friendly terminology. Data elements include Provider name, address, phone, geocache, capacity, ages served, hours of operation, fees, special needs experience, accreditations, geographic locations to local school districts, languages spoken and licensing statues. Families can use advanced filters to narrow their search by type of care, hours of operation, weekend care, financial assistance, wheelchair accessibility, certification to administer medication, and special needs experience. Links to parent resources, resources for early care professionals, and publications and reports remain visible as a header on the search engine screen. Information is available on topics such as What Does Quality Look Like, Selecting a Provider, and Licensing. The Licensing page provides information on child care statues and regulations, the lead agency responsible for licensing child care programs, contact information of that lead agency, visits and inspections, background checks, how to find the complaint history of providers, and links to the licensing website that allows families to search for and view child care provider licensing data. Inspection and compliant reports are posted on the 211 website. Links to Parent Resources, Resources for Early Care Professionals, and Publications and Reports remain visible as a header on the search engine screen Displayed data is updated daily and uses family friendly terminology. Data elements include: Provider name, address, phone,

geocache, capacity, ages served, hours of operation, fees, special needs experience, accreditations, geographic locations to local school districts, languages spoken and licensing status.

Effective Date: 10/01/2018

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

2-1-1 Child Care referral specialists are bilingual and correspond via phone, email and chat. For all other languages, translation services are available. Most of the consumer education materials are available in Spanish. The informational portions of the website feature a translation button prominent in the lower right corner of each page and offers translation in the eight most common languages used by consumers in Connecticut.

Effective Date: 10/01/2018

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

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

2.3.4 Lead Agency processes related to child care.

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

Effective Date: 10/01/2018

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

<http://www.ct.gov/oec/cwp/view.asp?a=4542&q=545162>

Unlicensed relative providers are exempt from licensing requirements however relative providers receiving the Care 4 Kids subsidy are required to complete a pre-service health and safety training and maintain a current First Aid and CPR certificate.

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

Resource for home-based providers on maintaining licensing compliance

<https://www.youtube.com/watch?v=HSabTScJV5I&feature=youtu.be>

<https://www.youtube.com/watch?v=AtuBSGXaCbA&feature=youtu.be>

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

<http://www.ct.gov/oec/cwp/view.asp?a=4542&q=588634>

2.3.5 List of providers

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

Effective Date: 10/01/2018

a) Provide the website link to the searchable list of child care providers:

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

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

- ☒ License-exempt center-based CCDF providers
- ☐ License-exempt family child care (FCC) CCDF providers
- ☒ License-exempt non-CCDF providers
- ☐ Relative CCDF child care providers
- ☐ Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- ☒ Contact Information
- ☒ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☒ Languages Spoken

- ☒ Quality Information
- ☒ Monitoring Reports
- ☐ Other.

Describe:

License-Exempt, non-CCDF Providers

- ☒ Contact Information
- ☒ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☒ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

License-Exempt CCDF Center Based Providers

- ☒ Contact Information
- ☒ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☒ Languages Spoken
- ☒ Quality Information
- ☒ Monitoring Reports
- ☐ Other.

Describe:

License-Exempt CCDF Family Child Care

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation

- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

Relative CCDF Providers

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

Other.

Describe:

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

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

Effective Date: 10/01/2018

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

- ☐ Quality rating and improvement system
- ☒ National accreditation
- ☐ Enhanced licensing system
- ☐ Meeting Head Start/Early Head Start requirements
- ☐ Meeting prekindergarten quality requirements
- ☐ School-age standards, where applicable
- ☐ Other.

Describe

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

- ☒ Licensed CCDF providers.

Describe the quality information:

National Accreditation

- ☒ Licensed non-CCDF providers.

Describe the quality information:

National Accreditation

- ☒ License-exempt center-based CCDF providers.

Describe the quality information:

National Accreditation

☐ License-exempt FCC CCDF providers.

Describe the quality information:

☒ License-exempt non-CCDF providers.

Describe the quality information:

National Accreditation

☐ Relative child care providers.

Describe the quality information:

☐ Other.

Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 10/01/2018

- a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

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

b) Are monitoring and inspection reports in plain language?

☐ If yes,

include a website link to a sample monitoring report.

☒ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

A plain language summary is available for each inspection violation listed on the inspection report.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

☒ Date of inspection

☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

Aggregate data pertaining to deaths and serious injuries will be posted on the website annually

☒ Corrective action plans taken by the State and/or child care provider.

Describe

At the time an inspection or investigation is closed in the licensing data system, the findings will be viewable on the website.

d) The process for correcting inaccuracies in reports.

Concerned parties may report inaccuracies to the OEC for correction. Depending on the

reason for the inaccuracies, the OEC will independently make the correction or request the assistance of the developers who maintain the consumer website.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

The opportunity for a provider to dispute a violation occurs prior to closure of the investigation. Disputed violations are reviewed and a determination is made prior to closing the investigation. Once an investigation is closed, all remaining violations will be displayed online immediately.

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

Inspection report findings will be posted when an inspection or investigation is closed in the licensing system.

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

The consumer website will post reports for five years.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

☒ License-exempt non-CCDF providers

☐ Relative child care providers

☐ Other.

Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

Effective Date: 10/01/2018

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

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. All accepted complaints involving serious injuries or deaths are recorded by OEC. Changes to child care licensing regulations include a requirement that providers must report all serious injuries to the OEC. The OEC is the Lead Agency.

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

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

c) The definition of "serious injury" used by the Lead Agency for this requirement.

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

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

<http://www.211childcare.org/reports/other-reports/>

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

The OEC contracts with United Way of Connecticut (UWCT) as its resource and referral agency and they provide the state's consumer education website. Link to website:
<http://www.211childcare.org/>

Effective Date: 10/01/2018

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

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

Effective Date: 10/01/2018

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

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

Effective Date: 10/01/2018

2.3.12 Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

The OEC continues to work with its resource and referral agency to develop a consumer friendly website. It is anticipated that such website will not be ready for release by the September 30, 2018 deadline. Great strides have been made to develop what data and how the data will be displayed; however, pulling the data from an enterprise-wide licensing system has proven more difficult than expected. Testing of the new website recently began and has identified issues which are currently being worked on. Testing will continue. Additionally, the RFP process for the identification of a vendor for a mobile inspection that will interface with our licensing system has been ongoing and the signed contract with the identified vendor is expected to be completed shortly. The OEC is the second state agency that will be incorporating this new product into its work. It is expected that this new mobile application will enable the OEC's ability to collect data electronically during inspections which may enhance our ability to comply with the new federal requirements.

Effective Date: 10/01/2018

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

Information about the full diversity of child care services available to parents of eligible children, providers, and the general public is made through Connecticut's CCR&R (United Way of Connecticut), the Office of Early Childhood's (OEC) website and microsite. The OEC provides materials for families that promote informed childcare choices, including consumer-friendly strategies. The website's Google translator posts all information on the OEC's website in html format to allow for translation. The Care 4 Kids eligibility case managers and 211 Child Care staff are working collaboratively ensure that parents are informed of the availability of all state and federally funded financial support for child care, where funded childcare vacancies exist and how to access services. Additionally, information is provided on the Office of Early Childhood's (OEC) website about Care 4 Kids 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, federal Early Head Start Child Care Partnership, and the federal Preschool Development Grant.

Effective Date: 10/01/2018

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

The OEC has multi-year contract with the O'Donnell Company to increase awareness of the why quality childcare is important and what services are available to families. This campaign will ensure consistent messaging through a set of communication that are easily access by families. Through this contract a list of community partners, non-profits who work with families and key influencers 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 childcare, what to look for in quality childcare and the important role families play in their child's life.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

☒ **Temporary Assistance for Needy Families program:**

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

☒ **Head Start and Early Head Start programs:**

Families can search for a Head Start program by using the 211 search tool at <http://search.211childcare.org/>. Families are screened for financial need during each contact with a 211 child care referral specialist and may receive an overview of Head Start services, eligibility and referrals for programs in their area.

☒ **Low Income Home Energy Assistance Program (LIHEAP):**

Information is available to families about the Low-Income Home Energy Assistance Program on the Connecticut 211, www.211ct.org. Information about electric, gas, utility disconnection protections, and utility budget billing is provided. Providers may also use this information to help support the families that they work with. And

<http://www.211childcare.org/parents/financialassist/>
and <http://uwc.211ct.org/categorysearch/utility-assistance/>

 **Supplemental Nutrition Assistance Programs (SNAP) Program:**

Families can find information and eligibility requirements for the Supplemental Nutrition Assistance Program (SNAP) There is information regarding the documents required for applying to the SNAP program, the way benefits are dispersed and the appeal process if SNAP benefits are denied. Families can find the link to the on the Connecticut Department of Social Services (DSS) website which includes more information about the program as well as the online application. Child Care providers can refer families in need to the prescreening tool listed in order to assist with eligibility questions. <http://www.211childcare.org/parents/financialassist/>
https://www.211ct.org/search?term=food%20stamps&page=1&location=ct&service_area=connecticut or <http://uwc.211ct.org/food-stampssnap/>

 **Women, Infants, and Children Program (WIC) program:**

Families and child care providers can find eligibility information, benefits, and application instructions. On the 211 Child Care site also includes links to websites and articles that relate to healthy eating, breastfeeding, increasing physical activity, and reducing screen time. <http://www.211childcare.org/professionals/healthy-for-life/parent-resources/>

 **Child and Adult Care Food Program(CACFP):**

Child care providers can find contact information for the Child and Adult Care Food Program (CACFP) staff. Providers will follow the link on the page to the Connecticut State Department of Education (SDE) website where they can learn more about the CACFP as well as find information about program policies and meal pattern requirements <http://www.211childcare.org/professionals/child-and-adult-care-food-programs/> .

 **Medicaid and Children's Health Insurance Program (CHIP):**

On the 211 Child Care site includes direct links to service providers as well as a "Health Care Uninsured Guide" which includes explanations of specific HUSKY plans. The 211Childcare site includes a link to "HUSKY Eligibility Manual."

<http://uwc.211ct.org/categorysearch/health-care/>

 **Programs carried out under IDEA Part B, Section 619 and Part C:**

Families can locate information about the Individuals with Disabilities Education Act (IDEA) - a federal law to make sure children with disabilities have access to services, such as early intervention, special education and other related services. The 211Childcare website includes links on early intervention, developmental milestones, as well as parent advocacy. Our site contains a link to Connecticut Birth to Three <http://www.birth23.org/> and Child Development Infoline <https://cdi.211ct.org/> where parents can request information and link to services. Child care providers may use this site to locate information to support the families they work with. <http://www.211childcare.org/parents/idea/>

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

Information on our state's birth to age five Early Learning and Development Standards (ELDS) provides information to families, providers, and the public on what children should know and be able to do. This information has been provided to programs through webinars, mailed materials, special events, and trainings. Existing Materials: The materials which have been previously distributed in hard copy or through events/trainings and are currently housed on the OEC's website and available to all providers include: (1) The Early Learning and Development Standards (ELDS): A comprehensive, content valid document which outlines eight learning domains and provides information on the skills and abilities children should have and at what ages. The standards are also available electronically in a mobile-friendly format on the website: www.ct.gov/oec/elds. Supplemental ELDS guidance documents have been developed for working with dual language learners, children with special needs, and families. (2) Family Action Guides: A booklet with family-friendly strategies that engage families in supporting early learning and development at home. These action guides are

available in English and Spanish and have been distributed statewide. (3) Posters: The ELDS posters highlight each of the eight learning domains and can be displayed in programs, libraries, community centers, and pediatric offices as an easy reference. (4) Principal's Guide provides a summary of the ELDS for school leaders and program directors describing their role in supporting early learning and development. (5) Guidance Documents: Developed for providers to support English language learners and children with special needs. (6) Video Library: The OEC contracted with the Center for Early Childhood Education at Eastern Connecticut State University to develop videos and related training materials related to the ELDS. This 10-part video collection provides information and training scenarios on the Connecticut's ELDS with strategies for working with children birth-age 5 in a variety of childcare settings. The videos can be accessed on the Center of Early Childhood Education website and are accessible to the public. Accompanying guidance is available for use of the videos in a variety of professional learning settings such as higher education classrooms, center-based training and coaching sessions, regional and state conferences and webinars. Finally, the Center has developed a searchable web-based library to assist trainers, coaches, program administrators and higher education faculty to support professional learning of providers at career entry to mastery level. (7) Webinars: Archived webinars are available on-demand on the OEC's website for principals, program administrators, childcare providers and higher education faculty, which provide an overview of the ELDS and how the standards can be applied in all settings and sectors. Current Training: The OEC also continues to invest in distributing free, to all providers, over 100 online training courses through CCEI/registry. The OEC plans to continue contracting with partners to provide community-based, free in-person and online training on the ELDS and other child development topics. Public Information Communications: As indicated in the Agency's Early Care and Education Action Plan, the OEC is currently developing improved ways to 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. OEC is working with communications teams to develop new, routine, ongoing ways to communicate research and best practices (such as ELDS) which may include improved existing provider meetings, ongoing social media campaigns, better designed and utilized distribution lists, better translation practices, improved website content management and design, new newsletters, focused onboarding to share old information with new providers, training of technical assistance providers, etc. Additionally, OEC is developing partnerships to support other sector's increased knowledge of early childhood services and best practices, for example homeless shelters. Routine communication topics on child development will include, at

minimum: (1) Early Learning Development Standards: Overview, tips, and reminders for incorporating into everyday teaching practices as well as a new supplemental child-level assessment against these standards, DOTS, to support teaching practices. (2) Best Practices for Family Engagement: OEC and State Department of Education have jointly developed, with the support of the Early Childhood Funder's Collaborative, a definition and best practices paper on high impact family engagement that focuses on relationships and partnership with families. OEC will support delivery of these best practices. (3) Healthy Eating and Physical Activity: OEC has participated in the "I Am Moving" campaign and will continue to share best practices for nutrition and physical activity.

Effective Date: 10/01/2018

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

Existing Materials and strategies on social-emotional and behavioral issues and early childhood mental health of young children: (1) OEC worked with Eastern Connecticut State University to develop a series of videos for childcare providers concerning children's social and mental health needs. These videos are posted on the Center for Early Childhood's website and are available to the public. (2) The OEC also collaborated with the Connecticut Health and Development Institute (CHDI) to develop training tools for child health care providers on infant mental health and maternal depression. These tools were utilized in workshops for pediatricians. (3) The OEC's "Help Me Grow" staff regularly hosts community networking breakfasts that bring together the public to share information. The OEC will pilot and evaluate use of enhanced technology in the form of a phone based mobile application so early screening (ASQ) and ASQ-SE) and support activities are more accessible to families, pediatricians, and providers. Families and providers will be able to track children's development through a this new mobile application, Sparkler, and alerts are sent to the

child's pediatrician as well as childcare providers. (4) OEC has funded 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 distributing free, to all providers, over 100 online training courses through CCEI/registry. The OEC plans to continue contracting with partners to provide community-based, free in-person and online training on social/emotional and behavioral issues. (6) The state currently provides limited access to the Early Childhood Consultation Partnership (ECCP) for providers and expanded access through the Preschool Development Grant to providers. (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 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 homeless shelters. OEC is working with the O'Donnell Company to develop ongoing communication about social-emotional and behavioral issues and early childhood mental health of young children. The OEC and Department of Education 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.

Effective Date: 10/01/2018

2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

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 Collaboration 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. Connecticut's CCR&R (United Way of CT) provides numerous resources via web links for families and the community on the Pyramid Model. These resources include specific strategies for reducing suspension and expulsion in early childhood settings for all ages of young children.

The OEC's Early Care and Education Division is working with 15 School Readiness communities to pilot a policy to reduce suspensions and expulsions in state funded pre-k programs. The policy requires School Readiness Councils to develop a Memorandum of Understanding with their local or regional board of education regarding the board's multi-tiered system of support and to collect data that can be shared cross-agency to show a reduction in suspensions and expulsions in the earliest years. The state currently provides limited access to the Early Childhood Consultation Partnership (ECCP) for providers and expanded access through the Preschool Development Grant. The OEC will use the ECCP model and related strategies to support programs serving infants and toddler to prevent suspension and expulsion of these very young children.

Effective Date: 10/01/2018

2.5 Procedures for Providing Information on Developmental Screenings

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

provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

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

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). On the United Way of Connecticut's (CT's CCR&R) website, family friendly information regarding EPSDT is available. <http://uwc.211ct.org/epsdtwell-child-visits/> Also DSS Provider Bulletin 2015-70 was sent to all healthcare providers in November 2015. Additionally, when a family is engaged in Help Me Grow or Child Development Infoline, funded by the OEC, care coordinators are trained to listen and ask questions that identify developmental needs and resources. A child development care coordinator reviews the questionnaires and provides the parents with the results. If the coordinator has a concern about the child's development, he or she will suggest services or an evaluation and help the family through the process. If a child is facing behavioral, learning or other developmental difficulties, child development community liaisons will identify resources available in the family's community, making up to 12 calls to community agencies to find the right programs or services, including referrals to EPSDT services.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

All Care 4 Kids families and childcare providers have access to the resources and services at 211 Child Care. Additionally, the Care 4 Kids programs will provide a brochure on the Help Me Grow program to all new families and providers. These brochures will be mailed to families and providers.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

All Care 4 Kids families and childcare providers have access to the resources and services at 211 Child Care. Additionally, the Care 4 Kids programs will provide a brochure on the Help Me Grow program to all new families and providers. These brochures will be mailed to families and providers.

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

Childcare providers receive information on developmental screening through a variety of ways. Currently, the 2-1-1 Child Care website has resources on developmental milestones and the Ages and Stages Screening tool. In addition, community trainings are held on developmental screening, which include training the use of the Ages and Stage Screening tool.

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

https://www.ct.gov/oec/lib/oec/procedure_for_including_develop_screening_resources_.pdf
f

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

The Care 4 Kids program includes the following statement in the application packet sent

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

b) What is included in the statement, including when the consumer statement is provided to families.

The Care 4 Kids program include in the application packet that goes out to families the following statement: "Care 4 Kids subsidy program is designed to promote equal access to families for child care services. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800 505-1000 or www.211childcare.org. The 211 Child Care website includes links to child care programs profiles with detailed information on quality, health and safety, and regulatory requirements for the program you will be choosing for your child. To obtain specific information about a provider's health and safety history including requirements met during inspections, violations cited, and dates of the last inspections, call the Office of Early Childhood's Division of Licensing at 1-800-282-6063. If you have a complaint about your child care provider, contact the Office of Early Childhood's Division of Licensing at 1-800- 282-6063. You will be asked a series of questions to gather information to assist in conducting a thorough investigation. " The CCRR has a website that will include a consumer statement that covers the following items: (1) How to contact the hotline to file a complaint with the licensing agency (2) Licensing requirements (4) Listing of CCRR services and contact methods (5) Quality indicators and accreditation (6) Link to search engine for provider profile details Detailed profiles of child care providers available on web based search engine that contains the following information that can be viewed and/or printed: (1) Accreditation status (2) Licensing status (3) Health & safety training completion (4) Date of last inspection (5) History of violations and inspections As

indicated in the Early Care and Education Action Plan, the OEC is improving communications with families and is having communications to families from the Care4Kids program reviewed for clarity, format, and tone.

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

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

3 Provide Stable Child Care Financial Assistance to Families

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

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative

programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria based on a child's age

Effective Date: 10/01/2018

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

☐ No

☒ Yes,

and the upper age is 18

(may not equal or exceed age 19).

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

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

☒ No.

☐ Yes

and the upper age is

(may not equal or exceed age 19)

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

"residing with":

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

"in loco parentis":

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

3.1.2 Eligibility criteria based on reason for care

Effective Date: 10/01/2018

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

"Working":

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

"Job training":

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

"Education":

Education must meet employment services activities such as, GED, adult education, and technical/vocational secondary school leading to a diploma or certificate, and higher education as approved by the Office of Early Childhood and the Department of Labor. OEC[A1] [A2] is exploring options to pilot demonstration project to assess the feasibility of broadening the definition of education to include additional programs that facilitate attainment of educational credentials in targeted industries that ties to long-term outcomes such as wage growth and sustained employment, which are tied to families' ability to achieve economic stability.

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

Attending job training means enrollment in and regularly attending classes or compliance with the mandatory employment service requirements of the TANF program, including being available for work, reporting for interviews, attending group or individual orientation sessions and satisfactory participation in employment service activities. OEC is exploring other areas of job training and education, including efforts connected with through the SNAP Education and Training Program and WIOA definitions. Education must meet employment services activities such as high school, GED, adult education, and technical/vocational secondary school leading to a diploma or certificate, and higher education as approved by the Office of Early Childhood and the Department of Labor.

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

If no, describe the additional work requirements:

☒ Yes.

If yes, describe the policy or procedure:

Families participating in an approved training or education programs are not required to hold a minimum work schedule.

3.1.2 Eligibility criteria based on reason for care

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

☒ No.

☐ Yes.

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

3.1.2 Eligibility criteria based on reason for care

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

☒ No.

☐ Yes. If yes:

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

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

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

☒ No

☐ Yes

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

☒ No

☐ Yes

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

☒ No

☐ Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

Effective Date: 10/01/2019

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

Countable income: Gross income less allowable deductions and excluded income;

Earned income: Compensation for personal services, including, but not limited to wages, salaries, commissions, and bonuses

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

	(a)	(b)	(c)	(d)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$5,0024	\$4,271	\$2,511	49%
2	\$6,570	\$5,585	\$3,284	49%
3	\$8,116	\$6,898	\$4,057	49%
4	\$9,661	\$8,212	\$4,830	49%
5	\$11,207	\$9,526	\$5,603	49%

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

Reminder: Income limits must be established and reported in terms of current SMI

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

d) SMI source and year. <https://www.acf.hhs.gov/ocs/resource/liheap-im-2019-02-state-median-income-estimates-fy-2019>

e) Identify the most populous area of the State used to complete the chart above.

North Central Region

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 10/01/2019

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

https://www.ct.gov/oec/lib/oec/FY_2019-2020_State_Median_Income_Standards.pdf

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

Effective Date: 10/01/2018

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

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

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

☒ No.

☐ Yes.

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

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

New legislation was recently enacted allowing the commissioner to exercise discretion in

prioritizing within and between existing priority groups, including, but not limited to, children described in 45 CFR 98.46, as amended from time to time, and households with an infant or toddler. P.A. 18-. The current priority groups are: Priority Group 1. Parents receiving TFA cash assistance who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies; Priority Group 2. Working parents whose cash assistance benefits were discontinued not more than five years prior to the date of application for CCAP; Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school; Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income; Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive); and Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income. (Currently inactive) Due to the increase in per-family costs for the program associated with the new federal regulations, the Care 4 Kids program is likely to operate with a waitlist for services, even with the new federal funds allocated to states. Connecticut has found that operating with a waitlist has disproportionately affected infants, who begin life at the end of the waitlist under current regulations. In the past two years, six infants have died in non-licensed care and two homeless infants have died in shelters. AS noted above, the OEC has successfully pursued legislation to prioritize infants and toddlers and other vulnerable groups. The OEC will act on this new authority consistent with its mission and the goals of the CCDF plan.

Effective Date: 09/08/2020

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

Effective Date: 10/01/2018

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

Describe:

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

Effective Date: 09/30/2019

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing

for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

(A) Takes into account the typical household budget of a low-income family

(B) Provides justification that the second eligibility threshold is:

- (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
- (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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

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

Effective Date: 09/30/2019

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

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

- ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
Describe the policies and procedures.

Provide the citation for this policy or procedure.

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

Provide the second tier of eligibility for a family of three.

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

Describe how the second eligibility threshold:

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

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

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

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

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

This level would allow a family to continue accessing child care while maintaining a basic survival budget for the family.

iv. Provide the citation for this policy or procedure:

Policy transmittal:

C4K-POL-19-08

☐ Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☒ No

☐ Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

☐ No.

☐ Yes.

Describe:

3.1.8 Fluctuation in earnings.

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

Effective Date: 10/01/2018

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

Describe:

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.

- ☒ Request earning statements that are most representative of the family's monthly income.

Describe:

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.

- ☒ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

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.

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☒ 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.

☒ Applicant's relationship to the child.

Describe:

Applicant is not required to be related to the child.

☒ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

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.

☒ Work.

Describe:

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

☒ Job training or educational program.

Describe:

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.

☒ Family income.

Describe:

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. 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.

☒ Household composition.

Describe:

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.

☒ Applicant residence.

Describe:

The applicant's statement is accepted upon application.

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☒ Time limit for making eligibility determinations

Describe length of time:

30 days from receipt of a properly completed application form.

☒ Track and monitor the eligibility determination process

☒ Other.

Describe:

1. Applications shall be processed, and eligibility determined within 30 days of the date that the CCAP administrator receives the application form, unless otherwise specified in this subsection. The first day of the processing period shall begin on the day following the date the application form was received. The parent shall be notified of the eligibility decision in accordance with the requirements of Section 17b-749-07 of the Regulations of Connecticut State Agencies. The provider shall also be notified if a completed child care agreement form was submitted with the application. 2. Eligibility shall be determined when sufficient information exists to determine if the family is eligible or ineligible. If the application is incomplete, the CCAP administrator shall issue a notice to the parent requesting the missing information. The parent shall be given a minimum of 15 days from the date the notice is issued to return the information to the CCAP administrator. The first day of the 15-day period begins on the day the notice was issued. 3. If the parent has not selected a provider by the time eligibility is determined, the CCAP administrator shall determine if the family is eligible for the program without regard to eligibility for payments. The parent shall be notified of the decision and informed that eligibility will be terminated if a provider is not selected and the information needed to enroll the provider is not submitted within 30 days. The CCAP administrator shall determine if a child is eligible for payment within ten days of the date the provider information is submitted. The family shall become ineligible if the information needed to determine payment eligibility for at least one child is not submitted within 30 days of the date assistance was granted. 4. Incomplete applications shall be denied only if the parent has been given at least 15 days to

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

☐ None

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

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

(98.16(v); 98.33(f)).

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

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

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

Effective Date: 10/01/2018

a) Identify the TANF agency that established these criteria or definitions: Department of Social Services

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

"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.

"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.

"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.

"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?

☒ In writing

☒ Verbally

☐ Other.

Describe:

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

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

3.2 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.2.1 Describe how the Lead Agency defines:

Effective Date: 10/01/2018

a) "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.

b) "Families with very low incomes":

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

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

Effective Date: 10/01/2018

a) Identify how services are prioritized for children with special needs. Check all that apply:

- ☒ **Prioritize for enrollment**
- ☐ **Serve without placing these populations on waiting lists**

- ☐ Waive copayments
- ☒ Pay higher rates for access to higher-quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☐ Other.

Describe:

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- ☒ Prioritize for enrollment
- ☒ Serve without placing these populations on waiting lists
- ☒ Waive copayments
- ☒ Pay higher rates for access to higher-quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☐ Other.

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- ☒ Prioritize for enrollment
- ☐ Serve without placing these populations on waiting lists
- ☐ Waive copayments
- ☒ Pay higher rates for access to higher-quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☐ Other.

Describe:

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- ☒ Prioritize for enrollment
- ☒ Serve without placing these populations on waiting lists
- ☒ Waive copayments

- ☒ Pay higher rates for access to higher-quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☐ Other.

Describe:

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

Priority Group 1. Parents receiving TFA cash assistance who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies; Group 2. Working parents whose cash assistance benefits were discontinued not more than five years prior to the date of application for CCAP; Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school; Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income; Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive); and Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income.

Effective Date: 09/08/2020

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Public Act 18-184: allows the commissioner to exercise discretion in prioritizing within and between existing priority groups, including, but not limited to, children described in 45 CFR 98.46, as amended from time to time, and households with an infant or toddler.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

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

Public Act 18-172 A ninety-day waiver of immunization documentation is provided to families experiencing homelessness. Connecticut is updated its C4K eligibility system and at this time is not able to implement any new policy or procedural changes to the C4K Program. In January 2019, after the launch of the new eligibility system, the OEC will implement a policy change to support families experiencing homelessness by permitting a grace period for required paperwork.

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

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

Connecticut is using a dedicated outreach process to inform families of the Care4Kids program. This will include "high touch" partnership to key influencers in the community, particularly those that serve the most isolated families, such as homeless families, to ensure they are aware of the program. For example, Connecticut has eight Coordinated Access Networks (CANs) which service providers work together to streamline and standardize the process for individuals and families experiencing homelessness to access assistance to resources. OEC

may also increase CAN's capacity to perform the promising model of shelter diversion, including use of quality dollars for diversion support funding and outcomes payments for associated reductions in risk of child trauma and reductions in child care costs associated with entering shelter. The OEC will partner with CAN teams to refer families directly to the Care 4 Kids program. The OEC will also consider other strategies, such as data matching with sister state agencies to identify homeless families.

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

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

Note:

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

Effective Date: 07/01/2019

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

Children experiencing homelessness (as defined by Lead Agency's CCDF)

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

Provide the citation for this policy and procedure.

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

[Children who are in foster care.](#)

Public Act 19-121 provides a 45 day grace period to foster children to comply with immunization and other health and safety requirements. Public Act 19-121 allows all licensed programs to waive the immunization and other health and safety requirements for foster children for 45-days. The Public Act will help foster families access licensed care without having all the health and safety documents in place at time of enrollment.

The Care 4 Kids regulation 17b-749-11 (f) provides a 60 day grace period to comply with immunization requirements related to children who receive the Care 4 Kids subsidy.

[Provide the citation for this policy and procedure.](#)

Care 4 Kids regulation 17b-749-11 (f) provides a 60 day grace period to comply with immunization requirements.

[Public Act 19-121 section 2-3](#)

[b\) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements \(98.41\(a\)\(1\)\(i\)\(C\)\(4\)\).](#)

The OEC collaborates with the CT Department of Public Health to obtain children's immunization records via Connecticut's immunization system to facilitate compliance with immunization requirements readily accessible on the licensing website, thereby minimizing provider and family reporting burden to find immunization records.

[c\) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?](#)

☒ No.

☐ Yes.

[Describe:](#)

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 10/01/2018

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Connecticut General Statute: PA 15-227 enacted the 12 month eligibility. Below are defined circumstances that are considered temporary. The definition of temporary change was issued in a Program Operations Policy Transmittal (C4K-pol-16-02) to United Way on February 19, 2016.

b) How does the Lead Agency define "temporary change?"

1) any time-limited absence from work for employed parents for periods of family leave or sick leave; (2) any interruption in work for a seasonal worker; (3) any reduction in work,

an approved training, or education hours, as long as the parent is still working or attending training or education for the duration of 12-month eligibility; (4) and any cessation of work or attendance in an approved training or education program that does not exceed three months. Temporary changes would include any student holidays or break for parents participating in an education or training; any change in age, including turning 13 years old during the eligibility period, and any change in residency with the State service area.

c) Provide the citation for this policy and/or procedure.

1. Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016.
Link: http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf
2. Care 4 Kids Regulations: 17b 749-04
3. https://www.ct.gov/oec/lib/oec/08-continued_eligibility_for_13_year_old_children.pdf

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

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

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

Effective Date: 10/01/2018

- a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and

offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

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

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

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

The parent is required to report a job loss to the Care 4 Kids program within 10 days. Care4Kids will issue a 3-month job search certificate. At the end of the 3-month job search, if the parent has a new job, income information will be updated.

ii. Describe what specific actions/changes trigger the job-search period.

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

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

3 months

iv. Provide the citation for this policy or procedure.

http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf

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

☐ Not applicable.

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

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

ii. Provide the citation for this policy or procedure:

- ☒ A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

If a parent moves out of state, the family's certificate will be discontinued. Care4Kids Program Regulations: 17b-749-04(a)(1)

- ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

If a parent commits fraud for the first time, a period of ineligibility shall be three months from the date of the notice of disqualification is issued or from the date the parent's benefits are discontinued, whichever is later. For the second finding of fraud, the disqualification period shall increase to 6 months. For any subsequent finding, the disqualification period shall be 1 year for each occurrence. Care4Kids Program Regulations: 17b-749-20(h)(3).

3.3.3 Change reporting during the 12-month eligibility period.

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

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

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

Effective Date: 10/01/2018

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

☐ No

☒ Yes

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

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

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

Describe:

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

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

Describe:

Family must report changes in address.

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

Describe:

Family must report changes in address

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

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

- ☒ Phone
- ☒ Email
- ☒ Online forms
- ☐ Extended submission hours
- ☒ Postal Mail
- ☒ FAX
- ☒ In-person submission
- ☐ Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

N/A

ii. Provide the citation for this policy or procedure.

Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016.

Link: http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf.

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

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

Examples include developing strategies to inform families and their providers of an upcoming

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

Effective Date: 10/01/2018

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

- ☒ Advance notice to parents of pending redetermination
- ☒ Advance notice to providers of pending redetermination
- ☒ Pre-populated subsidy renewal form
- ☒ Online documentation submission
- ☐ Cross-program redeterminations
- ☐ Extended office hours (evenings and/or weekends)
- ☐ Other.

Describe:

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- ☒ Postal Mail
- ☐ Email
- ☐ Online forms
- ☒ FAX
- ☒ In-person submission
- ☐ Extended submission hours
- ☐ Other.

Describe:

3.4 Family Contribution to Payments

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

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

Effective Date: 10/01/2018

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	\$1	\$.02	2%	\$2,439	\$244	10%
2	\$1	\$.02	2%	\$3,189	\$319	10%
3	\$1	\$.02	2%	\$3,939	\$394	10%
4	\$1	\$.02	2%	\$4,690	\$470	10%

	(a)	(b)	(c)	(d)	(e)	(f)
5	\$1	\$.02	2%	\$5,440	\$544	10%

b) What is the effective date of the sliding-fee scale(s)? October 1, 2018

c) Identify the most populous area of the state used to complete the chart above.

North Central Region

d) Provide the link to the sliding-fee scale: <http://www.ctcare4kids.com/wp-content/uploads/2018/08/Copy-of-SMI-18-19-Draft-081618-002.pdf>

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

3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

Effective Date: 10/01/2018

☐ The fee is a dollar amount and:

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

☐ The fee is per child and is discounted for two or more children.

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

☐ No additional fee is charged after certain number of children.

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

☐ Other.

Describe:

☒ The fee is a percent of income and:

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

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

Describe:

- ☐ Other.

Describe:

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

Effective Date: 10/01/2018

- ☒ No.
- ☐ Yes, check and describe those additional factors below.
- ☐ Number of hours the child is in care.

Describe:

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

Describe:

- ☐ Other.

Describe:

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

Effective Date: 10/01/2018

- ☒ No, the Lead Agency does not waive family contributions/co-payments.
- ☐ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.
- ☐ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

- ☐ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

:

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

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

access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

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

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

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

The Care 4 Kids Certificate is issued after the parent has selected a provider. The following information is listed on a certificate: (1) Family Name and Address (2) Family ID (3) Case Manager (4) Provider ID (5) Certificate Number (6) Child Name (7) Child's DOB (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 amount (14) Key with all levels of care (15) C4K weekly reimbursement rate (16) C4K monthly reimbursement rate (17) Family Fee (18) Total Payment Amount (19) Information: if the provider charges more it is your responsibility to pay those amounts (20) C4K contact information.

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

Effective Date: 10/01/2018

- ☐ Certificate that provides information about the choice of providers
- ☐ Certificate that provides information about the quality of providers
- ☒ Certificate not linked to a specific provider, so parents can choose any provider
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies
- ☒ Co-located resource and referral in eligibility offices
- ☐ Verbal communication at the time of the application
- ☒ Community outreach, workshops, or other in-person activities
- ☒ Other.

Describe:

The Notice of Eligibility that families receives 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. The 211 Child Care website includes links to program profiles with detailed information on quality, health and safety, and regulatory requirements for the program you will be choosing for your child.

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

a) In addition to offering certificates, does the Lead Agency provide child care services

through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

☒ No. If no, skip to 4.1.4.

☐ Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

☐ Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The type(s) of child care services available through grants or contracts:

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

iv. The process for accessing grants or contracts:

v. How rates for contracted slots are set through grants and contracts:

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

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

☐ Programs to serve children with disabilities

☐ Programs to serve infants and toddlers

☐ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

- ☐ Programs to serve children experiencing homelessness
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
 - ☐ Urban
 - ☐ Rural
- ☒ Other
 - Describe
 - N/A

4.1.3 Child care services available through grants or contracts.

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

- ☐ Programs to serve children with disabilities
- ☐ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
 - ☐ Urban
 - ☐ Rural
- ☒ Other
 - Describe
 - N/A

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

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

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

☐ No.

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

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

Describe:

☒ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

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

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

Describe:

- ☒ Restricted to care by relatives.

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

- ☐ Restricted to care for children with special needs or a medical condition.

Describe:

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

Describe:

- ☒ Other.

Describe:

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

4.2 Assessing Market Rates and Child Care Costs

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

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

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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

Effective Date: 10/01/2018

☒ MRS

☐ Alternative methodology.

Describe:

☐ Both.

Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

Effective Date: 10/01/2018

a) State Advisory Council or similar coordinating body:

The OEC sent the draft market rate survey questionnaire to all members of the State Advisory Council (SAC) for feedback. On May 2018 a SAC meeting was held where the results of the market rate survey were discussed.

b) Local child care program administrators:

The OEC sent the market rate survey questions to a sample of child care program administrators for feedback. Based on feedback adjustments were made to the survey.

c) Local child care resource and referral agencies:

The Office of Early Childhood contracted with Connecticut's CCR & R (United Way of Connecticut) to conduct a comprehensive state-wide Market Rate Survey. Information on

provider charges was solicited through a standard telephone survey. The survey questions captured information on weekly charges by setting type (licensed child care center/group child care home, family child care homes, and licensed-exempt providers), and age group (infant, toddler, preschool, school age), capacity, town and region. This information included provider, town, region, weekly cost, and capacity including the number of spaces available and number of spaces with enrollments. The 2017 Care 4 Kids payment rates, effective January 1, 2017 are analyzed against the market rate and determination of percentile of market rate is identified for each setting and age, center vs. home-based and infant/toddler, preschool, school age. This information was reviewed by the Lead Agency. The results revealed gaps, for some of the rates, between the cost of providing quality services and the revenue sources available to support programs. Additional cost analysis and consideration for rate changes to some of the subsidy rates continue.

d) Organizations representing caregivers, teachers, and directors:

The OEC sent the market rate survey questions to organizations representing caregivers, teachers and directors for feedback. Based on feedback, adjustments were made to the survey.

e) Other. Describe:

N/A

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

The universe in which the Connecticut's Market Rate Survey was conducted included all licensed family childcare homes and licensed and license-exempt centers with the exception of childcare centers that receive federal and state grants or contracts to purchase child care

spaces. The grant and contract programs, including Head Start, School Readiness, Preschool Development Grant, and Child Day Care centers charge fixed rates established by the grant or contract. The survey sample omitted these facilities to avoid skewing the results of the survey.

Participation was voluntary. Because group homes represent only a small fraction of the number of licensed facilities in Connecticut, the Office of Early Childhood does not distinguish between childcare centers and group homes. Group homes are reimbursed at the center care rates.

The Market Rate Survey included providers in each of the five geographical regions in the state including: East, North Central, Northwest, South Central and South West. 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.

Licensed and license-exempt center-based/group and licensed family day care homes providers were included in the Market Rate Survey. The survey also included programs that meet licensing requirements, national accreditation standards, and serve children with special needs.

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.

Data collection was conducted by trained staff at the CCR&R agency with expertise in conducting this and other surveys. The sample size of the survey to the total number of providers in the state equals 37.6% for centers and 57.5% for family based settings. This survey is representative of Connecticut's licensed and license-exempt child care providers. The survey was conducted between February 9 through March 30, 2018. The survey includes statistically valid and reliable data sets from providers across the state and from each of the five geographical regions that the subsidy rates are set.

The sample size of the survey to the total number of providers in the state equals 54% for centers (excluding state funded programs) and 57.5% for family-based settings. Although the survey captures half of the total providers in the state, the results of the market rate survey are statistically significant. Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. To ensure that the market rate survey accurately reflected the provider reimbursement rates in Connecticut, a sample size was chosen based on a 99% confidence level and a 3% confidence interval. A confidence interval is a range of values that is likely to contain a population statistic, in this case it is the market rate percentages. If a random sample is drawn repeatedly, a certain percentage of the confidence

intervals will contain the population mean. This percentage is the confidence level. In other words, if the market rate survey were conducted repeatedly using different samples of providers, 99% of the time the market rates would fall within +/-3% of the rates seen in this study.

Effective Date: 10/01/2018

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

Effective Date: 0

a) Geographic area (e.g., statewide or local markets). Describe:

The market rate survey is statewide and includes focus on Connecticut's five geographical regions including: Eastern, North Central, North West, South West and South Central.

b) Type of provider. Describe:

Licensed child care center/group child care home, family child care homes, and license-exempt provider settings were surveyed.

c) Age of child. Describe:

Birth to 12

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

The Market Rate Survey included programs that meet licensing requirements, national accreditation standards, and serving children with special needs.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Effective Date: 10/01/2018

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 05/01/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. This report was made available to the public by May 14, 2018.

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The Market Rate Survey which included a detailed report was posted on the OEC website on May 14, 2018.

<https://www.ct.gov/oec/cwp/view.asp?Q=602590&A=4547>

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The OEC used stakeholder input and comments to inform setting rates.

4.3 Setting Payment Rates

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

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 09/01/2019

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

Rate \$ 305 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

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

Rate \$ 221 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 72nd

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

Rate \$ 305 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

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

Rate \$ 221 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 72nd

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

Rate \$ 203 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 25th

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

Rate \$ 171 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 22nd

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

Rate \$ 143 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 90th

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

Rate \$ 159 per weekly (North Central Region) unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 95th

i) Describe how part-time and full-time care were defined and calculated.

Part-time care is defined as 16 to 34 hours a week, while full time care is defined as 35 to 50 hours a week.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 09/01/2019

k) Identify the most populous area of the state used to complete the responses above.

North Central Region

l) Provide the citation or link, if available, to the payment rates.

<https://www.ctcare4kids.com/provider-information/payment-rates/>

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

N/A

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

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Effective Date: 10/01/2018

☐ Differential rate for *non-traditional hours*.

Describe:

☒ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

Connecticut's Child Care Subsidy Program, Care 4 Kids pays a differential payments to ensure increased access to care for children with special needs, as defined in current regulation. Providers serving children with special needs receive rates that are 25% above the Care4Kids payment rates.

☐ 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:

- ☐ 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:

- ☒ Differential rate for higher quality, as defined by the state/territory.

Describe:

Connecticut's Child Care Subsidy Program, Care 4 Kids sets differential payments to incentivize higher quality of care. Providers with national accreditation, such as NAEYC/NAFCC, receive rates that are 5% above the Care 4 Kids payment rates.

- ☐ Other differential rates or tiered rates.

Describe:

- ☐ Tiered or differential rates are not implemented.

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

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 10/01/2018

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

The Office of Early Childhood through the Care 4 Kids program funds the full range of

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

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Office of Early Childhood through the Care 4 Kids program funds the full range of providers (licensed centers, license-exempt centers, licensed family child care providers, and license exempt relative providers) in order to support parent choice and to ensure equal access to child care services comparable to those provided by families not receiving CCDF assistance. Based on 2018 Market Rate Survey, the OEC has increased all licensed providers (family and center) reimbursement rates.

Licensed center:

Infant/ toddler: 50th percentile of market rate

Preschool: 25th percentile of market rate

School age: 90th percentile of market rate

Licensed Family Child Care:

Infants/ toddler: 72nd percentile of market rate

Preschool: 22nd percentile of market rate

School Age: 95th percentile of market rate

These payment rates are adequate and provide families with greater access to child

care. The OEC will continue to evaluate payments rates to ensure equal access.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

For more than two years, OEC has provided free health and safety training for all provider types on the ground and online offerings. This has allowed providers to meet health and safety requirements. Based on Connecticut's most recent market rate survey, the OEC is reviewing and analyzing several scenarios that will address providing rates aligned more closely to the market. In particular, rates for infants and toddlers in center-based settings will be increased to more closely align to those of family child care where rates have grown over the last four years. Historically, Connecticut has ranked very high as far as its licensing standards for child care programs. These standards cover topic areas such as administration, staffing, record keeping, health and safety, physical plant, educational requirements, and administration of medications. Licensed providers are monitored closely through unannounced annual inspections in conjunction with additional on-site visits to follow-up on serious noncompliance issues related to requirements such as supervision, ratios, capacity, group size, discipline, safe sleep, and bodies of water. From July 1, 2017 to June 30, 2018, of the 1,410 licensed child care centers/group child care homes (58% are Care 4 Kids providers), only 26 were subject to formal disciplinary action. During this same time period, of the 1,986 licensed family child care homes (40% are Care 4 Kids providers), only 36 were subject to formal disciplinary action. This demonstrates that the majority of licensed providers are complying with the strict licensing standards absent enforcement action.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

Connecticut started its work on studying the costs of quality with Ann Mitchell's guidance in 2014 and further developed a cost-modeling tool that used CT specific costs to set the average quality cost per child. The current cost per child is approximately \$17,000 for preschool full-time and full-year services.

Connecticut supports state-funded preschool programs to blend funding with Care 4

Kids, which helps providers meet higher quality benchmarks for workforce and accreditation for full- time care. This practice for paying to higher quality care at significantly higher rates has also been mirrored in the state's Preschool Development Grant (PDG). The Care 4 Kids program offers a 5% rate increase to all providers who hold program accreditation. The OEC is proposing to increase the amount of quality-related bonus payments and tiered reimbursements to continue to reward providers for higher levels of quality care.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

☒ Limit the maximum co-payment per family.

Describe: .

10 % is maximum co-pay a family will pay based on household income.

☐ Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

☐ Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

☐ Other.

Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

☐ No

☒ Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Connecticut's Care 4 Kids rates for certain age groups, regions, and setting types are low, unless families are able to contribute funds above the state subsidy, they may be unable to purchase any care. While the state is working towards higher payment rates, this allows families to benefit from help for a portion of the care and provides better access than a more restricted rule.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

OEC recently completed an informal survey and over 80% of providers charged families an amount beyond the family fee of Care 4 Kids to cover expenses. The OEC believes that this informal survey did not provide sufficient and accurate information on the additional fees that providers charge to families. The OEC is going to conduct a new survey to get accurate data on the size and frequency of additional amounts that providers charge to families.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

The OEC is going to conduct a new survey to get accurate data on the size and frequency of additional amounts that providers charge to families. As the OEC implements rate increases, it is likely that some providers will no longer charge additional fee to families.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

The OEC's payments are timely and offered with reasonable requirements for attendance. Providers are not required to submit daily attendance for payment or hourly pay, which allows the providers to operate a financially stable business, regardless of if a child is sick and unable to come to care. Payments are also offered for a variety of childcare schedules and rates are based on geographic regions that respond to different economic

factors.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☒ Geographic area.

Describe:

The OEC has five geographic regions of the state that align to the Department of Social Services Regions of service: regional rates are calculated for payment and for analysis.

☒ Type of provider.

Describe:

The OEC pays differential rates based on the following setting types: licensed family childcare, relative care, center-based care.

☒ Age of child.

Describe:

The OEC pays differential rates based on the following ages: infant/toddler, preschool, school age.

☒ Quality level.

Describe:

The OEC provides a 5% rate increase to providers holding national accreditation.

☐ Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

- ☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

- ☐ Feedback from parents, including parent surveys or parental complaints.

Describe:

- ☒ Other.

Describe:

The OEC is finalizing payment rates

4.5 Payment Practices and the Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any

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

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 09/30/2019

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☒ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Based on Connecticut's General Statutes: Payments are issued within 15 days for billing for services.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☐ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

☒ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Based on Connecticut's General Statutes: Occasional absences does not affect provider payments, however frequent absences which exceed 25% of current care schedule could result in a change in the child care certificate level.

- ☐ Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- ☐ Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Certificates are approved at quarter time (1-15 hours), half-time (16-34 hours), full time (35-50 hours), full time plus (51-65 hours)..

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The OEC conducted a survey in the Spring of 2019 of licensed home and center-based providers to determine the average registration fee charged by providers in Connecticut. Over 600 providers (center and home-based) responded to the survey. Based on the survey results, the average registration fee charged by licensed home-based providers was \$82 and the average registration fee charged by licensed center-based providers was \$71. These averages were used to establish the maximum fee benefit for the Care 4 Kids program.

Effective September 30, 2019, the CCDF subsidy (Care 4 Kids) will pay for mandatory registration fees. The maximum annual fee reimbursement per registration is \$50

during the child's 12-month eligibility period. A registration fee can be charged two times during the child's 12-month eligibility period for a maximum benefit of \$100. The registration fee can be paid to multiple providers .

- All providers, excluding unlicensed relatives, that charge a mandatory registration fee, will be reimbursed for the registration fee charged per child during the child's eligibility period.
- Providers, excluding unlicensed relatives, who charge less than the established program maximum fee, will be reimbursed at the lower rate.
- The mandatory registration fee per child may be reimbursed for a maximum number of occurrences, excluding unlicensed relatives, but will not exceed the established program maximum fee limit during the child's eligibility period.
- For reimbursement of the registration fee, the provider will document the mandatory registration fee charged on the Parent Provider Agreement.

Policy transmittal: [C4K-POL-01 revised](#)

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

Certificates for services are issued to families who then chooses a provider. The payment is based upon invoices for services. CT's Regulations specifies that payments are for direct care for services and does not allow payments for fees.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Based on CT Regulations : written notices of action are sent to both providers and families within 10 days.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Based on CT's Regulations : the appeal process is open to families only. Families have 60 days to request a hearing. The OEC has 30 days to schedule a hearing. After a hearing is complete, OEC has 60 days to finalize the hearing decision.

g) Other. Describe:

N/A

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

Effective Date: 10/01/2018

☒ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas.

Describe:

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

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

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

Effective Date: 10/01/2018

☒ In licensed family child care.

In the November 2017, Connecticut's Voices for Children published the "The Changing State of Early Childhood" which describes Connecticut's efforts in providing high quality early care and education programs that serve families statewide. The number of regulated child care slots for infants and toddler has grown less than 10% over the last decade. Although Connecticut's birth rate is falling an increasing percentage of families with young children in the workforce has increased. The current availability of slots is insufficient across all provider types and it is estimated that only 1/3 of estimated need. The OEC tracks infant/toddler capacity data through its CCR&R. OEC also monitors

strategies that are implemented to increase infant/toddler capacity in specific settings and locations.

☒ In licensed child care centers.

In the November 2017, Connecticut's Voices for Children published the "The Changing State of Early Childhood" which describes Connecticut's efforts in providing high quality early care and education programs that serve families statewide. The number of regulated child care slots for infants and toddler has grown less than 10% over the last decade. Although Connecticut's birth rate is falling an increasing percentage of families with young children in the workforce has increased. The current availability of slots is insufficient across all provider types and it is estimated that only 1/3 of estimated need. The OEC tracks infant/toddler capacity data through its CCR&R. OEC also monitors strategies that are implemented to increase infant/toddler capacity in specific settings and locations.

☐ Other.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

Effective Date: 10/01/2018

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☒ Family child care networks.

Describe:

The OEC is funding seven family childcare networks across the state. 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.

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

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

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

.

☒ Family child care networks.

Describe:

The OEC is funding seven family childcare networks across the state. 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.

☒ Start-up funding.

Describe:

The OEC and United Way of Connecticut awarded quality expansion funding to existing and start up family childcare networks. Seven were funded and of those seven networks, three were new networks who received start-up funding.

☒ Technical assistance support.

Describe:

The OEC offered a train the trainer session on Program for Infant/Toddler Care (PITC) in the fall of 2017. The PITC is based on six essential program practices that promote responsive, caring relationships between caregivers and the infants and toddlers they serve. Research suggests that high-quality early care and education programs for infants and toddlers that use a relationship-based care framework support optimal development and learning. The goal of the train the trainer session was to support professionals who, in turn, support infant toddler caregivers in their developmental understanding and implementation of relationship-based program practice to support high quality infant/toddler care in family childcare settings.

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

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

Describe:

There are several ongoing efforts in CT to support business practices in early childhood programs. For more than a decade, state early childhood funding has maintained the Program Leadership Initiative that offers credit-bearing coursework for early childhood administrators that include Fiscal and Human Resource Management. These courses meet the requirement for the Connecticut Director's Credential. Recent effort is the OEC's public-private partnership with the CT Early Childhood Funders Collaborative provide training and technical assistance to early childhood providers (center and home-based) on fiscal strategic planning. One key component of the training will be follow-up consultation with a SCORE mentor. The OEC has collaborated with SCORE, a resource affiliate of the U.S. Small Business Administration (SBA) to provide this consultation. The OEC through its family childcare networks require the networks to create shared services business alliance. The "shared services" strategy capitalizes on the efficiency -the economies of scale - that arise when multiple providers pool business functions such as purchasing, marketing, billing and bookkeeping for the purpose of reducing each member's operating costs. The goal of a shared services alliance is to have the resulting cost-savings and enhanced market appeal translate into a more viable and better performing home-based business enterprise for all of the alliance's members

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☒ Technical assistance support.

Describe:

The OEC has developed a document entitled "Guidance and Technical Assistance for Supporting All Children using the CT's Early Childhood Development Standards: Meeting the Needs of Diverse Learners." This document includes OEC's inclusion statement and focuses on ways to support young children by ensuring full access and active participation in all care settings so that children with diverse needs receive the full benefit of their early learning experiences. The OEC worked in collaboration with The University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disability Education, Research, and Service in creating this document.

The OEC's Division of Early Care and Education oversees all state and federally funded early childhood programs, with the exception of IDEA Part B Section 619

preschool special education. The OEC is working closely with the Part B state coordinator to support community-based programs as they work with their public school counterparts to ensure that children who are eligible to receive special education and related services are provided with a program that ensures continuity and consistency in the least restrictive environment. The CCDF Administrator is working closely with the OEC's Family Support Division who oversees the agency's Birth to Three, IDEA, and Part C Program, to raise awareness and provide information regarding the importance of early screening and referral, as well as outreach strategies to engage families in these important practices.

☐ Recruitment of providers.

Describe:

☒ Tiered payment rates (as discussed in 4.3.2).

Describe:

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

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

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☒ Family child care networks.

Describe:

The OEC is funding seven family childcare networks across the state. 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. The OEC will work closely with the funded networks to develop business related strategies for family childcare providers to offer families care during non-traditional hours .

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

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

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

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

Describe:

- ☐ Accreditation supports.

Describe:

- ☐ Child Care Health Consultation.

Describe:

- ☐ Mental Health Consultation.

Describe:

- ☐ Other.

Describe:

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

Effective Date: 10/01/2018

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

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

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant

concentrations of poverty and unemployment and that do not have high-quality programs Connecticut's state funded School Readiness Grants and Child Day Care Contracts serve the 50 lowest income communities in the state in addition to other high need communities. In 2015, the state allocated a new source of funds to serve preschool children in the public schools; preference is given to grantees who prioritize eligibility to children who receive free and reduced lunch. In addition, the federal Preschool Development Grant serves four-year olds in 13 of CT's high need communities. All state funded programs are required to achieve and maintain national accreditation or Head Start approval to receive funds. CT's Child Care Subsidy Program (Care4Kids) is available statewide. The OEC uses CCDF funds to support several quality activities including national program accreditation and scholarships to individuals for degree completion and courses in program leadership.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This

section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Effective Date: 10/01/2018

☒ Center-based child care.

Describe and Provide the citation:

Child care centers provide a program of supplementary care to more than twelve related

or unrelated children outside their own home on a regular basis. Group child care homes provide a program of supplementary care: (a) to not less than seven or more than twelve related or unrelated children on a regular basis, or (b) that meets the definition of a family child care home except that it operates in a facility other than a private family home.

http://www.ct.gov/oec/lib/oec/licensing/childcare/centers_statsregs.pdf Center Statutes: 19a-80(a); Youth Camp Statutes: 19a-421

☒ **Family child care.**

Describe and Provide the citation:

Family child care homes are private family homes caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three nor more than twelve hours during a twenty-four hour period and where care is given on a regularly recurring basis, except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care.

http://www.ct.gov/oec/lib/oec/licensing/childcare/family_statsregs.pdf Family Statutes 19a-87b .

☐ **In-home care (care in the child's own home).**

Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 10/01/2018

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Programs administered by a public school, private school and municipality/ The health, safety and development of children who receive services from programs administered by a public school system, private school, or municipal agency will be ensured by requiring the same background checks and professional development requirements based on health and safety standards. Compliance with health and safety requirements will be monitored through on-site inspections of programs administered by public school systems, private schools, and

municipal agencies. Relatives/ The capacity of care provided by relatives will be restricted to a total of three children with no more than two children under the age of two. 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 as well as CPR and First Aid Training, in addition to completing a preservice health and safety training. The list of license-exempt programs is found in Section 19a-77(b) of the CT General Statutes and is as follows:

- (1)(A) Administered by a public school system, or (B) administered by a municipal agency or department;
- (2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;
- (3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer than two hours in length; library programs that are no longer than two hours in length; scouting; programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older;
- (4) Informal arrangements among neighbors and formal or informal arrangements among relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;
- (5) Supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;
- (6) Supplementary child care operations in retail establishments where the parents remain in the same store as the child for retail shopping, provided the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child care center;
- (7) Administered by a nationally chartered boys' and girls' club that are exclusively for school-age children;
- (8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution;
- (9) Administered by Solar Youth, Inc., a New Haven-based nonprofit youth development and environmental education organization;
- (10) Programs administered by organizations under contract with the Department of Social Services pursuant to section 17b-851a that promote the reduction of teenage pregnancy through the provision of services to persons who are ten to nineteen years of age, inclusive;

or

(11) Administered by the Cardinal Shehan Center, a Bridgeport-based nonprofit organization that is exclusively for school-age children.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Effective Date: 10/01/2018

☒ Center-based child care.

If checked, describe the exemptions.

Programs administered by a public school, private school and municipality/ The health, safety and development of children who receive services from programs administered by a public school system, private school, or municipal agency will be ensured by requiring the same background checks and professional development requirements based on health and safety standards. Compliance with health and safety requirements will be monitored through on-site inspections of programs administered by public school systems, private schools, and municipal agencies.

☐ Family child care.

If checked, describe the exemptions.

☒ In-home care.

If checked, describe the exemptions.

Relatives/ The capacity of care provided by relatives will be restricted to a total of three children with no more than two children under the age of two. 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 as well as CPR and First Aid Training, in addition to

completing a preservice health and safety training.

5.2 Health and Safety Standards and Requirements for CCDF Providers

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

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

Effective Date: 10/01/2018

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):
under 3

-- Ratio:
1:4

-- Group size:
8

-- Teacher/caregiver qualifications:

A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either:

(a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360) hours of documented supervised experience and at least one semester of student teaching with children of the same ages and developmental stages who are served at the center, and assistant teacher qualifications.

2. Toddler

-- How does the State/territory define toddler (age range):
under 3

-- Ratio:
1:4

-- Group size:
8

-- Teacher/caregiver qualifications:

A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either: (a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early

childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360) hours of documented supervised experience and at least one semester of student teaching with children of the same ages and developmental stages who are served at the center, and assistant teacher qualifications.

3. Preschool

-- How does the State/territory define preschool (age range):

3-5

-- Ratio:

1:10

-- Group size:

20

-- Teacher/caregiver qualifications:

A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either: (a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360) hours of documented supervised experience and at least one

semester of student teaching with children of the same ages and developmental stages who are served at the center, and assistant teacher qualifications.

4. School-age

-- How does the State/territory define school-age (age range):

At least 5 years of age by January 1 of the current school year, and less than 13 years of age or less than 19 with special needs and attending school.

-- Ratio:

1:10

-- Group size:

20

-- Teacher/caregiver qualifications:

A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty (20) years of age or older, have the personal qualities needed to supervise others, a high school diploma or equivalency certificate, at least five hundred forty (540) hours of documented supervised experience over at least a nine (9) month span including working with children of the same ages and developmental stages who are served in the child care center and one of the following: twelve (12) credits in early childhood education or child development, elementary education, recreation, group social work or a related field from an accredited institution of higher or a four (4) year college degree in elementary education, recreation, group social work, or a related field from an accredited institution of higher education, with at least two hundred seventy (270) hours of documented supervised experience, and assistant teacher qualifications.

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

There are no specific teacher/caregiver qualifications required. There shall be a

designated staff person in charge who is eighteen years of age or older on site at all times the child care program is in operation. Specific training and experience is required for staff supervising high risk activities.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

The ratio shall be at least one staff to ten children under age six, one staff to twelve children under age eleven, and one staff to fifteen children over the age of eleven. When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail. During nap time, when all children in the group are sleeping, the overall ratios shall be maintained on the premises. In resident programs, the ratio of staff to children shall be at least one staff to six children under age eight, and one staff to eight children eight years and older. The group size shall not exceed twenty children except for structured activities offered exclusively for school age children.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

Any director hired or newly designated on or after January 1, 2010 shall have within one year of being hired or designated at least three credits in the administration of early childhood education programs or educational administration.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

Under 2

-- Ratio:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only. During the summer months when regular

school is not in session, a maximum of three additional children who are otherwise enrolled in school full time, including the provider's own children, shall be permitted if there is an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, as amended by this act, present and assisting the provider, except that (A) if the provider has more than three such additional children who are the provider's own children, all of the provider's own children shall be permitted, and (B) such approved assistant or substitute staff member shall not be required if all of such additional children are the provider's own children.

-- Group size:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.

-- Teacher/caregiver qualifications:

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 certificate.

2. Toddler

-- How does the State/territory define toddler (age range):

Under 2

-- Ratio:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider

may have three additional children who are attending school full time before and after school during the school year only. During the summer months when regular school is not in session, a maximum of three additional children who are otherwise enrolled in school full time, including the provider's own children, shall be permitted if there is an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, as amended by this act, present and assisting the provider, except that (A) if the provider has more than three such additional children who are the provider's own children, all of the provider's own children shall be permitted, and (B) such approved assistant or substitute staff member shall not be required if all of such additional children are the provider's own children.

-- Group size:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.

-- Teacher/caregiver qualifications:

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 certificate.

3. Preschool

-- How does the State/territory define preschool (age range):

N/A

-- Ratio:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six

children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only. During the summer months when regular school is not in session, a maximum of three additional children who are otherwise enrolled in school full time, including the provider's own children, shall be permitted if there is an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, as amended by this act, present and assisting the provider, except that (A) if the provider has more than three such additional children who are the provider's own children, all of the provider's own children shall be permitted, and (B) such approved assistant or substitute staff member shall not be required if all of such additional children are the provider's own children.

-- Group size:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.

-- Teacher/caregiver qualifications:

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 certificate.

4. School-age

-- How does the State/territory define school-age (age range):

N/A

-- Ratio:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only. During the summer months when regular school is not in session, a maximum of three additional children who are otherwise enrolled in school full time, including the provider's own children, shall be permitted if there is an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, as amended by this act, present and assisting the provider, except that (A) if the provider has more than three such additional children who are the provider's own children, all of the provider's own children shall be permitted, and (B) such approved assistant or substitute staff member shall not be required if all of such additional children are the provider's own children.

-- Group size:

The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.

-- Teacher/caregiver qualifications:

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 certificate.

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

Relatives caring for children will have a limited capacity of three children, with no more

than two children under the age of two.

c) In-home CCDF providers:

1. Describe the ratios

1:3

2. Describe the group size

3

3. Describe the maximum number of children that are allowed in the home at any one time.

3

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

Yes, must be included in the ratio.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

No more than 2 children under the age of two at any time.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

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

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

Effective Date: 10/01/2018

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

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

Programs shall maintain on file an immunization record that documents age appropriate immunizations, immunization in progress or exemption to immunization as defined. The hands of staff and children shall be washed after each diaper change.

-- List all citations for these requirements, including those for licensed and license-exempt programs

Center Regs: 19a-79-5a(a)(2)(C); 19a-79-6a(e); 19a-79-6a(b)(1)-(2); 19a-79-10(e)
Family Regs: 19a-87b-10(k); 19-87b-10(f) Youth Camp Regs: 19a-428-3(a) License-exempt: <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf> - Prevention and control of infectious diseases-Record Keeping (b)-(e), Programs Serving Infants and Toddlers-(b)(1)-(6) and (d)

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

Additionally, for licensed and license-exempt centers, toys used for infants shall be kept separate, washed and sanitized at least daily. Toys for toddlers shall be washed and sanitized at least weekly and as needed. For licensed centers, staff shall be knowledgeable about the signs and symptoms of childhood illness and responsible for observation of each child. Any child showing suspicious signs or symptoms of short-term contagious illness shall be isolated and removed from the program. For licensed family child care homes, no child shall be accepted for sick child care, universal precautions and sanitary practices shall be used to prevent the spread for infection when care for a mildly ill child occurs.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

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

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

Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib, bed or other piece of equipment designed for infant sleeping and appropriate for the particular child, with a snug fitting mattress unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position or alternate piece of equipment. When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back but allowed to adopt whatever position they prefer for sleep. Soft surfaces and gas-trapping objects such as pillows, blankets, quilts, sheepskins, soft bumpers or stuffed toys shall not be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed. No infant shall be put to sleep on a sofa, soft mattress, waterbed or other soft surface. No infant shall be put to sleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for their use. Nothing shall be placed or hung over the side of a crib or other piece of equipment designed for sleeping that obstructs the staff's visibility of the infant. Cribs or other furniture intended for infant sleeping shall meet the United States Consumer Product Safety Commission requirements. All cribs must comply with the CPSC crib standards.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-10(g) Family Regs: 19a-87b-10(c)(4) License-exempt:

<http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf> Prevention of sudden infant death syndrome and the use of safe sleep practices-Sleep Arrangements-(c)(1)-(6)

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

N/A

-- Describe any variations based on the age of the children in care

Applies to infants under twelve months of age.

-- Describe if relatives are exempt from this requirement

Content on safe sleep practices is provided in pre-service provider orientation.

Relatives would not be monitored for compliance of this requirement and would be exempt.

3. Administration of medication, consistent with standards for parental consent

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

Administration of medications by unlicensed staff is permitted, provided 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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-9a Family Regs: 19a-87b-17 Youth Camp Regs:19a-428-6and Administration of medication-Section 10-212a of the CT General Statutes

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

License exempt programs administered by public and private schools follow provisions in Section 10-212a of the statutes that apply to schools.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not required to have parental consent for administration of medication and relatives are exempt from this requirement.

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

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

Information about a child's disabilities or special health care needs such as allergies or special dietary needs shall be on file along with an individual plan of care to include appropriate care of the child in the event of a medical emergency.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-5a(a)(2)(E) Family Regs: 19a-87b-10(c) and (d) Youth Camp Regs: 19a-428-3(a) License-exempt: <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>

Prevention of and response to emergencies due to food and allergic reactions-Administration-(d)

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

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Training on prevention of and response to emergencies is offered state-wide and free to any Care4Kids relative provider. This training is not required and relatives are exempt from this requirement.

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

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

The physical premises shall be maintained sanitary and free of health and safety hazards. Evident sources of lead in buildings constructed prior to 1978 must be addressed. The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers. Fences used to protect children shall be at least four feet in height. Fields and equipment for high risks activities shall be free of hazards.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-7a Family Regs: 19a-87b-9(b); 19a-87b-9 Youth Camp Regs: 19a-428-4 License-exempt: <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf> Building and physical premises safety-Physical Plant and Program Practices-(a), (c)-(m)

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

N/A

-- Describe any variations based on the age of the children in care

For licensed and license-exempt centers and license-exempt youth camps that serve children less than school age and are located in a building constructed prior to 1978 shall address evident sources of lead paint.

-- Describe if relatives are exempt from this requirement

Building and physical premise safety is a topic area included in the pre-service provider orientation program offered to relative Care 4 Kids providers. Relatives are exempt from this requirement.

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

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

The program is responsible at all times for the health, comfort, and safety of children. Children's behaviors shall be managed using techniques based on developmentally appropriate practice. Staff shall not engage in or allow abusive, neglectful, physical, corporal, humiliating, or frightening treatment or punishment which would include shaking babies, abusive head trauma and child maltreatment and shall not tie or bind or restrain children.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-3a(b)(8) Family Regs: 19a-87b-10(i) and 19a-87b-10(j) Youth Camp Regs: 19a-428-2(c) License-exempt: <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>

Prevention of shaken baby syndrome, abusive head trauma and child maltreatment-Administration-(a)(1)-(2), (b) and (c)

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

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with

chronic medical conditions.

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

The program shall develop a written emergency management plan for matters that include, but are not limited to, fire, a medical incident, a weather related incident, man-made disaster, natural disasters, or acts of terrorism. Specific components of the plan are specified. All staff shall be trained on the plan and a copy maintained on site.

- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-3a(d)(4); Family Regs: 19a-87b- 9(d)(5); 19a-87b-9(d)(5) Youth Camp Regs: 19a-428-2(r) License-exempt: <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>

Emergency preparedness and response planning for emergencies-Administration-(b) and (e)

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

Changes to the licensing regulations for family childcare homes are pending so that they are more specific as to the requirements for an emergency plan. Relative providers are required to create and post an emergency plan in their home.

- Describe any variations based on the age of the children in care

N/A

- Describe if relatives are exempt from this requirement

Relative providers are required to create and post an emergency plan in their home.

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

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

Potentially hazardous substances and materials shall be handled in a safe manner and stored in a separate locked area which includes the appropriate disposal of bio-

contaminants.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-7a(e)(10); 19a-79-10(e)(6) and (9); 19a-79-13(d)(3); 19a-79-9a

Family Regs: 19a-87b-10(f); 19a-87b-9(h); 19a-87b-17(b)(5)(C); 19a-87b-18(d)(3)

Youth Camp Regs: 19a-428-6(2)(E)(iv); 19a-428-7(d)(3) License-exempt:

<http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>

Handling and storage of hazardous materials and the appropriate disposal of biocontaminants-Physical Plant and Program Practices-(b)

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

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

9. Precautions in transporting children (if applicable)

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

The operator shall be responsible for compliance with all motor vehicle laws when transporting children. Written parent permission must be obtained if transporting children.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-3a(m); 19a-79-5a(a)(1)(D)(iv) - Family Regs: 19a-87b-9(l); 19a-87b-10(b)(3) Youth Camp Regs: 19a-428-4(t) License-exempt:

<http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>

Precautions in transporting children-Administration-(j), Record

Keeping-(a)(3)(B)

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

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

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

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

At least one staff on site who has completed a first aid course approved by the OEC.

At least one staff on site who is certified in CPR by the ARC, AHA, NSC, ASHI or Medic First Aid International, Inc. First aid kit must be on site. All licensed exempt programs are required to complete content in Online Health and Safety Training which provided content on pediatric first aid and CPR. Policy transmittal: C4K-POL-18-01 link:

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-4a(e)(1) and (2); 19a-79-13(b)(1) Family Regs: 19a-87b-6(c); 19a-87b-18(b)(1)(A) Youth Camp Regs: 19a-428-5(a) <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf> Pediatric first aid and CPR certification-Physical Plant and Program Practices-(m)

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

CPR certification is not required of licensed family child care home providers however Care4Kids providers must complete training in CPR within 3 months of service.

Care4Kids relative providers are required to complete first aid and CPR within 3 months of service and maintain current certificates as ongoing professional development.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Care 4 Kids relative providers are required to complete first aid and CPR within 3 months of service and maintain current certificates as ongoing professional development

11. Recognition and reporting of child abuse and neglect

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

The operator and staff shall report actual or suspected child abuse or neglect, or imminent risk of serious harm, of any child to the CT Department of Children and Families as mandated by CT statute. In order to report such information a staff person must be able to recognize signs and symptoms of such abuse or neglect.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-3a(b)(8)(E) Family Regs: 19a-87b-10(j)(3) Youth Camp Regs: 19a-428-2(q) License-exempt: <http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf>

Recognition and reporting of child abuse and neglect- Administration (a)(3) and 17a-101 of CT General Statutes

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

For licensed youth camps, staff that has reasonable cause to suspect or believe that a child has been abused or neglected or is in imminent risk of serious harm shall immediately report such suspicion or belief to the youth camp director or youth camp assistant director, both of whom are mandated reporters.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement

b) Does the Lead Agency include any of the following optional standards?

☐ No, if no, skip to 5.2.3.

☒ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

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

Providers must provide nutritious meals and snacks.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-6a(a)(2) Family Regs: 19a-87b-10(c)(2)

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

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Relatives are exempt from this optional standard.

2. Access to physical activity

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

The program shall include opportunities for physical activities

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-8a(b); 19a-79-10(j) Family Regs: 19a-87b-10(c)

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

The youth camp regulations do not address specific requirements for physical activity, but the nature of the program generally includes physical activities. Not a requirement for license-exempt center based providers.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Relatives are exempt from this optional standard.

3. Caring for children with special needs

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

Information about a child's disabilities or special health care needs such as allergies, special dietary needs shall be on file along with an individual plan of care to include appropriate care of the child in the event of a medical emergency.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regs: 19a-79-5a(a)(2)(E) Family Regs: 19a-87b-10(c) and (d) Youth Camp Regs: 19a-428-3(a)

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

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Relatives are exempt from this optional standard.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

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

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

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

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children

served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 10/01/2018

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

18 hours is required to complete the Online Health and Safety Orientation. If individual holds valid First Aid, CPR and Medication Certificates an additional 5 hours is required to complete Online Health and Safety Orientation.

2. Licensed FCC homes:

3 hour in pre-service/ in person Provider Orientation Program, within 3 months must complete First Aid, CPR and Medication Administration, and 2 hour Online Health and Safety Orientation Program

3. In-home care:

3 hour pre-service/ in person Provider Orientation Program and within 3 months complete First Aid and CPR certification.

4. Variations for exempt provider settings:

License exempt providers (Public/Private Schools and Municipalities have same requirement as licensed child care centers. 18 hours is required to complete the Online Health and Safety Orientation. If individual holds valid First Aid, CPR and Medication Certificates an additional 5 hours is required to complete Online Health and Safety Orientation.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

3 months

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

No difference in requirements based on ages of children served.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

No difference on how the training is offered.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

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

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Nurtition and physical activity are topic areas included in health and safety orientation

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☒ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

☐ Yes

☒ No

Describe if relatives are exempt from this requirement

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.

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

Effective Date: 10/01/2018

a) Licensed child care centers:

1% of annual hours worked or a minimum of 5 hours annually for caregivers, teachers, and directors must align with Connecticut's Core Knowledge and Competencies which include competencies which focus on health and safety.

b) Licensed FCC homes:

A minimum of 18 hours per year which must align with Connecticut's Core Knowledge and Competencies which include competencies which focus on health and safety.

c) In-home care:

Maintain valid First Aid and CPR certification

d) Variations for exempt provider settings:

License exempt provider (Public/Private and Municipalities) 1% of annual hours worked or a minimum of 5 hours annually for caregivers, teachers, and directors must align with Connecticut's Core Knowledge and Competencies which include competencies which

focus on health and safety.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 10/01/2018

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework

that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection

Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety

training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

7. Emergency preparedness and response planning for emergencies resulting from a

natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://www.ct.gov/oec/lib/oec/health_and_safety_provider_requirements.pdf

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety for any provider working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool can be utilized by all Care 4 Kids providers to create individual health and safety training. The annual professional development hours will include health and safety topics when those topic areas are updated with new content.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☒ Other

Describe:

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☒ Other

Describe:

N/A

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

Each provider received the Health and Safety Standards for Annual Monitoring and Inspection Form. The link provides all information mailed to licensed exempt providers. Operational Transmittal C4K-OPS-16-01 dated September 30, 2016 submitted to OEC's Division of Licensing. Currently, all orientation and annual professional development activities completed by providers will be tracked and monitored in the Office of Early

Childhood's Professional Registry. In the Early Care and Education Action Plan, the OEC has already indicated it will form a workgroup to assess reporting requirements to identify near-term and long-term opportunities to streamline, simplify, and reduce redundancy. This workgroup may generate recommendations that change current practice and policy. All licensed providers are monitored pursuant to Section 19a-87b (family child care homes), and Section 19a-80 (group child care homes and child care centers).

Effective Date: 10/01/2018

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

Effective Date: 10/01/2018

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

All applicants receive a pre-licensure inspection prior to the issuance of a license that covers compliance with health, safety and fire standards.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

All providers receive at least one full unannounced inspection annually.

3. Identify the frequency of unannounced inspections:

- ☒ Once a year
☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Each annual inspection includes a review of all licensing requirements that includes health, safety and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Center Statutes: 19a-80(b)(3); Youth Camp Regs: 19a-426

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

All applicants receive a pre-licensure inspection prior to the issuance of a license that covers compliance with health, safety and fire standards.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

All providers receive at least one full unannounced inspection annually.

3. Identify the frequency of unannounced inspections:

- ☒ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Each annual inspection includes a review of all licensing requirements.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Family Statutes: 19a-87b(a)

c) Licensed in-home CCDF child care

☒ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Office of Early Childhood Division of Licensing

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 10/01/2018

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

<http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf> Yearly monitoring visits are announced. Concerns identified during a routine annual inspection may give reason for enhanced monitoring via additional follow-up visits. Differential monitoring is not utilized.

Provide the citation(s) for this policy or procedure

C4K operational transmittal C4K-OPS-16-01

https://www.ct.gov/oec/lib/oec/program_operations_transmittal_licensed_and_license_exempt_program.pdf

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

N/A

Provide the citation(s) for this policy or procedure

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

N/A

Provide the citation(s) for this policy or procedure

N/A

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

☒ No

☐ Yes. If yes,

decsibe:

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

N/A

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and

safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

New hires for a licensing inspector position are required to have (1) a Bachelor's or an earned advanced degree in early childhood or bachelor's degree with at least 12 credits in early childhood, (2) experience implementing, monitoring and enforcing child day care statutes, regulations and standards, and (3) Five (5) years of experience working in a licensed child care program at least two years of which was in a lead role. Individuals hired as licensing inspectors will 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 and selected portions of The National Association for Regulatory Administration Licensing Curriculum), a line-by-line review of the licensing regulations and memos of direction, on-line trainings, and shadowing seasoned inspectors in the field and the office All OEC employees complete a mandatory diversity training within 6 months of hire. This is current State of CT hiring practice, no specific policy citation to provide.. The diversity training requirement is specified in P.A. 99-180. All licensing inspectors have been trained in all the health and safety topic areas based on Connecticut's Licensing Regulations. The inspectors also viewed the online Health and Safety Orientation program which is being offered to providers. All child care licensing staff undergoes extensive in office and in the field training in line with written policies and procedures which cover the topics of general expectations of conduct during inspections, initial licensing, conducting inspections and complaints, and application of the regulations pertaining to each license type.

b) Provide the citation(s) for this policy or procedure

Link to job posting for Licensing Specialist:

<https://www.jobapscloud.com/CT/specs/classspecdisplay.asp?ClassNumber=2328SH&R1=undefined&R3=undefined>

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The average current ratio of staff to licensed programs is currently approximately 1:97 (includes license-exempt programs). There is no specific policy regarding licensing inspector ratios. Current statute requires at least annual inspection of each licensed program and this requirement is always met with current staffing levels.

b) Provide the policy citation and state/territory ratio of licensing inspectors

Center Statutes: 19a-80(b)(3); Youth Camp Regs: 19a-426; Family Statutes: 19a-87b(a)
Ratio: 1:97

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 10/01/2018

☒ Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Unlicensed relative providers are required to complete a preservice health and safety training and maintain a current First Aid and CPR certificate.

☐ Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

☐ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for

Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff	

	and/or --Conducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 10/01/2018

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The State of Connecticut Office of Early Childhood (OEC) is completing an in state fingerprint based criminal history checks for new (prospective) staff. In addition to staff, these checks are completed for volunteers at child care centers and household members age 16 and older in family child care homes. Conn. Gen. Stat. §§ 19a-80, 19a-87b, 10-530. As of October 31, 2017, the OEC has the ability to do comprehensive background

checks for new child care staff. The term "comprehensive background check" will be defined in regulation as a background check that meets the requirements of the federal law. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is not currently doing fingerprint based criminal history checks for the staff of license-exempt CCDF eligible providers. Statutorily, the OEC has the ability to do these checks and will begin doing them this year. Conn. Gen. Stat. § 17b-749k. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background checks every five years, all providers, including those previously grandfathered in, will undergo a background check at least once every five years. The OEC will ensure that anyone who has not undergone a background check in the last five years does so in 2019 . Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background checks every five years, all providers, including those previously grandfathered in, will be captured. The OEC is currently phasing in this new requirement.

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

Effective Date: 10/01/2018

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is completing an in state sex offender registry check for new (prospective) staff. In addition to staff, these checks are completed for volunteers at child care centers and household members age 16 and older in family child care homes. Conn. Gen. Stat. §§

19a-80, 19a-87b, 10-530. As of October 31, 2017, the OEC has the ability to do comprehensive background checks for new child care staff. The term "comprehensive background check" will be defined in regulation as a background check that meets the requirements of the federal law. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check which includes a check of the in-state sex offender registry. The OEC is currently phasing in this new requirement.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is not currently doing in-state sex offender registry checks for the staff of license-exempt CCDF eligible providers. Statutorily, the OEC has the ability to do these checks and will begin doing them this year. Conn. Gen. Stat. § 17b-749k . Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check which includes a check of the in-state sex offender registry. The OEC is currently phasing in this new requirement.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background checks every five years, all providers, including those previously grandfathered in, will undergo a background check at least once every five years. The OEC will ensure that anyone who has not undergone a background check in the last five years does so in 2019. Under Connecticut's new statute requiring comprehensive background check every five years, all providers, including those previously grandfathered in, will be captured. The OEC is currently phasing in this new requirement.

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2018

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is completing an in state child abuse and neglect registry check for new

(prospective) staff. In addition to staff, these checks are completed for volunteers at child care centers and household members age 16 and older in family child care homes. Conn. Gen. Stat. §§ 19a-80, 19a-87b, 10-530. As of October 31, 2017, the OEC has the ability to do comprehensive background checks for new child care staff. The term "comprehensive background check" will be defined in regulation as a background check that meets the requirements of the federal law. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check which includes a check of the in-state child abuse and neglect registry

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is not currently completing an in-state child abuse and neglect registry check for the staff of license-exempt CCDF eligible providers. Statutorily, the OEC has the ability to do these checks and will begin doing them this year. Conn. Gen. Stat. § 17b-749k. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background checks every five years, all providers, including those previously grandfathered in, will undergo a background check at least once every five years. The OEC will ensure that anyone who has not undergone a background check in the last five years does so in 2019. Connecticut's law requiring background checks (which includes a search of the child abuse and neglect registry) of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted/checked against the registry. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background check every five years, all providers, including those previously grandfathered in, will be captured. The OEC is currently phasing in this new requirement.

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository

if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 10/01/2018

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is completing fingerprint based FBI checks for new (prospective) staff. In addition to staff, these checks are completed for volunteers at child care centers and household members age 16 and older in family child care homes. Conn. Gen. Stat. §§ 19a-80, 19a-87b, 10-530. As of October 31, 2017, the OEC has the ability to do comprehensive background checks for new child care staff. The term "comprehensive background check" will be defined in regulation as a background check that meets the requirements of the federal law. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check including a search of the national FBI fingerprint database.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OEC is not currently doing fingerprint based FBI checks for the staff of license-exempt CCDF eligible providers. Statutorily, the OEC has the ability to do these checks and will begin doing them. Conn. Gen. Stat. § 17b-749k. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. In essence, the Commissioner of Early Childhood has the ability to require that all providers who are licensed or unlicensed but receive a subsidy undergo a comprehensive background check.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background checks every five years, all providers, including those previously grandfathered in, will undergo a background check at least once every five years. The OEC will ensure that anyone who has not undergone a background check in the last five years does so in 2019. Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under Connecticut's new statute requiring comprehensive background check every five years, all providers, including those previously grandfathered in, will be captured. The OEC is currently phasing in this new requirement.

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

Effective Date: 10/01/2018

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

Connecticut's new statute requiring comprehensive background checks includes a check of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR). The OEC, with the assistance of state police, is currently phasing in this new requirement.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Connecticut's new statute requiring comprehensive background checks includes a check of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR). The OEC, with the assistance of state police, is currently phasing in this new requirement.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 10/01/2018

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new

(prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

OEC is in the process of hiring new staff with the use of CCDF funds, which staff will be tasked with carrying out interstate criminal repository checks.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

OEC is in the process of hiring new staff with the use of CCDF funds, which staff will be tasked with carrying out interstate criminal repository checks.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 10/01/2018

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

OEC is launching a new background check management system which will facilitate interstate sex offender registry checks for prospective child care staff. The system will be live in September of 2018.

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

OEC is launching a new background check management system which will facilitate interstate sex offender registry checks for existing child care staff. The system will be live in September of 2018

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2018

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

OEC is in the process of hiring new staff with the use of CCDF funds, which staff will be tasked with carrying out interstate child abuse and neglect registry checks

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☒ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

OEC is in the process of hiring new staff with the use of CCDF funds, which staff will be tasked with carrying out interstate child abuse and neglect registry checks

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Effective Date: 10/01/2018

- ☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

- ☒ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

Under Conn. Gen. Stat. § 19a-80 (c), "the commissioner, within available appropriations, shall require each prospective employee of a child care center or group child care home in a position requiring the provision of care to a child to submit to comprehensive background checks... This occurs prior to staff working in a program. No "prospective employee shall have unsupervised access to children in the child care center or group child care home until such comprehensive background check is completed and the Commissioner of Early Childhood permits such prospective employee to work in such child care center or group child care home. Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b apply to licensed child care centers, child care homes, child care group homes, and to those providing child care services to a child who receives a child care subsidy. These provisions require comprehensive background checks and prohibit prospective center and group home employees from having unsupervised access to children in care until such comprehensive background check is completed and the Commissioner of Early Childhood permits such prospective employee to work. The OEC is phasing in this new requirement. Family child care home providers may not obtain a license until all components of a background check are complete. Relative providers may provide care while a background check is pending.

- ☐ Other.

Describe:

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific

disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Effective Date: 10/01/2018

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

The Department of Children and Families manages child abuse and neglect registry checks. The state police manage state criminal history searches. Whenever requests come in from other states, staff of the OEC immediately (within a business day) refer the requestor to those two state agencies for faster processing.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 10/01/2018

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

☐ No

☒ Yes.

Describe other disqualifying crimes and provide citation:

The state police has asked the OEC to list the CCDBG law in its fingerprint cards rather than the individual state statutes it currently uses. That will commence effective December 1, 2018. At that time the OEC will begin using the CCDBG disqualifiers only. Until then, the OEC has a list of over 100 disqualifying crimes that align with CCDF requirements:

https://www.ct.gov/oec/lib/oec/disqualifying_crimes_revised_sept_2017.pdf The crimes that go above and beyond CCDBG disqualifiers are as follows: cruelty to persons, offenses against public peace and safety including possession of certain weapons, cruelty to animals, sex offenses including patronizing a prostitute, burglary, larceny, bribery, breach of peace, public indecency, and illegal possession of explosives. The OEC has a list of over 100 disqualifying crimes that align with CCDF requirements:

https://www.ct.gov/oec/lib/oec/disqualifying_crimes_revised_sept_2017.pdf

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 10/01/2018

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

All applicants have the ability to appeal background checks. For applicants from licensed programs, appeal is automatic due to a state anti-discrimination statute requiring a special process prior to the denial of a license due to a conviction. When there is a conviction, the OEC sends the applicant a letter indicating the result and providing the applicant with the opportunity to immediately appeal by asking questions pertaining to degree of rehabilitation. For applicants from unlicensed programs, the OEC has an

appeals committee. The OEC ensures privacy of background checks by maintaining a confidential database. Per FBI requirements, anyone with access to the database must undergo Security Awareness Training. The OEC also maintains privacy by providing the results of the background check to the [provider](#) in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual. An individual convicted of a felony drug offense would only be disqualified if convicted in the past five years. The OEC does not have a review process, outside of its standard appeal process to determine if such an individual is still eligible for employment. All applicants have the ability to appeal background checks. For applicants from licensed programs, appeal is automatic due to a state anti discrimination statute requiring a special process prior to the denial of a license due to a conviction. When there is a "hit," we immediately ask questions pertaining to degree of rehabilitation. For applicants from unlicensed programs, the OEC has an appeals committee.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 10/01/2018

[Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor.](#)

[Lead Agencies can report that no fees are charged if applicable \(98.43\(f\)\).](#)

The OEC charges no fees for background checks and is working towards having its Child Care Resource and Referral provider offer free live scan fingerprinting for anyone in child care. The Connecticut state police charge \$75 for completing the process. That fee covers their cost of administration. The FBI charges \$12 for staff and \$10.75 for volunteers.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 10/01/2018

- ☐ No, relatives are not exempt from background check requirements.
- ☐ Yes, relatives are exempt from all background check requirements.
- ☒ Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. Relative providers need not undergo a fingerprint based background check unless their names appear on any one of the following name and date of birth registry checks: state and national sex offender registry, state child abuse registry, and the Connecticut Online Law Enforcement Communication Teleprocessing criminal registry.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health

and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

Effective Date: 10/01/2018

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies for all providers working in any setting, a set that builds from the shared core for teachers and caregivers working in any setting, and a set for technical assistance providers (trainers, coaches, consultants, and mentors). A set for home visiting and Birth to Three Part C providers is under construction and will build from the shared core competencies. The competencies are designed to address the knowledge and skills necessary to provide high quality services in a variety of settings addressing multiple provider types through the lens of multiple disciplines. These competencies were developed with community and higher education partners from education, health, mental health, social service, and intervention to address common

knowledge and skills applicable across all roles. This CKC Framework, as well as the embedded NAEYC preparation standards within the Framework, serves pre-service teacher preparation.

-- Career pathways. Describe:

Connecticut's Career Ladder provides an easy to understand progression of professional development from entry level training through the various degree programs. OEC plans to revise the Career Ladder to reflect increments of progress associated with the CCDF requirements and any state or national requirements specific to provider roles FY2019).

-- Advisory structure. Describe:

The CT Office of Early Childhood has an internal professional learning committee comprised of its four divisions to address an integrated professional development system across the agency (Birth to Three Part C, Family Support Services, Licensing, Early Care and Education, and Quality Improvement) this provides uniformity and continuity of quality professional development design and delivery across the agency. A similar cross sector and discipline model is also used to create an external committee. The membership of the committee will include all provider types serving multiple age groups. The committee will focus special attention to issues related to equity and race to support educational attainment. The external Early Childhood Professional Learning Advisory Committee (EC PLAC) provide policy recommendations to the OEC on the development and maintenance of the state integrated early childhood professional development system and will assist the OEC in examining the need for quality professional development that would provide opportunities for cross-role and cross-sector workforce development. The EC PLAC utilize the National Association for the Education of Young Children (NAEYC) Build it Better report and the Early Childhood Personnel Center (ECPC) plan for developing a Comprehensive System of Personnel Development to guide recommendations to shape Connecticut's professional development system.

-- Articulation. Describe:

Associate to bachelor early childhood degree articulation is supported through general transfer agreements between Connecticut state colleges and universities. The CT Board of Regents recently launched, a Transfer Articulation Policy, which guarantees no loss of credits between an Associate degree programs to a Bachelor degree program. The Connecticut Early Childhood Teacher Credential (ECTC) validates that a person meets

teacher competencies in six standard areas: (1) Promoting Child Development and Learning Building Family and Community Relationships (2) Observing, Documenting and Assessing to Support Young Children and Families (3) Using Developmentally Effective Approaches (4) Using Content Knowledge to Build Meaningful Curriculum (5) Growing as a Professional The ECTC improves teaching and learning in early childhood classrooms by aligning college coursework to national standards and is portable across early childhood programs. Connecticut's public colleges that offer the ECTC now have a fully articulated policy for no loss of credits. The private colleges are about to begin work on a similar policy.

-- Workforce information. Describe:

The CT Early Childhood Professional Registry is a statewide, secure, online database that tracks verified professional development and employment experiences of its members. The Registry is open to teaching staff, program administrators and other staff of CT's early care and education programs across settings, including family childcare. It is also open to early care and education technical assistance providers (trainers, consultants, mentors, and coaches) who support CT's workforce. Data captured in the Registry is used to monitor statewide progress toward meeting the required staff qualifications associated with programs utilizing state funding as well as other agency needs. The Career Ladder noted on the Registry website offers a scale of progression based on early childhood credits toward degrees. The Career Ladder will be revised to reflect progress associated with the CCDF requirements as well.

-- Financing. Describe:

CT will contract for the implementation of a Professional Development and Quality Improvement activities. Funds for scholarships are available for individuals to access professional development and credit-bearing coursework associated with CCDF requirements.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- ☒ Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, for any providers working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. (Link:

<http://www.ct.gov/oec/cwp/view.asp?a=4541&Q=600332&PM=1> This reflection tool will be utilized by all providers to create individual professional development goals.

Scholarship for professional development and credit bearing coursework will be available. Providers have access to free online modules to meet health and safety CCDF training requirements

- ☒ **Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework**

Describe:

Connecticut's higher education institutions are engaged in the state workforce development initiatives through the Early Childhood Higher Education Consortium (ECHEC). ECHEC's members include higher education early childhood program coordinators and faculty. Their work focuses on assisting students with the path from Associate's through Bachelor's degrees and modifications to the planned program of study to reduce duplication and maximize experience. Use of the CKC Framework as a tie to the professional development that students may have already had in their workplace, is an emerging topic of conversation regarding the role that experience plays in current knowledge, understanding and practice. A template for aligning the content and delivery of professional development to the CKC Framework is being tested with new offerings such as, Trauma Informed Practice, Pyramid, and CT Early Learning and Development Standards introductory training. The purpose of template is to support goal setting and content development when designing training or coursework. The OEC regularly collaborates with the higher education institutions for workgroup work, implementation, and editing. For example, our CT Documentation for Observation System (CT DOTS) was reviewed by higher education faculty and is currently being field-tested.

- ☐ **Other**

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The purpose of the Early Childhood Education Cabinet is to develop a high-quality, comprehensive system of early childhood education among the wide array of early childhood programs in the state (including Head Start, child day care, School Readiness, Smart Start, Even Start and Preschool Development).

In the early work of the Early Childhood Cabinet (SAC) a statewide, subject matter workgroup was convened to focus on the ongoing development of the early childhood. This workgroup's goal was to ensure that providers in state subsidized early childhood education programs met mandated qualifications as outlined in state legislation. Several key strategies were utilized to meet this goal including conducting a statewide work force needs assessment, a study on licensing staff qualifications, development of a plan to address the capacity of higher education delivery of early childhood degrees, and a scan of state-funded ECE programs to determine job availability. Subsequently, Connecticut developed the Core Knowledge and Competencies Framework based upon NAEYC's Blueprint for State Early Childhood Professional Development Systems.

Effective Date: 10/01/2018

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Connecticut's Core Knowledge and Competencies Framework provides a foundation for all providers who work in CT's early care and education system with a common set of standards upon which training, technical assistance, and post-secondary course work is designed and aligned. The specific goals of the Framework are to:

- Provide a coherent structure and content to inform the daily practice of professionals who work directly with young children and their families;
- Promote self-reflection and intentional professional development;
- Guide program administrators and directors in assessing staff, identifying areas for professional development, and creating/reviewing job descriptions;
- Aid professional development organizations in designing professional learning opportunities that will fulfill competency needs;
- Assist teacher education programs in designing course content that will fulfill competency needs, as well as facilitate transfer and articulation agreements; and
- Support public and private investments, incentives, and initiatives that encourage and facilitate professional competency.

The OEC developed and is utilizing a new tool for all caregivers and providers which allows for reflective practice aligned to the CKCs. The tool is available in hard copy and electronically. This tool supports the state's diverse workforce across all roles and settings and is not bound by degree level. When providers reflect on their practice and set personal professional goals based then they are able to select and engage in professional development opportunities that support their growth. In addition their goal setting can be supported by program leaders who are able to monitor and ongoing professional growth which in turn improves overall program quality.

Effective Date: 10/01/2018

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care

providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

Connecticut has developed Core Knowledge and Competencies (CKC) for professionals working with children and their families. The CKCs are designed to address a variety of provider types and settings. They contain seven domains of knowledge, including health, safety and wellness; so that all professionals will be able to ensure children are safe and be able handle emergencies. These competencies incorporate the knowledge and application of Connecticut's ELDS and address practices aligned to the Pyramid Model for promoting social and emotional competence and providing intervention and support. The competencies provide a roadmap for professional learning design to serve diverse learners from career entry to mastery level. The CKCs are used as a basis for planning training requirements and approving trainers and trainings. In addition, CT's is piloting a QRIS. The current model (to be revised based upon the pilot data) includes training on the CT ELDS and on supporting children's social and emotional competence. Training on the Pyramid Model is being offered on an ongoing basis and CT will be holding a 2-day institute in order to develop guidance related to community planning and collaboration to ensure that programs and providers across settings are well equipped to support all children's social, emotional, and mental health needs.

Effective Date: 10/01/2018

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The OEC holds regular meetings with the Social Service Manager of the Mohegan Tribe Family Services Department to inform him of all training and professional development initiatives that tribal providers can access. The OEC has shared all documents and resources including Connecticut's Core Knowledge and Competencies, the Early Learning and Development Standards and other related guidance documents. These are important resources and tools that can be utilized for professional development. Providers from Indian tribes have access to the free Online Health and Safety Orientation Training and other professional development offered through the Connecticut's professional development system, THRIVE!

Effective Date: 10/01/2018

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

Effective Date: 10/01/2018

a) with limited English proficiency

The OEC recruits providers with limited English proficiency by providing recruitment information in many languages and offers training in these languages and/ or provides translators.

b) who have disabilities

Trainings are offered in handicapped accessible locations and sign language translator are provided if need

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups

(such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

Connecticut has developed Core Knowledge and Competencies (CKC) for professionals working with children and their families. The Framework is designed to a variety of sectors and settings. These evidence-based competencies incorporate the knowledge and application of CT's ELDS and strategies to support English language learners and children with special needs. CT has recently developed additional standards addressing social/emotional and intellectual habits from birth through school age. These serve as criteria for approving training requirements including all settings and ages. 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 will provide a calendar of professional training activities so that all interested Tribal providers serving CCDF families has access.

Effective Date: 10/01/2018

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 10/01/2018

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

All state funded School Readiness Councils added the local McKinney- Vento Liaison as a required member of the Council. This enables the Council to provide training and TA utilizing the McKinney-Vento Liaisons expertise to community providers. During the same time, the State's McKinney-Vento Coordinator offered training for all local McKinney -Vento Liaisons and invited local early care and education providers to attend. The OEC's, through Quality Recognition and Improvement System THRIVE! offers an introductory training for all

providers on Trauma and Families Experiencing Homelessness. This four-hour training is offered statewide and free to all providers and provides evidence-based techniques for working with these children and families. CT is a Pyramid Model State and will promote the use of Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children through training and technical assistance to childcare providers.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

The OEC staff have been attending orientation sessions offered by the McKinney Vento State Coordinator and engage further with the coordinator to expand training to other division of the OEC and the Early Childhood Cabinet.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

Effective Date: 10/01/2018

- ☒ Issue policy change notices
- ☐ Issue new policy manual
- ☐ Staff training
- ☒ Orientations
- ☒ Onsite training
- ☒ Online training
- ☐ Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

☐ Other

Describe:

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

There are several ongoing efforts in CT to support business practices in early childhood programs. For more than a decade, state early childhood funding has maintained the Program Leadership Initiative, which offers credit-bearing coursework for early childhood administrators, which include Fiscal and Human Resource Management. These courses meet the requirement for the Connecticut Director's Credential. A recent effort is the OEC's public-private partnership with the CT Early Childhood Funders Collaborative to provide training and technical assistance to early childhood providers (center and home-based) on fiscal strategic planning. One key component of the training will be follow-up consultation with a SCORE mentor. The OEC has collaborated with SCORE, a resource affiliate of the U.S. Small Business Administration (SBA) to provide this consultation. OEC plans to schedule focus groups in the fall and winter of 2018 with providers, as well as the training and professional development vendor, to discuss the current curriculum content and determine which areas should be cut or expanded. Moreover, OEC will focus on reassessing the mediums of training delivery to shift the primarily literature-based online training to more interactive forums, such as cohort-model training and experiential learning opportunities. Additionally, Connecticut has launched seven new family childcare networks. These networks are intended to strengthen the home-base providers by establishing shared services alliance, which allow cost sharing, and increase revenues. This work is being supported with a partnership with Opportunities Exchange the national leader in shared services alliances.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.



Fiscal management

- ☒ Budgeting
- ☒ Recordkeeping
- ☒ Hiring, developing, and retaining qualified staff
- ☒ Risk management
- ☒ Community relationships
- ☒ Marketing and public relations
- ☒ Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ☐ Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

Effective Date: 10/01/2018

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The Connecticut Early Learning and Development Standards (CT ELDS) were developed in 2013. The standards were written based upon current research and considered national and international standards and frameworks available at the time of

development. Subsequently, crosswalks have been completed to the CT Social Studies Framework and the Next Generation Science Standards upon adoption in CT. The development process for the CT ELDS included reviews for cultural and linguistic appropriateness. NAEYC was selected to conduct a content validation study, which addressed the developmental appropriateness as well as cultural and linguistic appropriateness.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The CT ELDS were designed to be appropriate for all children. Supplemental guidance documents were developed for use of the CT ELDS to support children who are diverse learners and children who are dual language learners.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- ☒ Cognition, including language arts and mathematics
- ☒ Social development
- ☒ Emotional development
- ☒ Physical development
- ☒ Approaches toward learning
- ☒ Other

Describe:

Science, Creative Arts, Social Studies The CT ELDS also includes a Dual Language Learner Framework

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The CT ELDS were developed through a subcommittee of the CT Early Childhood Cabinet (CT's SAC). The CT ELDS implementation is coordinated by the OEC and is supported by Thrive!, the professional learning component of the state's QRIS. In addition, a cross-sector advisory group has guided the development of the CT Documentation and Observation for Teaching System (CT DOTS), a framework to guide monitoring of children's progress toward the goals within the CT ELDS. The CT Early

Childhood Cabinet (CT's SAC) receives regular updates on this work.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The CT Documentation and Observation for Teaching System (CT DOTS), a framework to guide monitoring of children's progress toward the goals within the CT ELDS was made available in July 2018. The development has involved consideration of the CT ELDS. A more formal review and revision process is anticipated for the next five-year cycle ending in 2023.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

<http://www.ct.gov/oec/elds>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The CT ELDS were developed to help families, communities and schools work together to support young children's early learning and growth. The CT ELDS provide a foundation for

guidance related to supporting all children and for professional learning. Professional learning related to implementation of the CT ELDS by providers is focused on intentionality and understanding individual children's strengths and needs. CT DOTS, the framework to guide monitoring of children's progress toward the goals within the CT ELDS, specifically states that the tool should NOT be used to evaluate program or educator effectiveness. In conjunction with the initial launch of CT DOTS in the fall of 2018, the OEC will be working with experts in early childhood assessment to collect evidence of validity and reliability of CT DOTS for its intended purpose, as well as planning for how CT DOTS fits into a broader assessment system.

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

In 2016 twelve Listening Tours (approximately 300 providers) were held to solicit feedback and input on Connecticut's five identified pillars of quality: health and safety, workforce education, learning and environment, family engagement and leadership and advocacy. In the Fall of 2017 a pilot study was conducted with approximately 100 providers representing all provider types and settings. This pilot focused only on three of the five quality pillars: Health and Safety; Workforce Education; Learning and Environment. These were determined the leading indicator of quality and the remaining two indicated are scheduled to be included in the next pilot.

Effective Date: 10/01/2018

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The QRIS pilot indicated that process of providing checklists of trainings and activities is insufficient information to determine programs improvement goals and targeted supports. The pilot included self-assessments and improvement plans, but programs and providers indicated they need more technical assistance on developing improvement plans that would address higher quality. Through OEC's participation in the BUILD QRIS Think Tank and QRIS 101 technical assistance projects, the OEC is refocusing its QRIS model to be intentional on improvement. In doing so, programs will self-select an area of focus within a specific pillar and build an improvement plan around those areas of quality. We have also redesigned the data collection tools to represent each provider type --family, center-based and school age. We believe that this will enable programs to place themselves in the QRIS

to support continuous quality improvement.

Effective Date: 10/01/2018

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

Effective Date: 10/01/2018

- ☒ Supporting the training and professional development of the child care workforce. If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☒ Other funds

Describe:

State funds to support scholarship

- ☒ Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Describe:

- ☒ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Describe:

- ☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

☒ CCDF funds

☐ Other funds

Describe:

- ☒ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Describe:

- ☒ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☒ Other funds

Describe:

The OEC Division of Licensing is funded through state general funds to cover cost of salaries, travel and other related costs.

- ☒ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Describe:

- ☒ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Describe:

- ☒ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Describe:

- ☐ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

☐ CCDF funds

☐ Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

Effective Date: 10/01/2018

- a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- ☒ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

The Office of Early Childhood has launched a number of efforts to promote social, emotional, physical, and cognitive development of children. Early Learning Development Standards Training state agency staff as well as subcontractors, free of charge, offer CT ELDS Introductory Training statewide. The training is designed to build knowledge of the CT Early Learning and Development Standards (CT ELDS). Participants gain an understanding of the Guiding Principles of the CT ELDS, explore how current practices support those dispositions that are connected to lifelong learning and learn about the purpose and structure of the CT ELDS. Participants plan for beginning use of the CT ELDS and next steps in professional learning. CT has field-tested a companion document to the CT ELDS called the Documentation and Observation for Teaching System (CT DOTS) where teachers and caregivers can document and monitor progress along the continuum of development to better inform their planning efforts. Other free in-person trainings: Through Thrive! 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: (1) Free job embedded coaching is offered in programs that are currently funded with the federal Preschool Development Grant. The OEC seeks to replicate best practices from that federal funding opportunity. (2) NAEYC accreditation support is also offered Online Resources: The OEC has contracted to provide online supports for providers and plans to share more broadly with the field to ensure they are put into use on a routine basis. (1) The OEC developed a video library in past years in partnership with Eastern CT State University to support trainings and coaching. The e-clips series provides early childhood professionals with tips and ideas they can implement in their own classrooms. Each e-clip features an expert describing how providers can use the latest research to enhance children's learning. Interviews with classroom teachers and footage from preschool classrooms illustrate how educators can put theory into

practice and capture authentic early childhood classroom experiences. Supplementing each e-clip are suggested readings, additional on-line resources, and discussion questions to support conversations within instructional teams or in staff meetings. Several of the videos offer insights into support in healthy child development. The OEC has posted these videos free of charge online. (2) The OEC has purchased free accounts for providers statewide to the Childcare Education Institute online course catalog. There are over 100 courses online available free of charge, many of which offer insights into supporting children's development and are translated into other languages. (3) The OEC won a Federal Innovation grant for home visiting professional development through which a series of online training modules were developed for providers, which include many topics on healthy child development, including safe sleep.

- ☒ [Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. \(See also section 2.5.\)](#)

Describe:

The Office of Early Childhood has launched a number of efforts to promote positive social-emotional development and early childhood mental health of children to reduce challenging behaviors and reduce expulsions of preschoolers. Pyramid Model Framework: CT is a Pyramid Model state and has conducted a state- wide training of trainers program to build capacity to deliver the Pyramid Model concepts. Early Childhood Consultation Partnership: In addition, the Early Childhood Consultation Partnership (ECCP®) ECCP® is a statewide, evidence-based mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. Free job embedded ECCP coaching is offered in programs that are currently funded with the federal Preschool Development Grant. These programs are building the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children. The OEC seeks to replicate best practices from that federal funding opportunity. The OEC intends to continue to support ECCP access to additional providers after the federal grant ends. Infant Mental Health Association: The OEC has supported the work of the

Infant Mental Health Association to support infant mental health credentials, training, and coaching free of charge to providers.

- ☒ [Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development](#)

[Describe:](#)

The Office of Early Childhood has launched a number of efforts to promote family partnership and engagement in their children's positive development. Family Partnerships Definition: The Office of Early Childhood engaged in a partnership with the State Department of Education and the Early Childhood Funder's Collaborative to develop, in collaboration with stakeholders across the state, a new framework and definition of family engagement. This document identifies high impact and low impact family engagement strategies that focus primarily on ways to develop authentic relationships between families and programs. The OEC is disseminating this definition broadly as part of training and technical assistance to programs. Parent Teacher Home Visiting: Connecticut's federally funded Preschool Development Grant (PDG) Program includes a family engagement initiative, which requires the development of community-based family engagement plans. The Parent Teacher Home Visiting Project (PTHVP) is a required component of all PDG classrooms. This strength-based model has been identified as a proven strategy for building effective relationships between families and teachers as co-educators of children. OEC is in the process of implementing family feedback loops to better respond to family's needs and concerns.

- ☒ [Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.](#)

[Describe:](#)

The OEC has developed a guidance document entitled "Supporting all Children using The Connecticut Early Learning and Development Standards: Building Meaningful Curriculum". This document focuses on the components of highly quality curriculum being intentional, responsive and reflective. It provides examples of intentional teaching and practice, environment materials and scheduling, planning meaningful learning experiences, describes the ways play contributes to development, the

importance of using assessment and engaging families in meaningful ways. This document was released during Week of the Young Children April 2016, at a statewide forum designed for providers, consultants, coaches and higher education facility. The OEC supports the use of this guidance document in early care and education programs as a means of review existing curriculum, developing curriculum policies and documents and in the review of a commercially purchased curriculum. Connecticut is a state that allows local education entities to implement developmentally appropriate curriculum that aligns to the ELDS. Grants and contracts for receiving state-funding for ECE that programs implement developmentally appropriate curriculum that are aligned to CT's standards. The local councils monitor classroom instruction and OEC conducts onsite classroom monitoring. The OEC has additional guidance document entitled "Supporting all Children using The Connecticut Early Learning and Development Standards: Dual Language Learners" that provides guiding principles and strategies for supporting inclusive practices and instruction to support culturally and linguistically diverse children.

- ☐ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

- ☐ Using data to guide program evaluation to ensure continuous improvement

Describe:

- ☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

- ☒ Caring for and supporting the development of children with disabilities and developmental delays

Describe:

The OEC's Division of Early Care and Education oversees all state and federally funded early childhood programs, with the exception of IDEA Part B Section 619 preschool special education. The OEC is working closely with the Part B state

coordinator to support community-based programs as they work with their public school counterparts to ensure that children who are eligible to receive special education and related services are provided with a program that ensures continuity and consistency in the least restrictive environment. The CCDF Administrator is working closely with the OEC's Family Support Division who oversees the agency's Birth to Three, IDEA, and Part C Program, to raise awareness and provide information regarding the importance of early screening and referral, as well as outreach strategies to engage families in these important practices. 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 childcare 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

☐ Supporting the positive development of school-age children

Describe:

☐ Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

☒ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

☒ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

☒ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

☐ Other

Describe:

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The OEC is awarding a three-year competitive contract to support an integrated and interdisciplinary system to support individual competency development and continuous program quality improvement. Licensing requirements and enforcement are a foundation in the system and indicator of base-line level of health and safety. The QRIS will provide a framework across five pillars allowing programs to review the quality of their program and engage in continuous program improvement. The data collected during onsite licensing monitoring and inspection and data collected from program on the five pillars of quality will be utilized to measure progress in improving program quality.

Effective Date: 10/01/2018

7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

Effective Date: 10/01/2018

☐ No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

☐ No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

☐ Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

☒ Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. The Early Childhood Cabinet began QRIS work in 2014. In 2016, a Quality Improvement Director was hired to lift the work and put into practice. Twelve Listening Tours (approximately 300 providers) were held on the basic five pillars identified in the previous Cabinet work to garner support for those pillars moving forward. In 2017, a draft model was then taken out to again twelve Listening Tours (approximately 300 providers) to close the feedback loop and solidify support for a pilot. The pilot began in the fall of 2017 with approximately 100 providers in a variety of settings and locales across CT. The QRIS includes five pillars: Health and Safety; Workforce Education; Learning and Environment; Family Engagement, Leadership, and Advocacy based on current research and all the previous work done in CT on QRIS. A program will receive a 1 to 5 rating on each of the five pillars. Data from the QRIS pilot will inform the final quality rating scale. No baseline data is yet available to set measurable targets as the system is still under development and pilot testing. <https://www.thrivect.org/>

☐ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

No baseline data is yet available to set measurable targets as the system is still under

development and pilot testing.

7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

- ☒ Participation is voluntary
- ☐ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- ☐ Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☒ License-exempt providers
- ☒ Early Head Start programs
- ☒ Head Start programs
- ☒ State prekindergarten or preschool programs
- ☒ Local district-supported prekindergarten programs
- ☒ Programs serving infants and toddlers
- ☒ Programs serving school-age children
- ☒ Faith-based settings
- ☒ Tribally operated programs
- ☐ Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

Effective Date: 10/01/2018

☐ No

☒ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

☒ Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .

☒ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

☒ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

☐ Programs that meet all or part of state/territory school-age quality standards.

☐ Other.

Describe:

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

Effective Date: 10/01/2018

☐ No

☒ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

☒ Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

☐ Embeds licensing into the QRIS

☐ State/territory license is a "rated" license

☐ Other.

Describe:

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

Effective Date: 10/01/2018

☐ No

☒ Yes. If yes, check all that apply

☐ One time grants, awards, or bonuses.

☐ Ongoing or periodic quality stipends

☒ Higher subsidy payments

☒ Training or technical assistance related to QRIS.

☒ Coaching/mentoring.

☒ Scholarships, bonuses, or increased compensation for degrees/certificates

☐ Materials and supplies

☐ Priority access for other grants or programs

☐ Tax credits (providers or parents)

☐ Payment of fees (e.g., licensing, accreditation)

☐ Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Data from the QRIS pilot will be utilized to consider program quality. Because the QRIS is currently under development, no baseline data is yet available to set measurable targets. Once baseline data is available, targets will be set. Throughout the agency, the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics.

Effective Date: 10/01/2018

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

Effective Date: 10/01/2018

- ☐ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

- ☒ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

The OEC released a request for proposal to fund several community-based staffed family child care networks (link to RFP: <http://www.thrivect.org/announcements/rfp-fcc-network/>). The OEC is currently funding seven local communities to expand existing or develop new family childcare (FCC) networks. FCC Networks are comprised of a group of FCC providers who have voluntarily affiliated with an existing (or have formed an) organization with which they maintain an ongoing supportive relationship. Providers join a network for a more rewarding career, to improve the FCC homes' performance as a source of income, and/or to enhance the quality and market appeal of their services to parents. The funded networks have paid staff with expertise in working with FCC providers and the network delivers a menu of ongoing support services and resources to meet provider needs. The networks are required to form a shared services business alliance. A shared services business alliance is a FCC network that pursues an intentional strategy for improving the sustainability and financial performance of each member's individual business. The "shared services" strategy capitalizes on the efficiency -the economies of scale - that arise when multiple providers pool business functions such as purchasing, marketing, billing and bookkeeping for the purpose of reducing each member's operating costs. The goal of a shared services alliance is to have the resulting cost-savings and enhanced market appeal translate into a more viable and better performing home-based business enterprise for all of the alliance's members.

- ☒ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

The OEC offered a train the trainer session on Program for Infant/Toddler Care (PITC) in the fall of 2017. The PITC is based on six essential program practices that promote

responsive, caring relationships between caregivers and the infants and toddlers they serve. Research suggests that high-quality early care and education programs for infants and toddlers that use a relationship-based care framework support optimal development and learning. The goal of the train the trainer session was to support professionals who, in turn, support infant toddler caregivers in their developmental understanding and implementation of relationship-based program practice to support high quality infant/toddler care in family childcare settings. There are several ongoing efforts in CT to support business practices in early childhood programs. For more than a decade, state early childhood funding has maintained the Program Leadership Initiative that offers credit-bearing coursework for early childhood administrators that include Fiscal and Human Resource Management. These courses meet the requirement for the Connecticut Director's Credential. Recent effort is the OEC's public-private partnership with the CT Early Childhood Funders Collaborative provide training and technical assistance to early childhood providers (center and home-based) on fiscal strategic planning. One key component of the training will be follow-up consultation with a SCORE mentor. The OEC has collaborated with SCORE, a resource affiliate of the U.S. Small Business Administration (SBA) to provide this consultation.

☐ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

☒ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

The OEC's Family Support Division is dedicated to increase awareness and educate providers on the Birth to Three program. Not only will OEC develop strategies to build provider comfort in accepting children with special needs and better coordinate access to early intervention in all child care settings. The OEC will also connect CCDF program with the State Systemic Improvement Plan, specifically around improving the education and outreach to increase access for children with special needs. OEC will also consider other innovative ways to support infants and toddlers with disabilities, such as mini-grants

- ☐ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

- ☐ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

- ☒ Developing infant and toddler components within the early learning and developmental guidelines

Describe:

Connecticut DOTS, the framework to guide monitoring of children's progress toward the goals within the CT ELDS. The CT DOTS addresses the early learning and development milestones for infants and toddlers. Special attention has been given to the developmental milestone for infant and toddlers to ensure that providers and caregivers have knowledge and skills to provide high quality services for infants and toddlers.

- ☒ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

The OEC has multi-year contract with the O'Donnell Company to increase awareness of the Care 4 Kids programs to ensure easier access and consistent messaging: 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.

- ☐ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

☐ Coordinating with child care health consultants.

Describe:

☐ Coordinating with mental health consultants.

Describe:

☐ Other

Describe:

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

The OEC is awarding a three-year competitive contract to support an integrated and interdisciplinary system to support individual competency development and continuous program quality improvement. Licensing requirements and enforcement are a foundation in the system and indicator of base-line level of health and safety. The QRIS will provide a framework across five pillars allowing programs to review the quality of their program and engage in continuous program improvement. The data collected during onsite licensing monitoring and inspection and data collected from program on the five pillars of quality will be utilized to measure progress in improving program quality. The evaluation for the family childcare networks is based on each funded network's logic model, which included stated goals and expected outcomes. The OEC has contracted with an evaluator with deep expertise in supported and evaluating shared services alliances. In addition the networks are receiving training and technical assistance around serving infants and toddler the home based settings. Many networks are utilizing the ITERS and FCERS as tools to collect base line data as means for developing improvement plans. These networks will be encourage to have their participate in the QRIS which included the five pillars of quality that will provide data on the quality of the setting. . The OEC Birth to 3 system implements a highly rigorous tool developed by NCSEAM. This tool has several indicator on participation for children and families in their community and services available in the community. Annually the Birth to 3 uses the Rasch analysis to determine change in supports families receive. In conjunction

with the initial launch of CT DOTS in the fall of 2018, the OEC will be working with experts in early childhood assessment to collect evidence of validity and reliability of CT DOTS for its intended purpose, as well as planning for how CT DOTS fits into a broader assessment system. Finally, as part of the contract with the O'Donnell Company, regular and ongoing tracking of each campaign strategy is reviewed to confirm which providers and families are receiving this important information.

Effective Date: 10/01/2018

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Connecticut's CCR&R (United Way of Connecticut) provides has a robust website which provides information to families and providers on resources available. The United Way tracks website traffic and updates information based on views and history. The United Way also supports family childcare providers through training and technical assistance on licensing and health and safety. The United Way provides data on the number of providers who receive the technical assistance and other related health and safety supports.

Effective Date: 10/01/2018

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

The OEC is awarding a three-year competitive contract to support an integrated and interdisciplinary system to support individual competency development and continuous program quality improvement. Licensing requirements and enforcement are a foundation in the system and indicator of base-line level of health and safety. The QRIS will provide a framework across five pillars allowing programs to review the quality of their program and engage in continuous program improvement.

Effective Date: 10/01/2018

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Effective Date: 10/01/2018

☐ No

☒ Yes. If yes, which types of providers can access this financial assistance?

☒ Licensed CCDF providers

☒ Licensed non-CCDF providers

☒ License-exempt CCDF providers

☐ Other

Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The OEC is awarding a three-year competitive contract to support an integrated and interdisciplinary system to support individual competency development and continuous program quality improvement. Licensing requirements and enforcement are a foundation in the system and indicator of base-line level of health and safety. The QRIS will provide a framework across five pillars allowing programs to review the quality of their program and engage in continuous program improvement. The data collected during onsite licensing monitoring and inspection and data collected from programs on the five pillars of quality will be utilized to measure progress in improving program quality. In addition OEC will track the contractors ability to manage this work through monthly report on the implementation on contract activities, quarterly fiscal reports on expenditures, and bi-monthly face to face meeting to review data on all components of the contract and make mid-course adjustments.

Effective Date: 10/01/2018

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

The OEC utilizes numerous tools to support the quality and effectiveness of childcare programs and services in provider settings. The tools include guidance documents on the use of Connecticut's Early Learning and Development Standards and the newly developed

Connecticut's Documentation and Observation for Teaching System (CT DOTS). Together these supply important information on children skill, abilities and behaviors in order to plan curriculum and instruction and communicate to families' children's progress. Other tools include environment-rating scales that provide data for program improvement with a focus on child / teacher relationships. Further, results from NAEYC and NAFCC shows overall program quality.

Effective Date: 10/01/2018

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

The OEC utilizes numerous tools to support the quality and effectiveness of child care programs and services in provider settings. The tools include, guidance documents on the use of Connecticut's Early Learning and Development Standards and the newly developed Connecticut Documentation and Observation for Teaching System (CT DOTS) . Together these supply important information on children skill, abilities and behaviors in order to plan curriculum and instruction and communicate to families children's progress. Other tools include environment rating scales that provide data for program improvement with a focus on child / teacher relationships. Further, results from NAEYC and NAFCC shows overall program quality. Through the use of these tools will provide multiple sources of data about the quality and effectiveness of child care program and services.

Effective Date: 10/01/2018

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Effective Date: 10/01/2018

- ☐ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- ☒ Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

The Office of Early Childhood utilizes a state- wide NAEYC Accreditation Quality Improvement System since 1991. This system assists early childhood community- and school-based programs to achieve NAEYC Accreditation. Programs receive a tiered reimbursement for achieving this high quality standard. Supports are provided to program who are in the process of attaining or maintaining through the use of technical assistance and tools such as environmental rating scales. CT has the third largest number of NAEYC Accredited programs in the country. The technical assistance includes cohort-based supports, monthly meetings and individualized on-site assistance.

- ☐ Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- ☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Connecticut's Early Childhood Professional Registry monitors progress and achievement of NAEYC and NAFCC accreditation. The data tracked includes benchmarks in each accreditation system including submission of required documents to national accrediting bodies, achievement of staff qualifications requirements in each system and for CT's qualifications requirements, and the number of individuals who have achieved compliance with CCDF Professional Development Requirements. Specific progress indicators related to Accreditation include: (1) Increased number of NAEYC and NAFCC accreditations (2) Increased number of qualified staff enrolled in Workforce registry (3) Increased number of providers meeting workforce requirements.

Effective Date: 10/01/2018

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

Through the development of early learning and development standards birth to five, teacher competencies and knowledge, and a QRIS Connecticut provides statewide support to programs and individuals who work with Connecticut's children. Key efforts for the development and adopt Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies for all providers working in any setting, a set that builds from the shared core for teachers and caregivers working in any setting, and a set for technical assistance providers (trainers, coaches, consultants, and mentors). A set for home visiting and Birth to Three Part C providers is under construction and will build from the shared core competencies. The competencies are designed to address the knowledge and skills necessary to provide high quality services in a variety of settings addressing multiple provider types through the lens of multiple disciplines. These competencies were developed with community and higher education partners from education, health, mental health, social service, and intervention to address common knowledge and skills applicable across all roles. This CKC Framework, as well as the embedded NAEYC preparation standards within the Framework, serves pre-service teacher preparation. The Connecticut Early Learning and Development Standards (CT ELDS) were developed in 2013. The standards were written based upon current research and considered national and international standards and frameworks available at the time of development. Subsequently, crosswalks have been completed to the CT Social Studies Framework and the Next Generation Science Standards upon adoption in CT. The development process for the CT ELDS included reviews for cultural and linguistic. The pilot began in the fall of 2017 with approximately 100 providers in a variety of settings and locales across CT. The QRIS includes five pillars: Health and Safety; Workforce Education; Learning and Environment; Family Engagement, Leadership, and Advocacy based on current research and all the previous work done in CT on QRIS. A program will receive a 1 to 5 rating on each of the five pillars. Data from the QRIS pilot will inform the final quality rating scale. No baseline data is yet available to set measurable targets as the system is still under

development and pilot testing appropriateness. NAEYC was selected to conduct a content validation study, which addressed the developmental appropriateness as well as cultural and linguistic appropriateness.

Effective Date: 10/01/2018

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The OEC is awarding a three-year competitive contract to support an integrated and interdisciplinary system to support individual competency development and continuous program quality improvement. Licensing requirements and enforcement are a foundation in the system and indicator of base-line level of health and safety. The QRIS will provide a framework across five pillars allowing programs to review the quality of their program and engage in continuous program improvement. The data collected during onsite licensing monitoring and inspection and data collected from programs on the five pillars of quality will be utilized to measure progress in improving program quality. In addition OEC will track the contractors ability to manage this work through monthly report on the implementation on contract activities, quarterly fiscal reports on expenditures, and bi-monthly face to face meeting to review data on all components of the contract and make mid-course adjustments..

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The Connecticut Early Learning and Development Standards were developed in 2013. The Standards were written based upon current research and considered national and international standards and frameworks available at the time of development. Statewide training and technical assistance is provided to all providers of all age groups and settings. Connecticut's Early Learning and Development Standards and the newly developed Connecticut's Documentation and Observation for Teaching System (CT DOTS) together provide important information on children's skills,, abilities and behaviors in order to plan curriculum and instruction. Furthermore this information is communicated to families' to inform them of their children's progress.

Effective Date: 10/01/2018

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

The OEC has multi-year contract with the O'Donnell Company to increase awareness of the

Care 4 Kids programs to ensure easier access and consistent messaging. 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. The OEC won a Federal Innovation grant for home visiting professional development through which a series of online training modules were developed for providers, which include many topics on healthy child development, including safe sleep.

Effective Date: 10/01/2018

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Effective Date: 10/01/2018

☐ Train on policy manual

Describe:

☒ Train on policy change notices

Describe:

Regular onsite training is provided all staff members who administer the CCDF program

☒ Ongoing monitoring and assessment of policy implementation

Describe:

OEC performs regular monitoring of the CCDF program through a contract and case review process. UW of CT has quality assurance unit responsible for reviewing family cases.

☐ Other

Describe:

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Effective Date: 10/01/2018

☒ Verifying and processing billing records to ensure timely payments to providers

Describe:

The OEC reviews payments reports monthly to ensure all payments made to providers are timely.

☒ Fiscal oversight of grants and contracts

Describe:

The OEC Fiscal Department maintains overall responsibility for the administration of the CCDF program and has established comprehensive controls to direct and monitor vendor performance. The OEC Fiscal Department follows all federal and state rules governing financial and program management and ensure compliance with state and federal audit requirements. The OEC Fiscal Department maintains sole responsibility for issuing policy directives and monitors all contracted entities for compliance. Vendors are required to meet the performance standards establish in their contract. The OEC Fiscal Department utilizes management reports and audits to monitor compliance.

☒ Tracking systems to ensure reasonable and allowable costs

Describe:

The OEC Fiscal Department review all cost are reasonable and allowable prior to approving payment.

☐ Other

Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

☒ Conduct a risk assessment of policies and procedures

Describe:

The OEC conducts an annual contract review which includes onsite interviews with key UW of CT staff.

☐ Establish checks and balances to ensure program integrity

Describe:

☒ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The UW of CT has a dedicated Quality Assurance Unit which reviews family cases to ensure accurate eligibility determination. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid.

☐ Other

Describe:

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

☒ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

Care 4 Kids has access to family records in the TANF, State Directory of New Hires, Social Security Administration, and unemployment data bases. In determining family

eligibility, the case worker checks each of these data bases for family information.

☐ Run system reports that flag errors (include types).

Describe:

☐ Review enrollment documents and attendance or billing records

Describe:

☒ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

The UW of CT has a dedicated Quality Assurance Unit which reviews family cases to ensure accuracy of eligibility determination. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid.

☐ Audit provider records.

Describe:

☒ Train staff on policy and/or audits.

Describe:

Regular onsite training is provided all staff members who administer the CCDF program

☒ Other

Describe:

Through a Memorandum of Agreement between the OEC and 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.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- ☒ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

The Care 4 Kids case worker verifies family data through other state data bases. If inaccuracies are noted, the case worker will reach out to the other state agency to confirm.

- ☐ Run system reports that flag errors (include types).

Describe:

- ☐ Review enrollment documents and attendance or billing records

Describe:

- ☒ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

The UW of CT has a dedicated Quality Assurance Unit which reviews family cases to ensure eligibility determination accuracy. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid.

- ☐ Audit provider records.

Describe:

- ☒ Train staff on policy and/or audits.

Describe:

Regular onsite training is provided all staff members who administer the CCDF program

- ☒ Other

Describe:

The OEC conducts a monthly case review to determine if any family certificates were improperly paid

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- ☒ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

The Care 4 Kids case worker verifies family data through other state data bases. If inaccuracies are noted, the case worker will reach out to the other state agency to confirm.

- ☐ Run system reports that flag errors (include types).

Describe:

- ☐ Review enrollment documents and attendance or billing records

Describe:

- ☒ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

The UW of CT has a dedicated Quality Assurance Unit which reviews family cases to ensure eligibility determination accuracy. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid.

- ☐ Audit provider records.

Describe:

- ☒ Train staff on policy and/or audits.

Describe:

Regular onsite training is provided all staff members who administer the CCDF program

- ☒ Other

Describe:

The OEC conducts a monthly case review to determine if any family certificates were

improperly paid.

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

\$10

- ☒ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

DSS Fraud and Recoveries

- ☒ Recover through repayment plans.

Describe:

Active C4K providers are able to have their payment adjusted. All other providers work to create individual payment plans through the Department of Administrative Services's private collection agency.

- ☒ Reduce payments in subsequent months.

Describe:

Active C4K providers are able to have their payment adjusted.

- ☒ Recover through state/territory tax intercepts.

Describe:

Department of Administrative Services intercepts state tax refunds.

☒ Recover through other means.

Describe:

Civil case recovery is pursued by the Department of Administrative Services

☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Department of Social Services Fraud and Recovery.

☒ Other

Describe:

A recoupment specialist conducts a thorough investigation of the overpayment error in order to determine if the recoupment error was administrative, parent or provider. The recoupment specialist also determines who is responsible for repayment and the actual start and end dates. Documentation not on file is obtained. If the recoupment specialist discovers information during the recoupment investigation that would require the case to be referred to the Department of Social Services Fraud Investigation unit, the recoupment specialist would complete a referral.

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

\$10

☒ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Department of Administrative Services through a private collection agency.

☒ Recover through repayment plans.

Describe:

Active C4K providers are able to have their payment adjusted.

☒ Reduce payments in subsequent months.

Describe:

Active C4K providers are able to have their payment adjusted.

☒ Recover through state/territory tax intercepts.

Describe:

Department of Administrative Services intercept state tax funds.

☐ Recover through other means.

Describe:

☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

C4K Recoupment conduct thorough investigations.

☒ Other

Describe:

The responsibility for repaying an overpayment falls on the parent unless the overpayment was caused solely by the provider or the provider was the only party that benefited from the overpayment

c) 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.

- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

- ☒ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Department of Administrative Services through a private collection agency.

- ☒ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

Active C4K providers are able to have their payment adjusted.

- ☒ Reduce payments in subsequent months.

Describe:

Active C4K providers are able to have their payment adjusted.

- ☒ Recover through state/territory tax intercepts.

Describe:

Department of Administrative Services intercept state tax funds.

- ☐ Recover through other means.

Describe:

- ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

C4K Recoupment conduct thorough investigations

- ☒ Other

Describe:

Through a Memorandum of Agreement between the OEC and 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.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Effective Date: 10/01/2018

- ☒ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

The Office of Early Childhood disqualifies clients following a criminal conviction or an administrative disqualification hearing adjudication. The penalty is progressive: 3 months, 6 months, and 12 months for the 1st, 2nd, and 3rd offense. The disqualification penalty may be appealed through the administrative hearing process conducted by the OEC.

- ☒ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

A lifetime disqualification penalty is imposed on providers following a criminal conviction. The only recourse is an appeal to a court of proper jurisdiction.

- ☒ Prosecute criminally.

Describe:

DSS Fraud and Recovery process all criminal cases.

- ☐ Other.

Describe:

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting

a time-limited waiver extension.



Appendix A.1: In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b))

Describe the provision from which the state/territory seeks relief.

Any existing staff that came into child care since the late 1990's have undergone the in-state criminal registry check with fingerprint. This applies even if they started in one facility and transferred to another. The state seeks to phase in the fingerprint requirement for the small amount of existing staff that have not been fingerprinted in the last 20+ years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Anyone who was not fingerprinted during that 20+ year period still has to alert the OEC as to any criminal conviction and the state child abuse and neglect agency must provide the OEC with records concerning reports and investigations of child abuse or neglect by a child care provider, staff member, or the household member of a family home child care provider . In those cases the agency, through its licensing regulations, is able to take disciplinary action against the license leading up to, and including revocation.



Appendix A.2: In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the in-state sex offender registry requirement for existing staff. The OEC is launching a new database at the end of September which will allow

staff (new and existing) to more easily be checked against the in-state sex offender registry.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

Starting in late September, the OEC will begin the process of checking all child care staff (new and existing) against the in-state sex offender registry. Again, the great majority of existing staff have been fingerprinted. Those that have not, have had no criminal issues reported to the OEC.



Appendix A.3: In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b))

[Describe the provision from which the state/territory seeks relief.](#)

The state seeks to phase in the in-state child abuse and neglect registry requirement for existing staff. The OEC is launching a new database at the end of September which will allow staff (new and existing) to more easily be checked against the in-state sex offender registry.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Starting in late September, the OEC will begin the process of checking all child care staff (new and existing) against the child abuse and neglect registry. In fact, staff of the Department of Children and Families will be given direct access to OEC's background check system in order to input results. We will also begin doing child abuse and neglect registry checks more frequently than every five years.



Appendix A.4: National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

Any existing staff that came into child care since the late 1990's have undergone the FBI fingerprint search. This applies even if they started in one facility and transferred to another. The state seeks a waiver to allow it to phase in the fingerprint requirement for the small amount of existing staff that have not been fingerprinted in the last 20+ years along with implementing the requirement for background checks to be done every five years on all staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Anyone (whether previously background checked or not) must alert the OEC as to any criminal conviction and the state child abuse and neglect agency must provide the OEC with records concerning reports and investigations of child abuse or neglect by a child care provider, staff member, or the household member of a family home child care provider. In those cases, the agency, through its licensing regulations, is able to take disciplinary action against the license leading up to, and including revocation..



Appendix A.5: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the NCIC/NSOR requirement for new or prospective staff. The OEC is working with the state police to obtain access to this registry.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

New or prospective staff will be going through the following checks: state and national sex offender registry, state criminal history check via fingerprints, FBI fingerprint-based check. The rest of the checks will be phased in over the next year.



Appendix A.6: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the NCIC/NSOR requirement for existing staff. The OEC is working with the state police to obtain access to this registry.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Anyone (whether previously background checked or not) must alert the OEC as to any criminal conviction and the state child abuse and neglect agency must provide the OEC with records concerning reports and investigations of child abuse or neglect by a child care provider, staff member, or the household member of a family home child care provider. In those cases, the agency, through its licensing regulations, is able to take disciplinary action against the license leading up to, and including revocation.

 **Appendix A.7: Interstate criminal registry or repository check**
for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the interstate criminal history check requirement for new or prospective staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

New or prospective staff will be going through the following checks: state and national sex offender registry, state criminal history check via fingerprints, FBI fingerprint-based check. The rest of the checks will be phased in over the next year.

 **Appendix A.8: Interstate criminal registry or repository check**
for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the interstate criminal history check requirement for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing staff will be going through the following checks: state and national sex offender registry, state criminal history check via fingerprints, FBI fingerprint-based check. The rest of the checks will be phased in over the next year.



Appendix A.9: Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the interstate sex offender registry check requirement for new or prospective staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

New or prospective staff will be going through the following checks: state and national sex offender registry, state criminal history check via fingerprints, FBI fingerprint-based check. The rest of the checks will be phased in over the next year.

 **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the interstate sex offender registry check requirement for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Anyone (whether previously background checked or not) must alert the OEC as to any criminal conviction and the state child abuse and neglect agency must provide the OEC with records concerning reports and investigations of child abuse or neglect by a child care provider, staff member, or the household member of a family home child care provider. In those cases, the agency, through its licensing regulations, is able to take disciplinary action against the license leading up to, and including revocation.

 **Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the interstate child abuse and neglect registry check requirement for new or prospective staff

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal

care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

New or prospective staff will be going through the following checks: state and national sex offender registry, state criminal history check via fingerprints, FBI fingerprint-based check. The rest of the checks will be phased in over the next year.



Appendix A.12: Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the interstate child abuse and neglect registry check requirement for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Anyone (whether previously background checked or not) must alert the OEC as to any criminal conviction and the state child abuse and neglect agency must provide the OEC with records concerning reports and investigations of child abuse or neglect by a child care provider, staff member, or the household member of a family home child care provider. In those cases, the agency, through its licensing regulations, is able to take disciplinary action against the license leading up to, and including revocation.



Appendix A. 13: New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)

Describe the provision from which the state/territory seeks relief.

The state seeks to phase in the requirement that new staff are hired to work provisionally

until background checks are completed.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of the provision will prevent an abrupt end to child care. If the state were to fully implement this requirement immediately, anyone in child care who is not in compliance must cease working immediately. This could pose a danger to children when families are left without child care without a backup plan. It could also lead to an increase in illegal care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

New or prospective staff will be going through the following checks: state and national sex offender registry, state criminal history check via fingerprints, FBI fingerprint-based check. The rest of the checks will be phased in over the next year. Also, in Connecticut, licensed family child care homes may not operate until all background checks (provider, staff, household members over 16) have cleared. In addition, the licensee is ultimately responsible for the actions of any staff and mandated reporter training is mandatory for all staff.