ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

Nancy Buckner, Commissioner
Alabama Department of Human Resources
50 N. Ripley Street
Montgomery, Alabama 36130

Dear Commissioner Buckner:

The Office of Child Care has completed its review of the proposed amendments to Alabama's approved Child Care and Development Fund (CCDF) Plan for FFY 2025-2027, submitted on September 10, 2026.

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

Eligibility and Enrollment: Continuity of Care (12-Month Eligibility)
• Plan Question 2.5.3a. Job search as eligible activity. Amended to reflect changes that affect CCDF administration, procedures, and/or policies that affect parents and/or providers access to the program, effective 8/1/2026.

• Plan Question 2.5.5. Policies and procedures for graduated phase-out of assistance at redetermination. Amended to reflect changes that affect CCDF administration, procedures, and/or policies that affect parents and/or providers access to the program, effective 6/1/2026.

Eligibility and Enrollment: Eligibility
• Plan Question 2.2.4. Initial eligibility: income limits. Amended to reflect changes that affect CCDF administration, procedures, and/or policies that affect parents and/or providers access to the program, effective 6/1/2026.

Equal Access: Affordability
• Plan Question 3.1.2b. Sliding fee scale and percentage of income. Amended to reflect changes that affect CCDF administration, procedures, and/or policies that affect parents and/or providers access to the program, effective 6/1/2026.

• Plan Question 3.1.2c. Effective date of the sliding-fee scale(s). Amended to reflect changes that affect CCDF administration, procedures, and/or policies that affect parents and/or providers access to the program, effective 6/1/2026.

Please note the following amended Plan questions were complete.

• Plan Question 3.1.2d. Link(s) to the sliding-fee scale(s). Amended to reflect changes that affect CCDF administration, procedures, and/or policies that affect parents and/or providers access to the program, effective 6/1/2026. This question is now complete.

If you have any questions or need further assistance, please feel free to contact Eric Blanchette, Regional Program Manager at (404) 562-2782 and eric.blanchette@acf.hhs.gov.

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

Sincerely,

Digitally signed by ANNE-MARIE TWOHIE
Date: 10/30/2026 12:56 PM EDT

Anne-Marie D. Twohie
Deputy Director
Office of Child Care

cc: Bernard Houston, Director, Alabama Department of Human Resources
Candice Keller, Asst. Director-Subsidy, Alabama Department of Human Resources
Eric Blanchette, Regional Program Manager, Office of Child Care
Christine Johnson-Staub, Program Operations Liaison, Office of Child Care

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Nancy Buckner, Commissioner
Alabama Department of Human Resources
50 N. Ripley Street
Montgomery, Alabama 36130

Dear Commissioner Buckner:

The Office of Child Care has completed its review of the proposed amendment to Alabama's approved Child Care and Development Fund (CCDF) Plan for FFY 2025-2027, submitted on January 23, 2025.

This letter is to inform you that the following CCDF Plan amendment was approved.

Health and Safety: Posting Inspection Reports
• Plan Question 5.5.4a. Lead Agency postings. Amended to reflect Changes to the lead agency consumer education or Plan website address, effective 10/1/2024. Approval of this amendment indicates that Alabama's CCDF Plan demonstrates compliance with the Final Rule, as required by 98.33(a)(4), 98.33(a)(4)(ii).

In addition, this letter confirms the following:

Health and Safety: Pediatric First Aid and Pediatric CPR
• Plan Question 5.4.1j. Preservice training: Pediatric first aid and pediatric CPR (age-appropriate). The Office of Child Care has determined that Alabama is in compliance with pre-service or orientation training on pediatric CPR. However, Alabama remains non-compliant with pre-service or orientation training on pediatric first aid as required by provision 45 CFR 98.44(b)(1)(i) as documented in the letter sent on February 22, 2022. Therefore, plan question 5.4.1j will remain non-compliant in Alabama's CCDF plan until pre-service or orientation training on pediatric first aid is compliant.

If you have any questions or need further assistance, please feel free to contact Eric Blanchette, Child Care Program Manager in our Region IV Regional Office at (404) 562-2782 and eric.blanchette@acf.hhs.gov.

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

Sincerely,

Digitally signed by ANNE-MARIE TWOHIE

Date: 3/26/2025 1:22 PM EDT

Anne-Marie Twohie
Acting Director
Office of Child Care

cc: Bernard Houston, Director
Candice Keller, Asst. Director-Subsidy
Eric Blanchette, OCC Regional Program Manager, Region IV
Noelle Bee, Program Operations Liaison, Office of Child Care

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



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

**FFY 2025 – 2027**

**Version: Amendment 1**

**Plan Status: Approved as of 2025-03-26 17:28:41 GMT**

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

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

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## Overview

### *Introduction*

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

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

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

### *Organization of Plan*

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

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

### *Completing the Plan*

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

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

*Review and Amendment Process*

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

*Appendix 1: Implementation Plan*

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

*CCDF Plan Submission*

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

# 1 CCDF Program Administration

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

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

## 1.1 CCDF Leadership

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

### 1.1.1 Designated Lead Agency

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

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Alabama Department of Human Resources**

   ii. Street Address: **50 N. Ripley Street**

   iii. City: **Montgomery**

   iv. State: **Alabama**

   v. ZIP Code: **36130**

   vi. Web Address for Lead Agency: **www.dhr.alabama.gov**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Nancy**

   ii. Lead Agency Official Last Name: **Buckner**

   iii. Title: **Commissioner**

   iv. Phone Number: **(334) 242-1160**

   v. Email Address: **nancy.buckner@dhr.alabama.gov**

### 1.1.2 CCDF Administrator

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

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Bernard**

ii. CCDF Administrator Last Name: **Houston**

iii. Title of the CCDF Administrator: **Director**

iv. Phone Number: **334.242.1427**

v. Email Address: **Bernard.houston@dhr.alabama.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Candice**

ii. CCDF Co-Administrator Last Name: **Keller**

iii. Title of the CCDF Co-Administrator: **Asst. Director-Subsidy**

iv. Phone Number: **334.353.5208**

v. Email Address: **candice.keller@dhr.alabama.gov**

vi. Description of the Role of the Co-Administrator: **Lead of Office of Child Care Subsidy**

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

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

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

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

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

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

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

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

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

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

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

### 1.2.2 Entities implementing CCDF services

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

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

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who conducts eligibility determinations? | [x] | [ ] | [ ] | [ ] | [x] Describe: The Lead Agency has four contracts with local agencies referred to as the Child Care Management Agency (CMA). The primary duties of the CMAs are to perform eligibility services for families seeking assistance with childcare cost. |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who assists parents in locating child care (consumer education)? | [x] | [ ] | [ ] | [x] | [x] Describe: The Lead Agency has four contracts with local agencies referred to as the Child Care Management Agency (CMA). The primary duties of the CMAs are to perform eligibility services for families seeking assistance with childcare cost. The CMA also distributes consumer education material to the same families seeking child care. |
| Who issues payments? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |
| Who monitors licensed providers? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who monitors license-exempt providers? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |
| Who operates the quality improvement activities? | [x] | [ ] | [x] | [x] | [ ] Describe: |

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

[x] Yes. If yes, describe: **The contracts with the Child Care Management Agencies and Quality Enhancement Agencies are specific in detailing the deliverables expected to be performed by each agency. The Child Care Management Agencies (CMAs), which are Family Guidance Center of Alabama, Talladega Clay Randolph Child Care Corporation, CMA of North Central Alabama and Child Care Resource Center, are responsible for the determining eligibility for families seeking child care assistance as well as the registration of child care providers wishing to participate in the child care subsidy program.**

**The Quality Enhancement Agencies (QEAs) are tasked with providing training to child care providers and their staff to meet licensing performance standards, health and safety regulations for participation in the child care subsidy program and other professional development opportunities. The lead agency has two types of contracted entities that perform trainings, comprehensive and targeted QEAs. The comprehensive QEAs provide the aforementioned trainings regionally throughout the state. The targeted QEAs provide specific services statewide and not restricted similarly to the comprehensive QEA to serve only one assigned region. The targeted QEAs, which are the Alabama Department of Early Childhood Education (QRIS, Challenging Behaviors, Home Visiting), Alabama Department of Public Health (Healthy Child Care Alabama-Health and Safety Trainings), Auburn University (Family Child Care Accreditation and Afterschool Alliance), Alabama Department of Education (Afterschool Alliance), Alabama Public Television (Professional Development), Alabama Partnership for Children (Help Me Grow/Strengthening Families), United Cerebral Palsy of Huntsville and Tennessee Valley (Early Intervention), and Family Guidance Center of Alabama (Kids & Kin child care). Additionally, the Lead Agency partners with the Alabama Community College System and Alabama Partnership for Children to administer the TEACH and Leadership Scholarships for individuals wishing to pursue a CDA, Associates or Bachelor's Degree in Early Childhood Education.**

**The comprehensive QEAs are Family Guidance Center of Alabama, Child Care Resource Center,**

Childcare Resources, Childcare Resource Network, Child Development Resources, and Gulf Regional Early Childhood Services. The comprehensive QEAs and the CMAs provide resource and referral information to families, those seeking child care assistance and those that are not.

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: The contract with the Child Care Management Agencies describes the expectation to follow policy and procedures set forth by the lead agency. Those include the processing, approval or denial, of applications for child care assistance, providing due process in situations where services are denied or terminated, and collection of payment errors. The Quality Enhancement Agencies (QEAs) and the Child Care Management Agencies must timely submit expenditure reports monthly for payment of services. QEAs must submit quarterly reports regarding services/trainings offered and included content areas that are pertinent to support professional development. The lead agency certifies that schedules are being maintained in a timely manner through reports and quarterly meetings.

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: Budgets are created based on funding allocations and targets established by each agency on the intended audience. Budgets included itemized categorical expenditures in accordance with CCDF requirements and state law. All budgets are set for any entity the Lead Agency has a funded contract with.

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: The indicators/measures to access the performance of the Child Care Management Agencies is a yearly Improper Payment Review to monitor policy application, child care awards, and payments. The indicators/measures to access the performance of both comprehensive and targeted/local government agencies Quality Enhancement Agencies are quarterly reports that collect data and review program performance. Based on the terms of the contract, there are certain performance measures should be met such as the number of individuals reached through outreach programs, number of trainings/cohorts, Pre- and Post test results as well as training evaluations to measure the effectiveness of the trainings.

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. Technical assistance and on-site visits are made to both the Quality Enhancement Agencies and Child Care Management Agencies to monitor contract performance and compliance.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public

agencies? This includes public agencies in other States for their use in administering child care or related programs.

**[x]** Yes.

**[ ]** No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

**[x]** Yes.

**[ ]** No. If no, describe:

## 1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **Input on the State Plan was requested from local government agencies by mailing a draft of the state plan to the League of Municipalities and the Association of County Commissions of Alabama requesting input on the CCDF Plan from their membership. The entities were instructed to submit comment via email and invited to attend the public hearing. Contact with these entities occur once per plan development. Other general-purpose local government entities, i.e. Department of Education and Department of Early Childhood Education has representation on the lead**

**agency's advisory council and met quarterly during the plan development.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency met with its Child Care Citizen's Coordinating Committee, which serves as the agency's state advisory council, on the development of the plan in March 2024. The committee is charged with advising the Lead Agency on child care issues and making recommendations for ongoing services. The committee was also given a survey to complete in assisting with the development of the plan.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Poarch Band of Creek Indians is the federally recognized tribal organization in the state. The tribal organization is represented on the Lead Agency's Child Care Coordinating Committee and participated in the survey for plan input.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Lead Agency created a survey instrument seeking input from stakeholders on the state plan development. The survey was sent to local government agencies, tribal organization, advisory council members, child care advocacy groups, child care providers, and parents participating in the Child Care Subsidy Program. 68 responses were received after the distribution of 165 surveys.**

1.3.2 Public hearing process

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

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

i. Date of the public hearing: **5/29/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **4/29/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

**[x]** Yes.

**[ ]** No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**Notice of the hearing was advertised in Alabama's 10 largest newspapers and online platforms. The notice advised of the date and location of the public hearing. To reinforce the notification process, notice of the public hearing was sent to the Lead Agency's 67 county offices, Child Care Management Agencies, and Quality Enhancement**

**Agencies to facilitate broad access by the public. These agencies gave notice of the hearing through communication with parents and providers. Letters were sent to statewide provider associations within the state . Email notification and the draft plan were sent to members of Lead Agency's advisory group, the Child Care Citizen's Coordinating Committee. Members of this advisory group were asked for their input on the document. Notice of the date and location of the public hearing was posted on the Lead Agency's website. The lead agency do not perform outreach in other languages however should requests were made, the lead's interpreter services would be available for use. However the newspaper outlets' online platforms utilized google translator to change written documents into various languages.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The hearing was held virtually through the Zoom platform. Participants had the opportunity to call in or join via the internet. Also, the public notice advised that written comments could be accepted by mail or email and contact information was provided in the notice.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The draft plan was posted to the Lead Agency's website for viewing prior to the public hearing.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The lead agency established an open comment period during the time the draft plan was made available for public view. The public could submit comment to the agency via email. The agency received one response from the public and was reviewed for content applicable to the state plan, which was not.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://dhr.alabama.gov/child-care/**

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

i. **[x]** Working with advisory committees. Describe: **The lead agency shares plan changes, amendments to its advisory council via email.**

ii. **[ ]** Working with child care resource and referral agencies. Describe:

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[ ]** Sharing through social media (e.g., Facebook, Instagram, email). Describe:

v. **[ ]** Providing notification to key constituents (e.g., parent and family groups,

provider groups, advocacy groups, foundations, and businesses). Describe:

vi. **[ ]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:

vii. **[ ]** Direct communication with the child care workforce. Describe:

viii. **[x]** Other. Describe: **The plan and any approved plan amendments are added to the lead agency's website for public viewing.**

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

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

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

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

## 2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

### 2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. **[ ]** Leveraging eligibility from other public assistance programs. Describe:

iii. [ ] Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

iv. [ ] Self-assessment screening tools for families. Describe:

v. [ ] Extended office hours (evenings and/or weekends).

vi. [x] Consultation available via phone.

vii. [x] Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **There is a 30-day time limit to approve or deny an application. Caseworkers have a minimum of 3 days to process any information received and respond to the applicant**

viii. [ ] None.

b. Does the Lead Agency use an online subsidy application?

[ ] Yes.

[x] No. If no, describe why an online application is impracticable. **The lead agency has developed an online application format that will be implemented during the state plan period.**

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. [x] Advance notice to parents of pending redetermination.

ii. [x] Advance notice to providers of pending redetermination.

iii. [ ] Pre-populated subsidy renewal form.

iv. [x] Online documentation submission.

v. [ ] Cross-program redeterminations.

vi. [ ] Extended office hours (evenings and/or weekends).

vii. [x] Consultation available via phone.

viii. [ ] Leveraging eligibility from other public assistance programs.

ix. [ ] Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

## 2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

**[x]** Yes.

**[ ]** No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

*Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

**[ ]** No.

**[x]** Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A physical or mental condition which, based on the conclusion of a licensed physician, psychiatrist, or psychologist, renders a parent incapable of providing adequate care for a child or, in the case of a child, incapable of caring for himself or herself.**

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

**[x]** No.

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

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

i. "residing with": **The Lead Agency uses the term household when defining whom the child resides with. The definition of household is a group of individuals, whether related or unrelated, living together in a common place of residence and comprising one or more family units.**

ii. "in loco parentis": **Adult relatives without legal custody or guardianship of the child; foster parents of a child in the legal custody of the Department; and adults with whom the Department places a child for Protective Service reasons.**

2.2.2 Eligibility criteria: reason for care

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

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

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

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[ ]** Time for meals or breaks.

vi. **[ ]** Time for travel.

vii. **[ ]** Seeking employment or job search.

viii. **[ ]** Other. Describe:

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

i. **[x]** Vocational/technical job skills training.

ii. **[x]** Apprenticeship or internship program or other on-the-job training.

iii. **[ ]** English as a Second Language training.

iv. **[x]** Adult Basic Education preparation.

v. **[x]** Participation in employment service activities.

vi. **[ ]** Time for meals and breaks.

vii. **[ ]** Time for travel.

viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. **[ ]** Time for outside class study or completion of homework.

x. **[ ]** Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in

your definition of “attending an educational program” by checking the boxes below:

i. **[x]** Adult High School Diploma or GED.

ii. **[x]** Certificate programs (12-18 credit hours).

iii. **[ ]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[ ]** Travel to and from classrooms, labs, or study groups.

vii. **[ ]** Study time.

viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. **[ ]** Time for outside class study or completion of homework.

x. **[ ]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

**[ ]** No.

**[x]** Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

**[x]** Work. Describe: **A minimum average of 15 hours per week**

**[x]** Job training. Describe: **A minimum average of 15 hours per week**

**[x]** Education. Describe: **A job training, non-academic vocational, on-line or traditional undergraduate college education programs, including adult GED program, which must convene for a minimum average of 15 hours per week (students who are in class a minimum of 15 hours per week and/or students enrolled full time in a education program, in accordance with the institutions definition of full time, are deemed to meet this participation requirement.)**

**[x]** Combination of allowable activities. Describe: **A combination of gainful employment, job training or educational program for a minimum average of 15 hours per week.**

**[ ]** Other. Describe:

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

**[x]** Yes.

**[ ]** No. If no, describe the additional work requirements:

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

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

**[ ]** No. If no, skip to question 2.2.3.

**[x]** Yes. If yes, answer the questions below:

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

**[x]** Children in foster care.

**[ ]** Children in kinship care.

**[ ]** Children who are in families under court supervision.

**[x]** Children who are in families receiving supports or otherwise engaged with a child welfare agency.

**[x]** Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

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

**[x]** Children experiencing homelessness.

**[ ]** Children whose family has been affected by a natural disaster.

**[ ]** Other. Describe:

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

**[ ]** No.

**[x]** Yes.

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

**[ ]** No.

**[x]** Yes.

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

**[x]** No.

**[ ]** Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

**[x]** There is a statewide limit with no local variation.

**[ ]** There is a statewide limit with local variation. Provide the number of income eligibility

tables and describe who sets the limits:

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

**[ ]** Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 1 | | | |
| 2 | 5010.00 | 59.00 | 2958.00 |
| 3 | 6188.00 | 60.00 | 3729.00 |
| 4 | 7367.00 | 61.00 | 4500.00 |
| 5 | 8546.00 | 62.00 | 5271.00 |

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

**[x]** Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

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

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

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

i. Region/locality with the highest eligibility limit:

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

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

**[ ]** Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

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

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of

initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[ ]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[ ]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[x]** Inheritance.

ix. **[x]** Public assistance.

x. **[x]** Other. Describe: **College work study, dividends and interest, alimony**

d. What is the effective date for these income eligibility limits? **January 1, 2024**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

**[x]** Other. Describe: **The Lead Agency used the LIHEAP IM 2023-02 State Median Income Estimates for Optional Use in FFY 2023 and Mandatory Use in FFY 2024.**

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://dhr.alabama.gov/wp-content/uploads/2024/01/Child-Care-Fact-Sheet-2024.pdf**

**The income eligibility limit is 180% of Federal Poverty Line (FPL)**

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **At the initial and redetermination application, the lead agency may take the average of 3 months income prior to the**

**month in which eligibility is being determined to account for fluctuations income if the applicant proves to be ineligible.**

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

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

**[x]** Yes.

**[ ]** No. If no, describe:

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

**[x]** No.

**[ ]** Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

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

a. **[ ]** Eligibility determination? If checked, describe:

b. **[ ]** Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

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

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

| Required at Initial Determination | Required at Redetermination | Description |
|---|---|---|
| **[x]** | **[ ]** | Applicant identity. Describe how you verify: **Certified U.S. birth certificate, federal or state issued identification card, military issued identification card, current school ID, or U.S. passport** |

| Required at Initial Determination | Required at Redetermination | Description |
|---|---|---|
| [x] | [ ] | Applicant's relationship to the child. Describe how you verify: **Certified U.S. birth certificate, child school record, affidavit of paternity, court order, notarized power of attorney or adoption finalization paperwork** |
| [x] | [ ] | Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Certified U.S. birth certificate or certificate of citizenship** |
| [x] | [x] | Work. Describe how you verify: **Current pay stubs, wage record, written documentation from employer, tax documents** |
| [x] | [x] | Job training or educational program. Describe how you verify: **Written verification from institution or training agency** |
| [x] | [x] | Family income. Describe how you verify: **Documentation from the employer in the form of pay receipts or a written statement and or written documentation from any other entity in which income is received.** |
| [x] | [x] | Household composition. Describe how you verify: **The basic family unit in a common place of residence, which is distinguished by and consisting exclusively of parents, responsible adult parents, and their unmarried minor children. Documentation accepted to verify the household members include birth certificates verifying relationship to the applicant, court orders, school records, or verification statement from TANF, Food Assistance or Child Welfare divisions of the lead agency.** |
| [x] | [x] | Applicant residence. Describe how you verify: **Recent mortgage statement or receipt, lease or rental agreement, recent bank statement, utility bill, work or school ID, child school record, current property tax statement** |
| [ ] | [ ] | Other. Describe how you verify: **N/A** |

2.2.9 Exception to TANF work requirements

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

a. Identify the TANF agency that established these criteria or definitions: **The Alabama Department of Human Resources**

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

i. "Appropriate child care": **Any legally operating child care provider 19 years old or older. In addition, state law requires an individual to be licensed if the individual providers care for children who are unrelated to the individual, in the individuals own home for more than four hours per day.**

ii. "Reasonable distance": **The distance from the home to the place of employment is unreasonable considering the expected wage and the time and cost of commuting. Employment is not considered suitable if daily commuting time exceeds two hours. The timeframe authorized for care may be any time affiliated with the client's participation, such as travel time, including reasonable travel to and from a child care facility. The TANF policy does not define reasonable distance however the lead agency provides context to eligibility staff on what is reasonable travel time. Travel time is not to exceed 8 hours per week.**

iii. "Unsuitability of informal child care": **Informal child care is care legally provided in the child's home by either a relative or non-relative or care provided out of the child's home by a relative or a license exempt non-relative. TANF policy does not allow payment for child care if the individual providing the care is unrelated to the child, is not licensed, and keeps the child more than four hours per day. The individual is considered unrelated if the individual is not related to the child by blood, marriage or adoption as follows: parent, grandparent, sibling (step or half), uncle, aunt, and spouses of these. In addition, due to wage and hour laws and DHR maximum payment restrictions, no in-home care (meaning the home of the child, but not the provider) may be authorized for less than minimum wage.**

iv. "Affordable child care arrangements": **In determining whether appropriate child care is available, the case manager should first ask the client if s/he is able to arrange her/his own child care at no cost. Find out who currently provides back-up child care when needed, whether the arrangements meet the conditions for legally provided care, and the amount charged by the individual providing the care. Then determine, based on the client's statement of her/his situation, if that individual is both able and willing to provide child care to enable the client to work and/or participate in JOBS (Job Opportunity and Basic Skills) activities, and if the care meets the guidelines for legal care. If so, authorize and ensure payment as appropriate. If the back-up child care arrangement is not legal or the individual is unable or unwilling to provide the care on a regular basis, the case manager must work with the client to find other means of obtaining legal child care services. This must be done before requiring the client to participate in any activity for which the care is needed, including job search. The final decision as to which type of care will best meet her/his needs and the needs of each child rests with the client. However, the client may not use policy regarding parental choice to circumvent JOBS participation requirements. The client must choose from the resources that are available if the resources are appropriate, accessible, and affordable. For example, if appropriate legal child care services are otherwise available (affordable and accessible) to the client, s/he may not, without good cause, be deferred from participation just because s/he would prefer a different arrangement.**

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

i. **[ ]** In writing

ii. **[x]** Verbally

iii. **[ ]** Other. Describe:

## 2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **Children with special needs is defined as a child with an area of physical, intellectual and/or sensory impairments where individuals may require accommodations or specialized services to participate in everyday activities.**

e. "Families with very low incomes." **Families with very low incomes are defined as a family with income at or below 100% of the federal poverty level.**

### 2.3.2 Prioritization of child care services

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

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

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|---|---|---|---|---|---|---|
| Children with special needs | **[x]** | **[x]** | **[x]** | **[x]** | **[ ]** | **[ ]** Describe: |
| Families with very low incomes | **[ ]** | **[ ]** | **[x]** | **[ ]** | **[ ]** | **[ ]** Describe: |
| Children experiencing homelessness, as defined by CCDF | **[x]** | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** Describe: |

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|---|---|---|---|---|---|---|
| (Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF | **[x]** | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** Describe: |

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

**[ ]** No.

**[x]** Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **The Lead Agency has eight (8) priority categories of eligibility. 1. JOBS- Families receiving TANF and participating in the JOBS (Job Opportunity and Basic Skills) Program. 2. Homeless- Families meeting the homeless definition under the McKinney-Vento Act. 3. At-Risk Minor Parent- Minor parents under the age of 18, or under the age of 19, if the parent remains in high school or its equivalent. 4. Foster Care- Children that are in the legal custody of the state of Alabama. 5. Protective Services- Services provided by the Department to, or on behalf of, children in response to reports of alleged abuse, neglect, or exploitation. 6. Children enrolled in the Departments Early Head-Start Child Care Partnership Program. 7. TANF-Other Relative is assigned to a family receiving TANF for child only. 8. Special Needs- a child with qualifying diagnosis as determined by the Lead Agency.**

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families are allowed up to ninety (90) days of service to allow time to obtain required documentation to establish eligibility.**

b. Describe the grace period for each population below and how it allows them to receive

CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

i. Provide the policy for a grace period for:

Children experiencing homelessness: **Families are allowed up to ninety (90) days of service to allow time to obtain required documentation to establish eligibility. Failure to provide immunization does not prevent the family from receiving services even after the grace period has expired. Child Care Licensing staff also grants a 90- day grace period to the childcare provider to obtain immunization before being issued a deficiency report for failure to have updated children's records. the deficiency report will remain active until the child's record has been updated with the immunization record.**

**The Lead agency met with AL Department of Health on Feb 8, 2023, to discuss procedures regarding immunization grace periods for homelessness and children in foster care. There were no concerns regarding the lead agency's policy.**

Children who are in foster care: **Children who are in foster care are in the legal custody of the lead agency and therefore no grace period has been established as families receive services upon a completed referral by the foster care social/caseworker. Failure to provide immunization does not result in the termination of services. However, the licensing performance standards require all children to have immunizations or an exemption in the child's record at the facility. Based on the child's enrollment date determines when the 90 day grace period is enacted and knowledge to the child care consultant from the provider that the child is homeless or in foster care. At that point, a determination is made if the facility will receive a deficiency. Failure to have an immunization or exemption on record does not make the child ineligible for CCDF nor affects placement at the facility. It remains an on-going deficiency until it is corrected.**

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

**[x]** Yes.

**[ ]** No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Lead Agency is also the licensing agency. The licensing consultants inform providers of the access and use of Immprint, the Alabama Department of Public Health's online database of immunization certificates. Child Care Providers can locate a child's immunization certificate in the system to print a copy themselves for the record to ease the burden of the parent having to provide it themselves.**

**Families seeking information on how to obtain vaccinations may locate this information on the lead agency's website. Referrals can be made by the Child Care Management Agencies and in the lead agency's county (local) offices or visiting their local health department.**

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

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

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

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[ ]** Bilingual outreach workers.

vii. **[ ]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[ ]** Other. Describe:

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

i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[ ]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[ ]** Ensuring accessibility of environments and activities for all children.

v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[ ]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

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

ix. **[ ]** Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[ ]** Other. Describe:

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency collaborates with Alabama Department of Education Homeless Liaison to bring training to Child Care Management Agency eligibility staff as they work with families who may be experiencing homelessness. Training is presented to Quality Enhancement Agency staff to help them identify training objectives and connections to provide TA to providers who work with families experiencing homelessness.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Policy has been created to address identifying and serving families experiencing homelessness. Staff may submit questions for clarification, obtain further information on resources to assist families needing financial assistance and housing, as well as any other needs of the family. Training is provided to all staff as training for treatment of homeless families are inclusive of all policies related to child care subsidy program.**

## 2.5 Promoting Continuity of Care

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

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The Lead Agency coordinates with Early and traditional Head Start, prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules.**

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency received a Preliminary Notice of Possible Non-Compliance on May 9, 2024, notifying the lead agency of a non-compliance related to the minimum 12-month eligibility. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. The Lead Agency is currently implementing a new policies to address the non-compliance which extends the eligibility period to a child that is added to the case during the current recertification period. Currently a child is added to the case and has the remaining time of the certification period to receive services.**

**The Lead Agency's current policy does not extend 12 months of eligibility for any additional child added to care in the same household.**

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

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

minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

**[x]** Yes.

**[ ]** No. If no, describe:

c. Are the policies different for redetermination?

**[x]** No.

**[ ]** Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

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

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

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

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

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

**[x]** Yes. The Lead Agency continues assistance.

**[ ]** No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

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

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **The lead agency defines excessive**

**unexplained absences as 10 consecutive days of unexplained absences. Families, as well as providers, begin receiving notifications of failure to use their attendance tracker on the 7th day through the 10th day of the chronic absentee policy timeframe. A notice is then sent to both the provider and parent the child has been unenrolled.**

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **For families that move outside of the residency of the state will result in the discontinuation of services.**

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **An intentional program violation is a misrepresentation of fact by a parent or responsible adult or a provider to gain or have the effect of gaining, payments or services or levels of services that would not be available if true facts were presented. Examples: Making a false or misleading statement to obtain benefits, parent whose income exceeds 85 SMI and not reported, altering documents to receive benefits.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency received a Preliminary Notice of Possible Non-Compliance on May 9, 2024, notifying the lead agency of a non-compliance related to the reporting changes during the 12-month eligibility period. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. The Lead Agency is currently developing new policies and procedures to address a family's move to a new CMA region and requiring an application for continued services in that region. Also, the lead agency closes the case upon a family's request close their case, making them subject to reapply as an initial applicant should they change their mind.**

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

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

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

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

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

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

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

a. **[ ]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

    i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

    ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated

phase-out period. If checked, describe:

c. **[x]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: **$4,341.00 monthly is 59% SMI**

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **The Lead Agency's uses the federal poverty levels to determine thresholds using the state's average household income for low-income families.**

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **The second tier is a range of incomes that caps at 200% FPL and allows for the fluctuations in incomes to avoid a cliff effect for families that are in the graduated phase out of the program.**

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **Although not required to report, families with incomes exceeding 200% FPL but not 85% SMI shall continue to receive services until the end of the current certification period. Families whose incomes exceeds 85% SMI will be terminated prior to the end of the current certification.**

v. **[x]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **During redetermination a family's copay is adjusted based on an increase in family income if applicable.**

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

# 3 Child Care Affordability

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

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

## 3.1 Family Co-payments

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

### 3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The lead agency currently sets the max of 7% based on the family's gross income. The copayment amount is per child which may result in the total amount of the copayment for the family to exceed 7%. The lead agency has submitted a waiver for the requirement to be met after the start of the state plan cycle.**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

**[x]** Yes.

**[ ]** No. If no, describe:

### 3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

**[x]** Yes.

**[ ]** No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| Family Size | Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0). | What is the monthly co-payment for a family of this size based on the income level in (A)? | What percentage of income is the co-payment in (B)? | Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible. | What is the monthly co-payment for a family of this size based on the income level in (D)? | What percentage of income is this co-payment in (E)? |
| *1* | | | | | | |
| *2* | **1644.00** | **72.00** | **4.00** | **2958.00** | **156.00** | **5.00** |
| *3* | **2073.00** | **72.00** | **3.00** | **3729.00** | **156.00** | **4.00** |
| *4* | **2501.00** | **72.00** | **3.00** | **4500.00** | **156.00** | **3.00** |
| *5* | **2929.00** | **72.00** | **2.00** | **5271.00** | **156.00** | **3.00** |

c. What is the effective date of the sliding-fee scale(s)? **January 1, 2024**

d. Provide the link(s) to the sliding-fee scale(s): **https://dhr.alabama.gov/wp-content/uploads/2024/01/Child-Care-Fact-Sheet-2024.pdf**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

**[ ]** No.

**[x]** Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The Lead Agency allows the providers to charge families additional amounts above the copayment as a means of equal access for families' choice of providers. The rationale behind allowing providers to charge additional amounts is to not limit participation of providers taking part in the child care subsidy program thus promoting more access and availability in choosing a provider for families.**

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: **Of CCDF providers, 46% charge more than the state's reimbursement rate, while the remaining charge the same or less. The state average charge for full-time care is $144 per week and the state average reimbursement is $120 per week for full-time care. The difference between the rates is $24 per week per child. However, 60% of families participating in the program have no copay. The state's copay**

**begins at $18 which is little difference between the average cost of the amount charged over the state's reimbursement rate. Therefore, the average additional charges are only slightly more than the copay if charged.**

## 3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[x]** The fee is a dollar amount and (check all that apply):

**[x]** The fee is per child, with the same fee for each child.

**[ ]** The fee is per child and is discounted for two or more children.

**[ ]** The fee is per child up to a maximum per family.

**[ ]**No additional fee is charged after a certain number of children.

**[ ]** The fee is per family.

**[ ]** The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

**[ ]**Other. Describe:

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

**[ ]**The fee is per child, with the same percentage applied for each child.

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

**[ ]**The fee is per child up to a maximum per family.

**[ ]**No additional percentage is charged after a certain number of children.

**[ ]** The fee is per family.

**[ ]**The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

**[ ]** Other. Describe:

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

**[x]** No.

**[ ]** Yes.

If yes, check and describe those additional factors below:

i. [ ] Number of hours the child is in care. Describe:

ii. [ ]Quality of care (as defined by the Lead Agency). Describe:

iii. [ ] Other. Describe:

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

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

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

iii. [ ]Other. Describe:

## 3.3 Waiving Family Co-payment

### 3.3.1 Waiving family co-payment

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

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

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

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

i. [x]Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. [ ]Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. [ ]Families experiencing homelessness.

iv. [x]Families with children with disabilities.

v. [x]Families enrolled in Head Start or Early Head Start.

vi. [x]Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **The parental fee requirement does not apply in the case of any child authorized under the Protective Service, Foster Care, Early Head Start, TANF-Other Relative and Special Needs categories of eligibility, unless the written referral received from the Department specifically indicates the income and parental fee requirements apply.**

vii. [ ]Families meeting other criteria established by the Lead Agency. Describe the policy:

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

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

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

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

## 4.1 Access to Full Range of Provider Options

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

### 4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Based on the information received in the most recent market rate survey, the most common responses indicated by providers for lack of participation in the child care subsidy program were that applying for participation was an administrative burden and the program is not needed because the facility is always full.**

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

**[x]** Yes.

**[ ]** No.

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

**[ ]** Yes.

**[x]** No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The certificate provides**

**information about the choice of providers, consumer education materials are provided on choosing child care, referrals provided to child care resource and referral agencies, co-located resource and referral staff in eligibility offices and verbal communication at the time of the application**

e. Describe what information is included on the child care certificate: **The child care certificate is issued at the point of approval and for any change during the certification period. The certificate includes information regarding eligibility period, children awarded, co-payments, care levels and unit of care.**

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

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

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

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

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

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

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

a. **[x]** Market rate survey.

i. When were the data gathered (provide a date range; for instance, September – December 2023)? **The period for which data was collected for the 2024 Market Rate Survey was October 17-November 14, 2023 for the first round of surveys. The second round and focus groups were completed January 31- February 28, 2024.**

b. **[ ]** ACF pre-approved alternative methodology.

i. **[ ]** The alternative methodology was completed.

ii. **[ ]** The alternative methodology is in process.

*If the alternative methodology was completed:*

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

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

*If the alternative methodology is in progress:*

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

c. Consultation on data collection methodology.

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

iii. State Advisory Council or similar coordinating body: **The lead agency's advisory council is referred to as the Child Care Citizen's Coordinating Committee. This council includes representation from the state's tribal agency, center and family home providers, local quality enhancement agencies that provide child care resource and referral services and training for providers, higher education, public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the state's child advisory council. The committee advised the lead agency on the following: length of survey, survey questions, focus groups, method of data collection and validity of the data collected. Meetings are held quarterly with the lead agency's advisory council via zoom meetings.**

iv. Local child care program administrators: **The lead agency's advisory council is**

**referred to as the Child Care Citizen's Coordinating Committee. This council includes representation from the state's tribal agency, center and family home providers-child care program administrators or center directors, local quality enhancement agencies that provide child care resource and referral services and training for providers, higher education, public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the state's child advisory council. The committee advised the lead agency on the following: length of survey, survey questions, focus groups, method of data collection and validity of the data collected. Meetings are held quarterly with the lead agency's council via zoom meetings.**

v. Local child care resource and referral agencies: **The lead agency's advisory council is referred to as the Child Care Citizen's Coordinating Committee. This council includes representation from the state's tribal agency, center and family home providers, local quality enhancement agencies that provide child care resource and referral services and training for providers, higher education, public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the state's child advisory council. The committee advised the lead agency on the following: length of survey, survey questions, focus groups, method of data collection and validity of the data collected. Meetings are held quarterly with the lead agency's council via zoom.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The lead agency's advisory council is referred to as the Child Care Citizen's Coordinating Committee. This council includes representation from the state's tribal agency, center and family home providers representing all settings and serving all ages, local quality enhancement agencies that provide child care resource and referral services and training for providers, higher education, public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the state's child advisory council. The committee advised the lead agency on the following: length of survey, survey questions, focus groups, method of data collection and validity of the data collected. Meetings are held quarterly via zoom.**

vii. Other. Describe: **N/A**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **3/20/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The first round of surveys were issued October 17-November 14, 2023. The second round of surveys and focus groups were held January 21-February 28, 2024.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The Alabama child care market consists of**

faith-based, community-based non-profit, and for-profit organization that are both licensed and exempt from licensure and that are registered with the lead agency to legally operate which consists of 2,201 providers designated as centers and family child care homes.

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The database used to identify providers is the lead agency's Child Care Management System. The system holds all providers that are registered to legally operate in the state.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Data was collected by on-line surveys, mailed surveys and focus groups of child care providers representing all settings and serving all ages. The data for the MRS was cleaned to remove incomplete responses and erroneous data. The data was then reviewed and categorized by the principal researcher to calculate descriptive statistics, averages, and totals for different categories.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **56.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **59.00**

viii. Describe if the survey conducted in any languages other than English: **The survey was not conducted in any other language however the survey could be translated via an online instrument (Google translator) and at the request of the provider.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **The data collected was reflective of cost per child based on weekly rates and various ages. The data collected was disaggregated by the weekly child care rate mean and 75th percentile for each of the 9 regions in the state for the three child age groups, under 2.5, 2.5 to 5 years, and school-aged (5+ years) for both day care centers and family child care homes. Tables were included to reflect differences in rate per rate child.**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The data was analyzed from a sample of the providers that submitted responses to the survey. A sample of providers were included in a focus group to weigh responses from the data collected in the survey versus in-person discussions to gain a better understanding barriers to providing quality child care. The focus group was selected from the participants of the overall population of the MRS survey participants, representing various provider types, licensed and license-exempt centers and family child care homes, and regions in the state. The focus groups offered a comprehensive understanding of the challenges and opportunities faced by the child care providers across the state.**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology

reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The MRS survey participants were reflective of all geographic areas of the state. The examination of subsidy rates, access and affordability of child care services builds on the variations in the child care market fees by provider type, geographic region, and age of the child. Cost were linked by geographic area based on the mean cost of each region.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The MRS produced a valid response rate of 57% of 1,250 respondents. The respondents were inclusive of all child care types; licensed and licensed-exempt child care centers, and family and group child care homes.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The study compiled data and reflected differences in the age of children. The three child age groups were under 2.5, 2.5 to 5 years, and school-aged (5+ years) for both day care centers and family child care homes.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **There are no other key variations examined by the market rate survey.**

4.2.2 Cost analysis

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

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

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The methodology for conducting the narrow cost analysis includes an analysis to address the cost of higher quality care as defined by the lead agency using the quality rating and improvement system, a focus group cost study, and use of the Provider Cost of Quality Calculator.**

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **In the Lead Agency's approach for the narrow cost analysis was completed using a cost model informed by a limit cost survey. The questions on the cost survey were informed by the Provider Cost of Quality Calculator (PCQC) and**

cost surveys utilized in other states. The Child Care Cost Survey collected information from providers about the cost of operating a child care facility, such as personnel salaries, facility maintenance, utilities and supplies at different quality levels for multiple ages. The survey data was cleaned and used to complete the PCQC.

The variations in prices existed in category of provider, geographic location and age of the child. Larger, more populous areas reflected a higher rate for child care than those in rural communities. For child care centers, the gap ranged from $19 to $46 for children under 2.5 years from the base level payment as compared to higher quality levels, the gap ranged from $9 to $123. The trend identified the same for children 2.5 to 5 years and school age children.

The variations identified in child care homes were similar as well were the gap ranged from $2 to $47 based on the star 1 level since all family child care providers are star 1 rated as compared to higher star ratings. The trend was the same across all geographic locations and the age of the child.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? The data used to determine the cost of care at the base level of quality included operational cost, such as personnel salaries, facility maintenance, utilities, supplies, number of children served, transportation, food, and professional development and private pay rates for licensed child care providers that were not participating in the state's QRIS. Assumptions were based on the number of children served, number of employees, salaries for employees, benefits offered, and cost to operate the facility at the base or star 1 level and star 2 through 5.

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). The lead agency defines high quality as meeting standards of the state's QRIS that are above the minimum requirements for licensure. The MRS utilized a limited cost survey for the narrow cost analysis to understand the cost factors impacting day care centers and family child care home at different quality levels for multiple age groups across the state. The cost of care was based on the approximates provided by the sample of child care providers. The assumptions used in the narrow cost analysis were the domains of the lead agency's QRIS requirements. Those include staff qualifications, environment, health and safety, professional development, and family involvement and community partnerships.

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? The lead agency has not determined if payment rates will be increased to satisfy the 75th percentile benchmark. The results of the MRS indicated that in most regions of the state, reimbursement rates were below the 75th percentile in all child care setting types.

**The variations in prices existed in category of provider, geographic location and age of the child. Larger, more populous areas reflected a higher rate for child care than those in rural communities. For child care centers, the gap ranged from $19 to $46 for children under 2.5 years from the base level payment as compared to higher quality levels, the gap ranged from $9 to $123. The trend identified the same for children 2.5 to 5 years and school age children. The variations identified in child care homes were similar as well were the gap ranged from $2 to $47 based on the star 1 level since all family child care providers are star 1 rated as compared to higher star ratings. The trend was the same across all geographic locations and the age of the child. The lead agency did not use the data from the 2024 MRS to determine payment rates as rates have not been increased since the 2022 MRS. The lead agency wanted to lower the gap between cost of care and price. Therefore, rates were increased to the 75th percentile benchmark as indicated in the 2022 MRS. The lead agency continues to believe the rates are adequate and enable providers to meet the cost of care requirements for maintaining licensure, and health and safety requirements.**

**The lead agency has not developed any long-term plans to increase payment rates based on this information. The current payment rates were based on the previous MRS and were increased to the 75th percentile based on that data.**

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

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

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

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

i. Provide the date the report was completed: **5/20/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **5/24/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **https://dhr.alabama.gov/wp-content/uploads/2024/05/2024-Child-Care-Cost-Study-Final-2024.05.17.pdf**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The lead agency shared the draft of the final report with its advisory council for**

**comment and review. The partners included state CCR&Rs, child care providers, non-profit organizations, and other state agencies including the state's tribal organizations. The lead agency received no comments for recommended changes to the report.**

## 4.3 Adequate Payment Rates

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

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

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

### 4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

**[x]** Yes.

i. If yes, check if the Lead Agency:

**[ ]** Sets the same payment rates for the entire State or Territory.

**[x]** Sets different payment rates for different regions in the State or Territory.

**[ ]** No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **4/11/2022**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Not applicable because weekly rates are published.**

### 4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the

identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

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

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

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

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

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

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Infants (6 months) | 195.00 Per Week | 2.00 | 195.00 | 48.00 | 199.00 | | 227.00 | | |
| Family Child Care for Infants (6 months) | 150.00 Per Week | 0.00 | 150.00 | 46.00 | 158.00 | | 158.00 | | |
| Center Care for Toddlers (18 months) | 195.00 Per Week | 2.00 | 195.00 | 48.00 | 199.00 | | 212.00 | | |
| Family Child Care for Toddlers (18 months) | 150.00 Per Week | 0.00 | 150.00 | 46.00 | 155.00 | | 155.00 | | |
| Center Care for Preschoolers (4 years) | 180.00 Per Week | 2.00 | 180.00 | 48.00 | 184.00 | | 204.00 | | |
| Family Child Care for Preschoolers (4 years) | 145.00 Per Week | 0.00 | 145.00 | 47.00 | 150.00 | | 150.00 | | |
| Center Care for School-Age (6 years) | 150.00 Per Week | 2.00 | 150.00 | 52.00 | 145.00 | | 160.00 | | |
| Family Child Care for School-Age (6 years) | 133.00 Per Week | 0.00 | 133.00 | 46.00 | 144.00 | | 144.00 | | |

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

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Infants (6 months) | 118.00 Per Week | 2.00 | 118.00 | 47.00 | 130.00 | | 148.00 | | |
| Family Child Care for Infants (6 months) | 90.00 Per Week | 0.00 | 90.00 | 50.00 | 90.00 | | 100.00 | | |
| Center Care for Toddlers (18 months) | 118.00 Per Week | 2.00 | 118.00 | 47.00 | 124.00 | | 139.00 | | |
| Family Child Care for Toddlers (18 months) | 90.00 Per Week | 0.00 | 90.00 | 50.00 | 90.00 | | 98.00 | | |
| Center Care for Preschoolers (4 years) | 115.00 Per Week | 2.00 | 115.00 | 48.00 | 120.00 | | 135.00 | | |
| Family Child Care for Preschoolers (4 years) | 90.00 Per Week | 0.00 | 90.00 | 50.00 | 90.00 | | 100.00 | | |
| Center Care for School-Age (6 years) | 110.00 Per Week | 2.00 | 110.00 | 46.00 | 120.00 | | 126.00 | | |
| Family Child Care for School-Age (6 years) | 90.00 Per Week | 0.00 | 90.00 | 62.00 | 73.00 | | 83.00 | | |

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

**[x]** Yes.

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

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

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

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

**[ ]** Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

**[x]** No.

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

**[x]** Yes.

**[ ]** No. Tiered or differential rates are not implemented.

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

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Weekly reimbursement rates range from $170 to $250 depending on the severity of the child.**

iii. **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **Child care providers that are awarded higher quality ratings are paid at a tiered reimbursement rate based on the type of provider, geographic location, age of child and quality rating. The rates are 2% higher than the base rates and increase by 2% per rating to a maximum of 10%. The rates were not based on the current year market rate survey.**

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

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

**[x]** Yes. If yes, describe: **The lead agency max reimbursement rate may be reduced to the published, private-pay rate in an effort of transparency of the child care subsidy program.**

**[ ]** No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The most recent payment rates were based on the data received from the 2021 Market Rate Survey (MRS). The rates were set at the 75th percentile of that year's MRS. The lead agency has not made plans to increase rates based on the 2024 MRS although rates reflect payments were no longer at the 75th percentile.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The lead agency relied on the data received from the 2021 MRS results and feedback received from providers. The lead agency completed a narrow cost analysis from the 2021 MRS to determine that rates remain adequate to meet health, safety, and quality, and staffing requirements under CCDF.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Since the 2021 MRS was complete prior to the lead agency's restructuring of its QRIS, the state did not rely on the narrow cost analysis to make a determination of the payment rates. The lead agency adjusted payment rates to meet the reported 75th percentile of the MRS and placed nearly 90% of child care providers that participated in the child care subsidy program at tier one of the newly implemented QRIS, which rate was 2% higher than the base rate. The lead agency's analysis did not determine the reimbursement rates presented a barrier to the stabilization of child care providers. The lead agency also incentivizes providers yearly with a one-time incentive ranging from $2,200 to $3,000 for family child care providers and $9,000 to $16,000 to child care centers for participation in the state's QRIS and the base level (licensure) which assists with promoting stabilization. 100% of all child care subsidy participating providers receive an incentive.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The lead agency's tiered reimbursement for higher quality for participation in the state's QRIS pays a higher rate dependent upon the quality rating. These higher payments help to account for cost of operating at higher quality. The lead agency also awards yearly incentives to providers which range from $2,200 to $14,300 for family home providers and $9,000 to $81,000 for child care centers. The cost of higher quality was taken into account based on the requirements to maintain licensure and advancement in higher quality levels. The higher quality levels are based on the requirements of to meet higher levels of quality through the lead agency's QRIS guidelines (Best Practice Rubric and CLASS Scores). These additional awards support the continuous improvement of higher quality programs.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **The lead agency do not consider any additional facts in determining its payment rates.**

## 4.4 Payment Practices to Providers

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

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

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

### 4.4.1 Prospective and enrollment-based payment practices

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

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

**[ ]** Yes. If yes, describe:

**[x]** No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **The lead agency has not adopted paying providers prospectively. The lead agency has submitted for a waiver to request time to implement the new policy based on the Final Rule of 2024.**

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

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

**[ ]** No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a

generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

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

4.4.2 Other payment practices

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

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

**[x]** Yes.

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

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

**[x]** Yes. If yes, identify the fees the Lead Agency pays for: **The lead agency pays registration fees charged by the child care provider.**

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

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Child care providers participating in the child care subsidy program are paid according to the business rules established by the entity that issues payments on behalf of the agency. The policies and business rules are the policies and procedures that guide the child care subsidy program. Upon registration to participate in the child care subsidy program, providers are issued guidelines that outlines participation rules, payment details including frequency and max reimbursements, due process and penalties that are imposed for failure to follow guidelines. Providers must agree to provisions prior to approval and enrollment of children receiving CCDF.**

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **A Provider Communication Notice is sent to all providers in instances where any change regarding a family's eligibility could result in an impact to the payment. The notice is sent 10 days prior to the change. Only instances were fraud has been identified may result in**

**the provider not receiving the notification within 10 days. Fraud program violations may result in the family being immediately terminated from the program.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Child care providers must submit an adjustment request form within 30 days of the direct deposit date or 3 weeks from the date of service, whichever is later, to request review of a payment inaccuracies. Upon submission of the adjustment, the team that receives the adjustment must research the payment system to approve or deny the inaccuracy or dispute. The team must complete the request within 30 days with either a payment or denial decision to the child care provider.**

f. Other. Describe any other payment practices established by the Lead Agency: **Not applicable because there are no other payment practices established.**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **All child care providers are paid per the lead agency's guidelines for reimbursement for services rendered. These efforts allow for more reliable and timely reimbursement and help to ensure that a provider's ability to carry costs over time is less of an impediment to accepting subsidy. Each of these practices incentivizes providers to participate in the child care subsidy program and in turn provides more access to quality child care programs for low-income families. Moreover, the payment practices mimic those of the private pay sector to pay tuition based on enrollment rather than attendance. These consistent payment practices ensure limited barriers to providers participating in the program. Our payment policies closely mirror child care industry practice. This encourages a full range of providers to accept and enroll subsidized children and families.**

## 4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

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

**[x]** No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The lead agency has submitted a waiver for this requirement.**

If no, skip to question 4.5.2.

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

**[ ]** Children with disabilities. Number of slots allocated through grants or contracts:

**[ ]** Infants and toddlers. Number of slots allocated through grants or contracts:

**[ ]** Children in underserved geographic areas. Number of slots allocated through grants or contracts:

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

**[ ]** School-age children. Number of slots allocated through grants or contracts:

**[ ]** Children experiencing homelessness. Number of slots allocated through grants or contracts:

**[ ]** Children in urban areas. Percent of CCDF children served in an average month:

**[ ]** Children in rural areas. Percent of CCDF children served in an average month:

**[ ]** Other populations. If checked, describe:

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

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

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

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

**[ ]** Yes.

**[x]** No.

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

i. **[ ]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

ii. **[ ]** Restricted based on the in-home provider meeting a minimum age requirement. Describe:

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

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

v. [ ] Restricted to care for children with special needs or a medical condition. Describe:

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

vii. [ ] Other. Describe:

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The lead agency conducts surveys of all licensed child care providers quarterly, which includes questions regarding availability of slots in the child care program. Additionally, the agency retained the services of Auburn University to conduct a survey of parents with children who categorically are in the population served by the child care industry. The survey included questions that addressed barriers such as availability of care within a reasonable commute, cost of care, parental choice of type of care, and parental decision regarding care based upon the parent's employment (whether child care was a barrier to the parent entering the workforce).**

ii. Method of tracking progress: **The lead agency conducts survey of all licensed child care providers quarterly and responses are tracked accordingly. The agency also reviews survey results from advocacy groups as well as sister agencies citing child care findings related to workforce demand and availability of care.**

iii. What is the plan to address the child care shortages using family child care homes **The lead agency has determined there are no shortages present in family child care homes using the quarterly surveys conducted by the child care licensing staff.**

iv. What is the plan to address the child care shortages using child care centers? **The lead agency has determined there are no shortages of slots in child care centers. The data compiled by the agency from providers and the Auburn study may suggest a need for infant and toddler care. There isn't sufficient evidence of an overall need for slots.**

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: **The lead agency conducts surveys of all licensed child care providers in the state quarterly. The agency retained the services of Auburn University to conduct a survey of parents with children who categorically are in the population served by the child care industry. The survey included questions that addressed barriers such as availability of care within a reasonable commute, cost of care, parental choice of type of care, and parental**

decision regarding care based upon the parent's employment (whether child care was a barrier to the parent entering the workforce).

ii. Method of tracking progress: **The lead agency conducts surveys of all licensed child care providers quarterly and responses are tracked accordingly. The agency retained the services of Auburn University to conduct a survey of parents with children who categorically are in the population served by the child care industry. The survey included questions that addressed barriers such as availability of care within a reasonable commute, cost of care, parental choice of type of care, and parental decision regarding care based upon the parent's employment (whether child care was a barrier to the parent entering the workforce).**

iii. What is the plan to address the child care shortages using family child care homes? **The lead agency has determined there are no shortages of slots in family child care homes based on the study from Auburn University. The agency retained the services of Auburn University to conduct a survey of parents with children who categorically are in the population served by the child care industry. The survey included questions that addressed barriers such as availability of care within a reasonable commute, cost of care, parental choice of type of care, and parental decision regarding care based upon the parent's employment (whether child care was a barrier to the parent entering the workforce).**

iv. What is the plan to address the child care shortages using child care centers? **The lead agency has determined there are no shortages of slots in child care centers based on the study from Auburn University. The agency retained the services of Auburn University to conduct a survey of parents with children who categorically are in the population served by the child care industry. The survey included questions that addressed barriers such as availability of care within a reasonable commute, cost of care, parental choice of type of care, and parental decision regarding care based upon the parent's employment (whether child care was a barrier to the parent entering the workforce).**

c. In care for special populations:

i. Data sources used to identify shortages: **The Agency has collaborated with Alabama Early Intervention and United Cerebral Palsy to assist providers who care for or are considering caring for children with special needs. The lead agency gathered this information from meetings with the agency. The agency has established a collaborative relationship with Early Intervention to assist with the identification and referral of process for families with children who have special needs. Further, the Agency also communicates via the Child Care Citizens Coordinating Committee which is comprised of the advocacy community, parental representation, and sister state agencies such as Medicaid, Education, and Rehabilitation. The Agency makes the participants aware of progress regarding all CCDF goals and solicits referrals and recommendations from these entities. Finally, the lead agency has also collaborated with employers that operate 24 hours for the purpose of either creating child care centers on site for employees or creating partnerships with established child care programs to offer care for their employees.**

ii. Method of tracking progress: **The method used to track progress is periodic**

**review of participation numbers (percentage served), the creation of new initiatives to meet demand, and the increase in services provided for special populations needing care.**

iii. What is the plan to address the child care shortages using family child care homes? **The lead agency has supported the program creation of a workforce initiative designed to create new family child care homes/providers. The program is piloted in Tuscaloosa County only at this time. Additionally, the Agency is supporting program efforts from the Chamber of Commerce, and the Women's Fund of Alabama (centers and home providers), in different areas of the state where their employers express interest.**

iv. What is the plan to address the child care shortages using child care centers? **The lead agency has identified these shortages during meetings with the Alabama Early Intervention and United Cerebral Palsy (UCP) that has informed the lead agency the need to increase wages for providers to accept children with special needs. The lead agency created 500 slots for children with special needs to be paid at tiered rates based on the severity of the child's diagnosis. Rates range from $170 to $250 per week. Child care providers that accept children under this category receives additional supports and trainings to maintain the child in the program to minimize suspensions and expulsions. The trainings and supports are specific to the care need for the child placed in their facility, provided exclusively by Alabama Early Intervention or UCP.**

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

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

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

a. Underserved geographic areas. Describe: **The lead agency has not developed any strategies to increase supply of programs in underserved geographic areas in the state as it has not been determined an area of need in the state. The Agency has increased incentives for participation in the Quality Rating Improvement System to encourage and recruit more providers to provide higher levels of quality care for Alabamians. The Agency has also entered into an agreement with the Alabama Department of Early Childhood Education to provide technical support for providers seeking to attain higher level quality ratings.**

**The lead agency completed a needs assessment in 2023. The findings of the assessment did not suggest the need to increase supply of programs in underserved areas.**

b. Infants and toddlers. Describe: **The Agency has not developed strategies to increase supply of infant and toddlers slots in child care programs as it has not determined sufficient demand for the state. The lead agency's needs assessment identified gaps however results suggested a need for an increase in infant and toddler slots by raising ratios. Per the recommendation of the assessment from participants revealed a desire to**

increase current license capacities to allow for more a larger teacher to child ratio. The licensing ratios are set based on square footage of the space as well as the safety of children based on the age. Therefore the agency has not gathered enough information to support the need to increase the supply at this time.

c. Children with disabilities. Describe: The lead agency has created 500 slots to serve children with special needs beginning in October 2022. The program has been reevaluated in January 2024 to tier reimbursement rates based on the diagnosis of the child to better support providers in maintaining the children in their programs.

The lead agency has had a contract with the United Cerebral Palsy of Huntsville and Tennessee Valley or UCP (which serves the entire state) to provide early intervention services to childcare providers and families since 2009. UCP also addresses expulsion and suspension in the childcare facility and provides technical assistance to providers that care for special needs children. The lead agency had determined the need for child care subsidy slots from the ongoing relationship with UCP, identifying families that did not qualify for traditional child care assistance based on the working or income requirements. The slots were to support families to meet this need.

d. Children who receive care during non-traditional hours. Describe: The 2023 Needs Assessment reported 15% of the state's child care programs offer care after 7pm and roughly half are child care centers. This gap was identified as a result of the needs assessment. The lead agency has implemented policies that allow for parents seeking extended hours of care to receive 125% of the base reimbursement rate for child care that extends after 7pm. The policy will become effective at the start of the new plan cycle.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: Not applicable.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. The Lead Agency has prioritized increasing access to high-quality child care and development services for children and families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs in multiple ways. The lead agency continues to pay higher reimbursement rates to providers participating in the state's quality rating and improvement system (QRIS) and pays yearly incentives to providers ranging from $2,200 to $84,000 based on the star rating. All providers that participate in the child care subsidy program are participants in QRIS.

The Lead Agency continues to recognizes that in rural and/or poverty-stricken areas, child care is often limited to family child care homes and Head Start. The continued investment in the QRIS system will provide for higher quality programs for these populations and the state in general.

**The Lead Agency continues to operate as an Early Head Start- Child Care Partnership (EHS-CCP) grantee in areas with high poverty and unemployment levels. The program operates in 23 counties in high poverty areas throughout the state. The Lead Agency blends CCDF funding with EHS-CCP dollars for eligible families participating in the EHS-CCP programs. This ensures sufficient funding for the child care facilities to meet the high-quality standards required.**

**Finally, the Lead Agency invests in services through local CCR&R's to support programs in these 36 counties through technical assistance and training, both on-site and online. The technical assistance and training supports the programs in increasing the quality. Increasing online training opportunities helps remove barriers for providers in more rural parts of the state to access professional development.**

# 5 Health and Safety of Child Care Settings

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

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

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

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

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

## 5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

a. Identify the center-based provider types subject to child care licensing: **Day-Care Child-Care Center: A child-care facility that receives more than 12 children for more than four hours a day with or without stated educational purposes. Nighttime Center: A facility which is established to receive more than twelve (12) children for nighttime care after 7:00 p.m. Pre-licensing visits are made to determine if a facility is in compliance with the standards for issuing a license. Thereafter, all providers are monitored unannounced annually to determine if standards are met. Visits are made to investigate complaints and/or offer consultation to providers.**

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

**[ ]** Yes. If yes, describe:

**[x]** No.

b. Identify the family child care providers subject to licensing: **Family Daycare Homes/Group Homes and Nighttime Family Daycare Homes/Group Homes: A group home is defined as a child care facility which is a family home and receives at least seven but no more than twelve children for care during part of the day and at least two adults are present. A family day care home is defined as a child care facility which is a family home and receives no more than six children for care during the day. Pre-licensing visits are made to determine if a facility is in compliance with the standards for issuing a license. Thereafter, all providers are monitored unannounced annually to determine if standards are met. Visits are made to investigate complaints and/or offer consultation to providers.**

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

**[ ]** Yes. If yes, describe:

**[x]** No.

c. Identify the in-home providers subject to licensing: **Not Applicable**

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

**[ ]** Yes. If yes, describe:

**[x]** No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety,

and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

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

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **There are two types of CCDF eligible center based child care providers who are exempt from licensing requirements. They are Out of School Time Providers and Legal Exempt Providers.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **The following center-based child care providers are exempt from licensing requirements:**
***kindergartens or nursery schools or other daytime programs operated by public elementary systems or secondary level school units or institutions of higher learning; kindergartens or nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age;**
***kindergartens or nursery schools or other daytime programs operated as a part of a private school and receiving children younger than lawful school age for four hours a day or less, with or without stated educational purposes;**
***facilities operated for more than four hours a day in connection with a shopping center or service or other similar facility, where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises or are in the immediate vicinity and readily available;**
***any type of day care center that is conducted on federal government premises; and special activities programs for children of lawful school age including, but not limited to, athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations provided local and state fire and health requirements are met.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **the exemptions do not endanger the health, safety, and development of children because all providers who receive CCDF funds are monitored annually by the Lead Agency for health and safety requirements. All complaints involving health and safety issues facilities are investigated by a Child Care Consultant or Program Specialist. All visits for monitoring, other than the initial visit, are unannounced. The facility must correct any violation of any of the health and safety guidelines within ninety (90) days of the discovery of the deficiency or the facility will be terminated from the Child Care Subsidy Program. In such instances, the facility will remain ineligible to participate until such time that no deficiencies exist, as verified by the Department's representative.**

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Not Applicable**

ii. Describe the exemptions based on length of day, threshold on the number of

children in care, ages of children in care, or any other factors applicable to the exemption. **Not Applicable**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not Applicable**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **Not applicable**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Not Applicable**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not Applicable**

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

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

### 5.2.1 Age classifications

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

a. Infant. Describe: **0-18 Months**

b. Toddler. Describe: **18 months- 30 months**

c. Preschool. Describe: **30 months up to 4 years of age; 4 years of age up to school-age.**

d. School-Age. Describe: **5 years of age on or before September 1 (or the date on which school begins in the enrolling district pursuant to Code of Alabama 1975 section 16-28-4) of a given year.**

### 5.2.2 Ratio and group size limits

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

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:5**

Group size: **On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.**

The lead agency needs additional time to meet the requirements for group sizes for licensed center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

ii. Toddler.

Ratio: 1:7 for age 18 months to 30 months; 1:8 for age 24 months to 36 months

Group size: On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

iii. Preschool.

Ratio: 1:11 for age 30 months to 4 years; 1:18 for age 4 years to school-age

Group size: On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

iv. School-Age.

Ratio: 1:21 for school-age up to 8 years; 1:22 for age 8 years and older

Group size: On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed center-based providers.
Currently, group size is determined by all of the following categories: size

of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

v. Mixed-Age Groups (if applicable).

Ratio: When children of different ages are grouped together (multiple-age grouping), staff-child ratio shall be according to the age of the youngest child in the group if more than 20% of the children are in the youngest age category. If children in the youngest age category make up 20% or less of the group, staff-child ratio shall be according to the next highest age category.

Group size: On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. [ ] Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: 1:5
On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed-exempt center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

iii. Toddler: 1:7 for age 18 months to 30 months; 1:8 for age 24 months to 36 months
On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed-exempt center-based providers.
Currently, group size is determined by all of the following categories: size of the

room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

iv. Preschool: 1:11 for age 30 months to 4 years; 1:18 for age 4 years to school-age
On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed-exempt center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

v. School-Age: 1:21 for school-age up to 8 years; 1:22 for age 8 years and older
On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed-exempt center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

vi. Mixed-Age Groups: When children of different ages are grouped together (multiple-age grouping), staff-child ratio shall be according to the age of the youngest child in the group if more than 20% of the children are in the youngest age category. If children in the youngest age category make up 20% or less of the group, staff-child ratio shall be according to the next highest age category.
On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.
The lead agency needs additional time to meet the requirements for group sizes for licensed-exempt center-based providers.
Currently, group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.
The non-compliance is because group size limits are not based on the developmental needs of the children served.

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: For a Family home there are no more than three (3) infants under twelve (12) months. For Group home there are no more than six (6)

**children under 12 months.**

Group size: **On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.**
**The lead agency needs additional time to meet the requirements for group sizes for licensed family home providers.**
**Currently, group size is determined for a Family and Group daycare home by the capacity of the rooms used by the children, the zoning requirements and the Fire inspection, number of staff, and amount of equipment. If any of these numbers vary the lowest calculated number will determine the group size.**
**The non-compliance is because group size limits are not based on the developmental needs of the children served.**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups

Ratio: **The ratio for a family daycare home is 1:6 (there can be no more than three children younger than 12 months with one caregiver) and for a group daycare home the ratio is 2:12 (there can be no more than six children younger than 12 months with two caregivers).**

Group size: **On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that group size limits were non-compliant.**
**The lead agency needs additional time to meet the requirements for group sizes for licensed family home providers.**
**Currently, group size is determined for a Family and Group daycare home by the capacity of the rooms used by the children, the zoning requirements and the Fire inspection, number of staff, and amount of equipment. If any of these numbers vary, the lowest calculated number will determine the group size.**
**The non-compliance is because group size limits are not based on the developmental needs of the children served.**

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

[ ] No.

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

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

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

i. Infant (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

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

[x] No.

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

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

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

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **A teacher must be 18 years of age, have a high school diploma or GED, and have 12 hours of required Performance Standards training within 30 days of hire. By the first day of employment, the staff must have completed the 11 required CCDF training hours. In addition, teachers must have the required**

**comprehensive background check every 5 years. The only variation in these training requirements will be for the providers that are not licensed for infants. Providers who are not licensed for children under age 2.5 years are not required to take training involving Sudden Infant Death Syndrome Prevention and the use of safe sleep practices. All providers, no matter the age group they are caring for, only take transportation training when applicable**

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **The center director shall be at least 19 years of age and shall have at least twenty (20) clock hours of training in administration and management, and at least four (4) clock hours of training in quality childcare. In addition, the director shall meet: the minimum education qualifications of a high school diploma or GED, 120 clock hours of training in child care and at least 12 months of experience as a child care worker/teacher or as a director/program director in a licensed day care center or a Department approved setting; or have a CDA and 12 months experience; or have an Associate's degree in Child Development or Early Childhood Education and 9 months working experience; or have a Bachelor's Degree in Child Development or Early Childhood Education and 6 months working experience**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **The caregiver shall have a high school diploma or GED and at least 24 hours of training in childcare and child development prior to initial licensing. For a group home, an assistant caregiver is also needed. The assistant caregiver shall have a high school diploma or GED and at least 12 hours of training within the first 30 days of employment. The caregiver and assistant caregiver must have completed training on the 11 required CCDF training topics.**

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Not Applicable**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

a. License-exempt center-based child care. **A teacher must be 18 years of age, have a high school diploma or GED, and have completed the 12 required CCDF training topics and complete training in Child Development.**

b. License-exempt home-based child care. **Not Applicable**

c. License-exempt in-home care (care in the child's own home). **Unregulated in-home providers in Alabama are considered relative providers. The lead agency exempts them from any requirements other than proof of relatedness. Therefore, teacher/caregiver qualifications are not required.**

## 5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers**
**Chapter C. Facilities 4. Indoor Area**
**1. The center shall be clean.**
**(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.**
**(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth, or any open sores. Staff hands must be washed with soap and water after cleaning up spills.**
**(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.**
**b. Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, the area should be cleaned and sanitized.**
**(5) Contaminated Clothing**
**b. If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.**
**Chapter D. Child Care Program 2. Infant/Toddler Daily Program b. Diapering/Toileting**
**(6) Each child's hands shall be washed after diapering**
**(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.**
**(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. Individual**

disposable paper towels shall be used for hand drying.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying.
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.
(12) Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.
(13) Diapering areas shall be separate from food service and food preparation areas.
Chapter D. Child Care Program 2. Infant/Toddler Daily Program e. Feeding (3) Face and hand washing
a) Each child's hands shall be washed with soap and running water before and after snacks and meals, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and warm running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter D. Child Care Program 3. Preschool/School-age Children- Daily Program c. Toileting
(2) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
Chapter D. Child Care Program 3. Preschool/School-age Children- Daily Program d. Feeding (3) Face and Hand Washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and warm running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. 31
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall

be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter F. Staff 3. Health-Staff
a. Initially, each staff person shall provide a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a center, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the center at the time of employment. (See Appendix C., page 76, for required form.)
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a center. The statement shall be on file in the center. (See Appendix C., page 76, for required form.)
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the center.
Chapter H. Administration 4. Children's Records
b. Individual records on each child shall be on file in the center on the child's first day of attendance. Records shall be maintained in the center for at least two (2) years after the child has left the center. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. In-active files shall be maintained separately from active files. Records shall include but need not be limited to:
(3) Immunizations.
(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the center, unless one of the following is on file in the center:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. 54 OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act. (See Appendix G., page 83, for required form)
(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.
HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area
l. The facility shall be clean.
(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff

shall be careful not to get any of the fluid in their eyes, nose, 12 Effective September 13, 2021 mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be: (i) cleaned; (ii) rinsed with a disinfecting solution; (iii) wrung as dry as possible; (iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program b. Diapering/Toileting
(6) Each child's hands shall be washed after diapering.
(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used. Individual disposable paper towels shall be used for hand drying.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.
(12) Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.
(13) Diapering areas shall be separate from food service and food preparation areas.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program e. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after snacks and meals, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact

with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program c. Toileting
(1) Children's toileting shall be according to each child's needs. Each child's hands shall be washed with soap and running water after toileting.
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program d. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter D. Staff 3. Health- Staff
a. Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the facility at the time of employment.
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the facility.
Chapter E. Administration 3. Children’s Records
b. Individual records on each child shall be on file in the facility on the child's first

day of attendance. Records shall be maintained in the facility. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. In-active files shall be maintained separately from active files. Records shall include but need not be limited to:
(3) Immunizations
(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES**
Chapter C. The Home 2. Indoor Area
a. Injury Prevention
(19) Bio contaminants:
(a) If stored inside of the facility, the item must be disposed of in a covered, plastic lined receptacle, and stored in a locked area. The receptacle must be labeled as bio contaminants;
(b) If stored outside of the facility, the item must be disposed of in a leakproof plastic bag that can be sealed and placed in a covered receptacle;
b. Cleanliness and health
(1) The bathroom shall be clean.
(3) If potty chairs are used, they shall be promptly emptied into the toilet and washed and disinfected after each use.
(4) The diapering area shall be a washable surface and shall be cleaned and disinfected after each use.
(7) Disposable diapers shall be placed in a covered, plastic-lined trash container inaccessible to children. (8) Reusable (cloth) diapers shall be rinsed in the toilet, placed in a plastic bag, and stored out of reach of children.
(9) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(10) The licensee and each caregiver shall wash his/her hands with soap and warm running water after diapering each child, after assisting with toileting, and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. Individual disposable paper towels shall be used for hand drying.
(11) The licensee and each caregiver shall use single-use disposable gloves for diapering. Clean gloves shall be used for diapering each child. Used gloves shall be

disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.
(12) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Caregivers shall wear gloves unless the fluid can be easily contained by the material (e.g., paper towel or cloth) that is being used to clean up. Caregivers shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Caregivers' hands must be washed with soap and water after cleaning up spills. Caregivers shall clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned; (ii) rinsed with a disinfecting solution; (iii) wrung as dry as possible; (iv) hung to dry completely
(b) Rugs and carpets. Contaminated carpet/rugs should be blotted as soon as possible to prevent the contaminants from penetrating the surface to lower layers. Next, the area should be cleaned and sanitized.
(c) Contaminated clothing items may be sent home in a sealed, plastic bag which is labeled with the child's name and stored inaccessible to the children.
(d) If the home chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
(13) Each child's hands shall be washed after diapering and toileting
(15) The diapering area shall be separate from areas used for serving, preparing, or storing food.
(16) The home shall be maintained so as to prevent and eliminate rodent and insect infestation.
(17) Garbage and trash shall be removed at intervals so as not to create a nuisance or a menace to health. Garbage shall be stored in fly-proof and watertight containers with tight fitting covers.
(18) Bedding, toys, utensils, toilets, and sinks used by a sick child or household member shall be cleaned and disinfected before being used by another person.
Chapter E. Care of the Children 3. Health
a. Immunizations Each child two (2) months up to five (5) years of age and five (5) year old's who are not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the home on the child's first day of attendance and the Certificate shall be kept current thereafter unless one of the following certificates is on file in the home:
(1) A valid Alabama Certificate of Medical Exemption. OR:
(2) A valid Alabama Certificate of Religious Exemption. OR:
(3) The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
c. Illness or injury
(1) The licensee shall report promptly to the child's parent(s)/guardian(s):
(b) Any exposure to a contagious disease, so that the child may be observed for symptoms of the disease.
(2) No child who is ill shall be admitted to the home. This regulation is not intended to require the exclusion of children in violation of the Americans with Disabilities Act (ADA). The Department of Human Resources is not the

enforcement agency for the ADA. Determinations of illness may be based on: the child's inability to participate in the home's activities; the need for additional care that cannot be provided without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.
(3) Isolation and removal
(a) Any child in attendance who becomes ill, has a contagious disease or condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision. Toys, bedding, equipment and bathroom facilities used by an ill child or adult shall be cleaned and disinfected prior to use by another person.
(4) Contagious diseases/conditions
(a) When a contagious disease/condition (a disease/condition which can be transmitted or spread from person to person) has been introduced into the home, parent(s)/guardian(s) of each exposed child shall be notified.
(b) The licensee shall urge parent(s)/guardian(s) to notify the licensee when their child is known to have been exposed to a contagious disease/condition outside the home.
Chapter E. Care of the Children 4. Daily Program
g. The diapering area shall be a washable surface and shall be cleaned and disinfected after each use.
i. Wet or soiled diapers and other clothing shall be changed promptly.
j. Disposable diapers shall be placed in a covered, plastic-lined trash container inaccessible to children.
k. Reusable (cloth) diapers shall be rinsed in the toilet, placed in a plastic bag, and stored out of reach of children.
l. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
m. The licensee and each caregiver shall wash his/her hands with soap and warm running water after diapering each child, after assisting with toileting, and after contact with bodily fluids. Individual disposable paper towels shall be used for hand drying.
n. The licensee and each caregiver shall use single-use disposable gloves for diapering. Clean gloves shall be used for diapering each child. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.
o. Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Caregivers shall wear gloves unless the fluid can be easily contained by the material (e.g., paper towel or cloth) that is being used to clean up. Caregivers shall be careful not to get any of the fluid in your eyes, nose, mouth or any open sores. Caregivers shall clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be:
(1) cleaned; (2) rinsed with a disinfecting solution;
3) wrung as dry as possible;

(4) hung to dry completely. Caregivers should wash their hands with soap and water after cleaning up any spills.
p. Each child's hands shall be washed after diapering and toileting.
r. The diapering area shall be separate from areas used for serving, preparing, or storing food.
HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area
l. The facility shall be clean.
(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned; (ii) rinsed with a disinfecting solution; (iii) wrung as dry as possible; (iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program b. Diapering/Toileting
(6) Each child's hands shall be washed after diapering.
(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used. Individual disposable paper towels shall be used for hand drying.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.

(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.
(12) Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.
(13) Diapering areas shall be separate from food service and food preparation areas.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program e. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after snacks and meals, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program c. Toileting
(1) Children's toileting shall be according to each child's needs. Each child's hands shall be washed with soap and running water after toileting.
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program d. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter D. Staff 3. Health- Staff
a. Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the

person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the facility at the time of employment.
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the facility.
Chapter E. Administration 3. Children's Records
b. Individual records on each child shall be on file in the facility on the child's first day of attendance. Records shall be maintained in the facility. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. In-active files shall be maintained separately from active files. Records shall include but need not be limited to:
(3) Immunizations
(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter A. Facilities 4. Indoor Area**
**l. The facility shall be clean.**
**(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.**
**(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, 12 Effective September 13, 2021 mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.**
**(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in**

a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be: (i) cleaned; (ii) rinsed with a disinfecting solution; (iii) wrung as dry as possible; (iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program b. Diapering/Toileting
(6) Each child's hands shall be washed after diapering.
(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used. Individual disposable paper towels shall be used for hand drying.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.
(12) Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.
(13) Diapering areas shall be separate from food service and food preparation areas.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program e. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after snacks and meals, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be

disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program c. Toileting
(1) Children's toileting shall be according to each child's needs. Each child's hands shall be washed with soap and running water after toileting.
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program d. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter D. Staff 3. Health- Staff
a. Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the facility at the time of employment.
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the facility.
Chapter E. Administration 3. Children’s Records
b. Individual records on each child shall be on file in the facility on the child's first day of attendance. Records shall be maintained in the facility. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. In-active files shall be maintained separately from active files. Records shall include but need not be limited to:
(3) Immunizations

(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program
Chapter 2. Requirements A. Facilities 4. Indoor Area
d. Space for ill or injured children Space shall be provided for a child who becomes ill or is injured at the facility. Items used by an ill child shall be disinfected before being used by another child.
h. Hazard Prevention
(9) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.
i. The facility shall be clean
(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned; (ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible; (iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.

Chapter B. Child Care Program 2. Preschool/School-age Children- Daily Program a. Toileting
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine
Chapter B. Child Care Program 2. Preschool/School-age Children- Daily Program b. Feeding
(2) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Individual paper towels shall be supplied for each washing and drying.
Chapter B. Child Care Program 4. Health Information a. illness and injury
(1) No child who is ill shall be admitted to the facility. This regulation is not intended to require the exclusion of children in violation of the Americans with Disabilities Act (ADA). The Department of Human Resources is not the enforcement agency for the ADA. Determinations of illness may be based on: the child's inability to participate in the facility's activities; the need for additional care that facility staff cannot provide without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.
(2) Isolation and removal
(a) Any child in attendance who becomes ill, has a contagious disease or condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision by a staff person. Toys, bedding, equipment, and bathroom facilities used by an ill child or adult shall be cleaned and disinfected prior to use by another person.
(3) Contagious diseases/conditions
(a) When a contagious disease/condition (a disease/condition which can be transmitted or spread from person to person) has been introduced into the facility, parent(s)/guardian(s) of each exposed child shall be notified.
(b) The facility shall urge parent(s)/guardian(s) to notify the facility when their child is known to have been exposed to a contagious disease/condition outside the facility.
(c) The facility shall report any known or suspected case of contagious disease/condition to the county or state health department.
Chapter D. Staff 3. Health- Staff
a. Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified

nurse practitioner, and shall be on file in the facility at the time of employment.
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the facility.
Chapter E. Administration 3. Children's Records
b. Individual records on each child shall be on file in the facility on the child's first day of attendance. Records shall be maintained in the facility. Records shall include but need not be limited to:
(3) Immunizations
(a) On the child's first day of attendance, each child not lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter 2. Requirements A. Facilities 4. Indoor Area**
**d. Space for ill or injured children Space shall be provided for a child who becomes ill or is injured at the facility. Items used by an ill child shall be disinfected before being used by another child.**
**h. Hazard Prevention**
**(9) Bio contaminants:**
**(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.**
**(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.**
**i. The facility shall be clean**

(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned; (ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible; (iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
Chapter B. Child Care Program 2. Preschool/School-age Children- Daily Program a. Toileting
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine
Chapter B. Child Care Program 2. Preschool/School-age Children- Daily Program b. Feeding
(2) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Individual paper towels shall be supplied for each washing and drying.
Chapter B. Child Care Program 4. Health Information a. illness and injury
(1) No child who is ill shall be admitted to the facility. This regulation is not intended to require the exclusion of children in violation of the Americans with Disabilities Act (ADA). The Department of Human Resources is not the enforcement agency for the ADA. Determinations of illness may be based on: the child's inability to participate in the facility's activities; the need for additional care that facility staff cannot provide without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.
(2) Isolation and removal
(a) Any child in attendance who becomes ill, has a contagious disease or

condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision by a staff person. Toys, bedding, equipment, and bathroom facilities used by an ill child or adult shall be cleaned and disinfected prior to use by another person.
(3) Contagious diseases/conditions
(a) When a contagious disease/condition (a disease/condition which can be transmitted or spread from person to person) has been introduced into the facility, parent(s)/guardian(s) of each exposed child shall be notified.
(b) The facility shall urge parent(s)/guardian(s) to notify the facility when their child is known to have been exposed to a contagious disease/condition outside the facility.
(c) The facility shall report any known or suspected case of contagious disease/condition to the county or state health department.
Chapter D. Staff 3. Health- Staff
a. Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the facility at the time of employment.
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the facility.
Chapter E. Administration 3. Children’s Records
b. Individual records on each child shall be on file in the facility on the child's first day of attendance. Records shall be maintained in the facility. Records shall include but need not be limited to:
(3) Immunizations
(a) On the child's first day of attendance, each child not lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
(b) Each child’s Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities

Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area
l. The facility shall be clean.
(1) Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, 12 Effective September 13, 2021 mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be: (i) cleaned; (ii) rinsed with a disinfecting solution; (iii) wrung as dry as possible; (iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program b. Diapering/Toileting
(6) Each child's hands shall be washed after diapering.
(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used. Individual disposable paper towels shall be used for hand drying.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.
(12) Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.
(13) Diapering areas shall be separate from food service and food preparation

areas.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program e. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after snacks and meals, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program c. Toileting
(1) Children's toileting shall be according to each child's needs. Each child's hands shall be washed with soap and running water after toileting.
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program d. Feeding (3) Face and hand washing
(a) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.
(d) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic lined container, inaccessible to children, and shall be disposed of daily.
(e) Individual paper towels shall be supplied for each washing and drying.
Chapter D. Staff 3. Health- Staff
a. Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the facility at the time of employment.
b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests

to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.
c. Staff persons with symptoms of a contagious disease/condition shall not be present in the facility.
Chapter E. Administration 3. Children's Records
b. Individual records on each child shall be on file in the facility on the child's first day of attendance. Records shall be maintained in the facility. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. In-active files shall be maintained separately from active files. Records shall include but need not be limited to:
(3) Immunizations
(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:
A valid State of Alabama Certificate of Medical Exemption; OR
A valid Alabama Certificate of Religious Exemption. OR
The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.
(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers
Chapter H. Administration 4. Children's Records, subsection (b)(3) Immunizations.
(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the center, unless one of the following is on file in the center: A valid State of Alabama Certificate of Medical Exemption; OR A valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act. (See Appendix G., page 83, for required form) (b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.
Health and Safety Guidelines Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program
Chapter E. Administration 3. Children's Records, subsection (b)(3) Immunizations
(a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public

**or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility: A valid State of Alabama Certificate of Medical Exemption; ORA valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act. (b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing and Performance Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Home /Group Nighttime Homes Chapter E. Care of the Children 3. Health a. Immunizations Each child two (2) months up to five (5) years of age and five (5) year old's who are not enrolled in public or private school kindergarten shall have a valid State of**
**Alabama Certificate of Immunization on file in the home on the child's first day of attendance and the Certificate shall be kept current thereafter unless one of the following certificates is on file in the home: (1) A valid Alabama Certificate of Medical Exemption. OR: (2) A valid Alabama Certificate of Religious Exemption. OR: (3) The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.**
**Health and Safety Guidelines Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program**
**Chapter E. Administration 3. Children's Records, subsection (b)(3) Immunizations (a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility: A valid State of Alabama Certificate of Medical Exemption; ORA valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act. (b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Health and Safety Guidelines Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program**
**Chapter E. Administration 3. Children's Records, subsection (b)(3) Immunizations (a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility: A valid State of Alabama Certificate of Medical Exemption; ORA valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act. (b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.**

**Health and Safety Guidelines Requirements and Procedures for Out of School Time Facilities Participating in Child Care Subsidy Program Chapter E. Administration 3. Children's Records, subsection (b)(3) Immunizations (a) On the child's first day of attendance, each child not lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility: A valid State of Alabama Certificate of Medical Exemption; OR A valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.**
**(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Health and Safety Guidelines Requirements and Procedures for Out of School Time Facilities Participating in Child Care Subsidy Program Chapter E. Administration 3. Children's Records, subsection (b)(3) Immunizations (a) On the child's first day of attendance, each child not lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility: A valid State of Alabama Certificate of Medical Exemption; OR A valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.**
**(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.**
**Health and Safety Guidelines Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program**
**Chapter E. Administration 3. Children's Records, subsection (b)(3) Immunizations (a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility: A valid State of Alabama Certificate of Medical Exemption; ORA valid Alabama Certificate of Religious Exemption. OR The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act. (b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.**

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**
**Chapter C. Facilities 4. Indoor area**
**i. Ventilation, lighting, and heating in areas used by children.**
**(7) During napping/resting, lighting shall be maintained at a level that will enable children to be visible.**
**Chapter C. Facilities 8. Furnishings and Equipment**
**c. Amount and type of furnishings to be provided by the center**
**(4) There shall be a crib, manufactured with slats no more than 2³/8 inches apart, provided for each infant. Each crib shall have a firm, waterproof mattress that fits snugly against all sides of the crib. Mattresses shall be in good condition with no tears or exposed foam rubber or other stuffing material. Stacked cribs or multiple crib units are prohibited.**
**(5) In accordance with the U.S. Consumer Product Safety Act of 2008, any crib provided by a child care facility must meet federal safety standards.**
**i. To verify compliance with federal standards, any crib manufactured prior to June 28, 2011, there shall be a Certificate of Compliance on file in the facility and the crib must have a label attached to show the date of manufacture.**
**ii. Any crib manufactured after June 28, 2011, must have a label attached to show date of manufacture.**
**Chapter D. Child Care Program 2. Infant/Toddler Daily Program c. Napping/resting**
**(2) In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than twelve (12) months, shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).**
**(3) In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.**
**(4) In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.**
**(6) At least one (1) staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.**
**Chapter D. Child Care Program 2. Infant/Toddler Daily Program d. Cribs, cots, and bedding**
**(4) Crib sheets shall fit the mattress snugly.**
**(5) In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment (younger than twelve (12) months).**
**(a) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.**

(b) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
(c) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.
HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area i. Ventilation, lighting, and heating in areas used by children.
(7) During napping/resting, lighting shall be maintained at a level that will enable children to be visible.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program c. Napping/resting
(2) In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than twelve (12) months, shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
(3) In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.
(4) In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.
(6) At least one staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program d. Cribs, cots, and bedding
(4) Crib sheets shall fit the mattress snugly.
(5) In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment.
(i) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.
(ii) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
(iii) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter C. The Home 2. Indoor Area d. Equipment and furnishings
(1) The licensee shall provide a crib, playpen, bed, or cot for each child who requires rest or sleep during the hours while in care.
(b) Each child younger than twelve (12) months of age shall sleep alone in a crib or play pen. If cribs are used, cribs manufactured with slats no more than $2^3/8$ inches apart shall be provided. A waterproof mattress which fits snugly against all sides

of the crib shall be provided. Mattresses shall be in good condition, with no tears or exposed foam rubber or other stuffing.
(c) In accordance with the U.S. Consumer Product Safety Act of 2008, any crib provided by a child care facility must meet federal safety standards.
i. To verify compliance with federal standards, any crib manufactured prior to June 28, 2011, there shall be a Certificate of Compliance on file in the facility and the crib must have a label attached to show the date of manufacture.
ii. Any crib manufactured after June 28, 2011, must have a label attached to show date of manufacture.
(d) In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician 19 specifying otherwise, each infant shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
(e) In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back but allowed to adopt whatever position he/she prefers for sleep.
(g) In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.
(h) In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment (younger than twelve (12) months).
i. Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.
ii. Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
(i) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.
(j) Doors should not be closed in any area where children are sleeping.
(m) The beds, cots, cribs or play pens shall be clean, sanitary and free of hazards. They shall be maintained in good condition.
(n) During napping/resting, lighting shall be maintained at a level that will enable children to be visible.
Chapter E. Care of the Children 4. Daily Program
a. In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
b. In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.
e. In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.
f. In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment (younger than

twelve (12) months).
(1) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.
(2) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
(3) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.
HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area i. Ventilation, lighting, and heating in areas used by children.
(7) During napping/resting, lighting shall be maintained at a level that will enable children to be visible.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program c. Napping/resting
(2) In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than twelve (12) months, shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
(3) In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.
(4) In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.
(6) At least one staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.
Chapter B. Child Care Program 2. Infant/Toddler Daily Program d. Cribs, cots, and bedding
(4) Crib sheets shall fit the mattress snugly.
(5) In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment.
(i) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.
(ii) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
(iii) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter A. Facilities 4. Indoor Area i. Ventilation, lighting, and heating in areas**

**used by children.**
**(7) During napping/resting, lighting shall be maintained at a level that will enable children to be visible.**
**Chapter B. Child Care Program 2. Infant/Toddler Daily Program c. Napping/resting**
**(2) In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than twelve (12) months, shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).**
**(3) In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.**
**(4) In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.**
**(6) At least one staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.**
**Chapter B. Child Care Program 2. Infant/Toddler Daily Program d. Cribs, cots, and bedding**
**(4) Crib sheets shall fit the mattress snugly.**
**(5) In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment.**
**(i) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.**
**(ii) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.**
**(iii) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not applicable**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**
**Chapter D. Child Care Program 6. Health Information a. Illness and Injury**

(4) Care for children with food allergies. Each child with a food allergy should have a written care plan that includes:
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, on the required form, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated or unrefrigerated), and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin, (such as but not limited to sun-screen, bug spray, hand sanitizer), inhale, drops in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement. (See Appendix H, page 85, for required form.)
(b) Any prescription drug or over the counter drug sent to the center shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(c) Medication or medical procedures shall be administered to the child by the designated staff.
(d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
(e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
(f) Time and date of all medication dosages or medical procedures administered at center shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. (See Section H., 4., page 53, for children's records requirements.) Copies shall be made available to the child's parent(s)/guardian(s) on request.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no

more than seven (7) days unless accompanied by a written physician's statement.
(b) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(c) Medication or medical procedures shall be administered to the child by the designated staff.
(d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
(e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
(f) Time and date of all medication dosages or medical procedures administered at facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES**
Chapter E. Care of the Children 3. Health d. Medication/Medical Procedures
(1) No medication or medical procedures (prescription or over-the-counter) shall be administered without being ordered by the child's health professional and without a written, signed, authorization form from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated or unrefrigerated), and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin (such as but not limited to sunscreen, bug spray, hand sanitizer), inhale, drops in eyes, etc. An authorization form shall be valid for no more than seven (7) days, unless accompanied by a written physician's statement. (See Appendix H, page 79, for required form.)
(2) Any prescription drug or over-the-counter drug sent to the home shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over-the-counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(3) All medication (children's or household member's) shall be kept under lock and key or combination lock.
(4) Medicines/drugs shall be returned to the child's parent(s)/guardian(s) or

disposed of properly when no longer needed.
(5) Time and date of all medication dosages or medical procedures administered by the licensee/caregiver shall be documented, in writing, signed by the person administering the medication or medical procedure (initials not acceptable), and kept in the child's file in the home. (See Section F., 3., h., page 46, for children's records requirements.) Copies shall be made available to the child's parent(s)/guardian(s) on request.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.
(b) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(c) Medication or medical procedures shall be administered to the child by the designated staff.
(d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
(e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
(f) Time and date of all medication dosages or medical procedures administered at facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**

(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.
(b) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(c) Medication or medical procedures shall be administered to the child by the designated staff.
(d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
(e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
(f) Time and date of all medication dosages or medical procedures administered at facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and Injury**
**(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth",**

apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician’s statement.
(b) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician’s written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(c) Medication or medical procedures shall be administered to the child by the designated staff.
(d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
(e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
(f) Time and date of all medication dosages or medical procedures administered at facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-thecounter) shall be administered without being ordered by the child’s health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as “give-by-mouth”, apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician’s statement.
(b) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician’s written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
(c) Medication or medical procedures shall be administered to the child by the designated staff.
(d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
(e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
(f) Time and date of all medication dosages or medical procedures administered at

**facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.**

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**
**Chapter D. Child Care Program 6. Health Information a. Illness and Injury (6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over the**
**counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, on the required form, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated or unrefrigerated), and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin, (such as but not limited to sun-screen, bug spray, hand sanitizer), inhale, drops in eyes, etc. An authorization**
**form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement. (See Appendix H page 85, for required form.)**
**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury (6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES**
**Chapter E. Care of the Children 3. Health d. Medication/Medical Procedures (1) No medication or medical procedures (prescription or over-the-counter) shall be administered without being ordered by the child's health professional and**

**without a written, signed, authorization form from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated or unrefrigerated), and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin (such as but not limited to sunscreen, bug spray, hand sanitizer), inhale, drops in eyes, etc. An authorization form shall be valid for no more than seven (7) days, unless accompanied by a written physician's statement. (See Appendix H, page 79, for required form.)**
**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**
**(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]**Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**
**(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.**
**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and Injury**
**(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The**

**authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and Injury**
**(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.**
**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**
**(6) Authority and procedure for administering medication or medical procedures shall be clearly defined. (a) No medication or medical procedures (prescription or over-the counter) shall be administered without being ordered by the child's health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND**

NIGHTTIME CENTERS REGULATIONS AND PROCEDURES
Chapter D. Child Care Program 6. Health information a. Illness and injury
(4) Care for children with food allergies. Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The center should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The center should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(4) Food allergies. Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter E. Care of the Children 3. Health c. Illness or injury (5) Food Allergies
Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;

(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications;
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The home provider should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The home provider should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(4) Food allergies. Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.**

**(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.**
**(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.**
**(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.**
**(e) Each child's food allergies should be readily available and known by the child's teacher(s).**

**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic, and the steps to be taken to avoid that food.**
**(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.**
**(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.**
**(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.**
**(e) Each child's food allergies should be readily available and known by the child's teacher(s).**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan**

**that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic, and the steps to be taken to avoid that food.**
**(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.**
**(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.**
**(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.**
**(e) Each child's food allergies should be readily available and known by the child's teacher(s).**

**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.**
**(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.**
**(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.**
**(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.**
**(e) Each child's food allergies should be readily available and known by the child's teacher(s).**

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**
**Chapter D. Child Care Program 6. Health information a. Illness and injury**

(4) Care for children with food allergies. Each child with a food allergy should have a written care plan that includes:

(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The center should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The center should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(4) Food allergies. Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter E. Care of the Children 3. Health c. Illness or injury (5) Food Allergies
Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of

any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications;
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The home provider should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The home provider should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(4) Food allergies. Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

iii. All CCDF-eligible licensed in-home care. Provide the standard:: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 5. Health Information a. Illness and Injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.**
**(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of**

**any medicines.**
**(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.**
**(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.**
**(e) Each child's food allergies should be readily available and known by the child's teacher(s).**

**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic, and the steps to be taken to avoid that food.**
**(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.**
**(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.**
**(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.**
**(e) Each child's food allergies should be readily available and known by the child's teacher(s).**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 4. Health Information a. Illness and injury**
**(4) Food allergies. Each child with a food allergy should have a written care plan that includes:**
**(a) Instructions regarding the food(s) to which the child is allergic, and the steps to**

be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 5. Health Information a. Illness and Injury
(4) Food allergies. Each child with a food allergy should have a written care plan that includes:
(a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
(b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
(c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.
(d) The facility should notify the parent(s)/guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.
(e) Each child's food allergies should be readily available and known by the child's teacher(s).

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**

Chapter C. Facilities 4. Indoor Area k. hazard prevention
(1) The center shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials (including but not limited to anything that states Keep out of reach of children) shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(3) No firearms or ammunition shall be kept or allowed in the center with the exception of law enforcement officers.
(4) Stairways used by the children shall have hand railings within child's reach. (
5) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.
(6) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items. (See Section D., 2., (6)., page 34, for additional requirements regarding medication.)
(7) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.
(8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
(9) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the center premises, as well as any vehicle used by the center.
(10) Smoking or tobacco usage is prohibited on the center premises, as well as any vehicle used by the center (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).
Chapter C. Facilities 5. Outdoor Area
a. For centers licensed, permitted, or approved after January 22, 2001, an off-street area for loading/unloading children shall be provided.
c. Separate play areas shall be provided for children younger than age 2½ years. This may be achieved by scheduling alternate play periods.
d. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.
e. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
g. The outdoor play area and equipment shall be free of apparent hazardous conditions.
(1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Safety and Health Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.
(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
h. Stairways or steps used by the children shall have hand railings within child's reach.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities

Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area k. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(3) No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.
(4) Stairways used by the children shall have hand railings within child's reach.
(5) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.
(6) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.
(7) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.
(8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
(9) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the facility premises, as well as any vehicle used by the center.
(10) Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).
Chapter A. Facilities 5. Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
c. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.
d. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
f. The outdoor play area and equipment shall be free of apparent hazardous conditions.
(1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.
(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
g. Stairways or steps used by the children shall have hand railings within child's reach.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter C. The Home 2. Indoor Area a. injury prevention

(1) The home shall be free from apparent hazardous conditions.
(2) The home shall have electricity, water, gas (if used for cooking/heating), and a waste disposal system (city sewage or septic tank).
(3) The licensee shall have a working telephone in the home.
(4) All poisons, cleaning supplies, flammable and other dangerous substances (including but not limited to anything that states, "Keep out of Reach of Children") shall be kept under lock and key or combination lock when not in use.
(5) Animals in the home
(a) Animals or breeds of animals that have shown aggressive behavior, shall not be kept in the home or on the grounds.
(b) Animals that are not aggressive but could pose a threat to the health and safety of the children shall be kept in an area away from the children.
(c) Animals shall not be allowed in areas of food storage, food preparation or food service during the hours of child care.
(d) Animal feeding/water containers shall be inaccessible to the children.
(e) Animal litter boxes shall not be located in areas accessible to the children.
(f) A current certificate of rabies vaccination shall be on file in the home for any animal required by law to be vaccinated.
(6) Barriers shall be erected around radiators, heaters and fans that are accessible to the children.
(7) Fireplaces should not be used during the hours of operation.
(8) All exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
(9) During hours of operation, all guns/firearms shall be unloaded and stored under lock and key or combination lock. Ammunition shall be stored separately from guns/firearms, under lock and key or combination lock.
(10) All stairs used by the children shall have handrails within child's reach.
(11) Smoking/tobacco use is prohibited on the premises, as well as any vehicle used to transport children, during the hours of child care, including but not limited to cigarettes, cigars, electronic cigarettes, pipes, etc.
(12) All medication shall be kept under lock and key or combination lock.
(13) Clear glass doors, such as patio and storm doors, shall be plainly marked at child level, to prevent accidental impact.
(14) Tools and machinery shall be kept in an area where the children cannot get to them.
(15) Hot tubs shall be securely covered or drained during the hours of child care.
(16) In the event of power failure or other emergency situations, the licensee shall have a flashlight in working condition, in a convenient location.
(17) Consumption of alcohol is prohibited during hours of child care. All alcohol must be stored under lock and key or combination lock.
(18) Non-prescription narcotic or illegal substances are prohibited in the home or on the grounds, as well as any vehicle used to transport children.
Chapter C. The Home 3. Outdoor Area
The home and grounds shall be maintained in a clean and safe condition.
a. Outdoor play area
(2) The outdoor play area and equipment shall be free from apparent hazardous conditions.
(3) The outdoor play area shall be enclosed by a fence or wall at least four (4) feet

in height, free from sharp, protruding edges, except where prohibited by federal regulations. Written documentation shall be submitted to the Department.
(5) Outdoor play equipment, which is not designed to be portable, shall be securely anchored so that it cannot be tipped over by an adult.
(6) Concrete or asphalt shall not be used under outdoor play equipment, except wheel toys.
(7) The outdoor play area shall be free of any stacked wood, construction materials, lumber, or firewood. (8) Stairs or steps used by the children shall have handrails within child's reach.
b. Injury prevention
(1) The home and grounds shall be free from apparent hazards including, but not limited to:
(a) Abandoned automobiles
(b) Unused household appliances
(c) Uncovered wells and cisterns
(d) Stacked lumber with exposed nails
(e) Explosives
(2) Tools and machinery shall be inaccessible to the children in care.
(3) All poisons shall be kept in a locked area (lock and key or combination lock).
(4) Animals or breeds of animals that have shown aggressive behavior shall not be kept in the home or on the grounds.
(5) Animals that are not aggressive but could pose a threat to the health and safety of the children shall be kept in an area away from the children.
(7) Water hazards on the grounds or adjacent to the grounds shall be inaccessible to the children, including but not limited to lakes, ponds, waterfalls, fountains and/or other standing water devices.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area k. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(3) No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.
(4) Stairways used by the children shall have hand railings within child's reach.
(5) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.
(6) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.
(7) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.
(8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
(9) Consumption or possession of alcohol or use of non-prescription narcotic or

illegal substances is prohibited on the facility premises, as well as any vehicle used by the center.
(10) Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).
Chapter A. Facilities 5. Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
c. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.
d. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
f. The outdoor play area and equipment shall be free of apparent hazardous conditions.
(1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.
(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
g. Stairways or steps used by the children shall have hand railings within child's reach.
Chapter A. Facilities 6. Swimming and Wading at the Facility
a. Parent(s)/guardian(s) permission: Written permission signed by each child's parent(s)/guardian(s) shall be on file in the facility for each child participating in swimming or wading activities. b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.
(3) The staff-child ratio for children in the pool shall be:
(a) 1 staff for each child younger than 2½ years of age;
(b) 1 staff for every 4 children ages 2½ years up to 4 years;
(c) 1 staff for every 6 children ages 4 years up to 6 years;
(d) 1 staff for every 10 children ages 6 years and older.
(4) Ratios shall be determined by the age of the youngest child in the pool.
(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.
(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water (see pages 15-16).
(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid

wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see pages 15-16).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm's length providing touch supervision.
(3) Clean water shall be provided each day. (4) The wading structure shall be emptied when not in use.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter A. Facilities 4. Indoor Area k. Hazard prevention**
**(1) The facility shall be free from apparent hazardous conditions.**
**(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.**
**(3) No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.**
**(4) Stairways used by the children shall have hand railings within child's reach.**
**(5) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.**
**(6) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.**
**(7) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.**
**(8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.**
**(9) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the facility premises, as well as any vehicle used by the center.**
**(10) Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).**
**Chapter A. Facilities 5. Outdoor Area**
**a. An off-street area for loading/unloading children shall be provided.**

c. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.
d. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
f. The outdoor play area and equipment shall be free of apparent hazardous conditions.
(1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.
(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
g. Stairways or steps used by the children shall have hand railings within child's reach.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities 4. Indoor Area h. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(3) No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.
(4) Stairways used by the children shall have hand railings within child's reach.
(5) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.
(6) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.
(7) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the facility premises, as well as any vehicle used by the facility.
(8) Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).
Chapter A Facilities 5. Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
b. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area. Children shall be visually supervised going to and from the playground and while on the playground.
c. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
d. The outdoor play area and equipment shall be free of apparent hazardous conditions.
(1) Concrete or asphalt shall not be used under outdoor playground equipment,

except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.
(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
e. Stairways or steps used by the children shall have hand railings within child's reach.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter A Facilities 4. Indoor Area h. Hazard prevention**
**(1) The facility shall be free from apparent hazardous conditions.**
**(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.**
**(3) No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.**
**(4) Stairways used by the children shall have hand railings within child's reach.**
**(5) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.**
**(6) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.**
**(7) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the facility premises, as well as any vehicle used by the facility.**
**(8) Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).**
**Chapter A Facilities 5. Outdoor Area**
**a. An off-street area for loading/unloading children shall be provided.**
**b. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area. Children shall be visually supervised going to and from the playground and while on the playground.**
**c. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.**
**d. The outdoor play area and equipment shall be free of apparent hazardous conditions.**

(1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.
(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
e. Stairways or steps used by the children shall have hand railings within child's reach.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 4. Indoor Area k. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(3) No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.
(4) Stairways used by the children shall have hand railings within child's reach.
(5) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.
(6) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.
(7) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.
(8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
(9) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the facility premises, as well as any vehicle used by the center.
(10) Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).
Chapter A. Facilities 5. Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
c. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.
d. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
f. The outdoor play area and equipment shall be free of apparent hazardous conditions.
(1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.
(2) The outdoor play area shall be well-drained.

(3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.
g. Stairways or steps used by the children shall have hand railings within child's reach.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**
**Chapter C. Facilities 6. Swimming and Wading at the Center**
**b. Pools two (2) feet or more in depth:**
**(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR). A copy of each certificate or certification shall be on file in the center.**
**(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool. (3) The staff-child ratio for children in the pool shall be:**
**(a) 1 staff for each child younger than 2½ years of age;**
**(b) 1 staff for every 4 children ages 2½ years up to 4 years;**
**(c) 1 staff for every 6 children ages 4 years up to 6 years;**
**(d) 1 staff for every 10 children ages 6 years and older.**
**(4) Ratios shall be determined by the age of the youngest child in the pool.**
**(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times. (See Section F., 1., b., page 41, for qualifications.)**
**(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water. Required staff-child ratios as stated in Section D., 1., a, page 22, shall be met for children not in the water.**
**(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.**
**(8) Pools (above-ground or in ground) shall be enclosed with a fence or a solid wall with no doors or windows. The fence or wall shall be at least four (4) feet in height and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use. c. Wading structures less than two (2) feet in depth:**
**(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates or Certifications shall be on file in the center. Required staff-child ratios as stated in Section D., 1., a., page**

22, shall be met at all times.
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm's length providing "touch supervision".
(3) Clean water shall be provided each day.
(4) The wading structure shall be emptied when not in use.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 6. Swimming and Wading at the Facility
a. Parent(s)/guardian(s) permission: Written permission signed by each child's parent(s)/guardian(s) shall be on file in the facility for each child participating in swimming or wading activities. b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.
(3) The staff-child ratio for children in the pool shall be:
(a) 1 staff for each child younger than 2½ years of age;
(b) 1 staff for every 4 children ages 2½ years up to 4 years;
(c) 1 staff for every 6 children ages 4 years up to 6 years;
(d) 1 staff for every 10 children ages 6 years and older.
(4) Ratios shall be determined by the age of the youngest child in the pool.
(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.
(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water (see pages 15-16).
(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see pages 15-16).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm's length providing "touch supervision."

(3) Clean water shall be provided each day. (4) The wading structure shall be emptied when not in use.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter C. The Home 3. Outdoor Area
c. Swimming and Wading
(1) When a swimming pool (above ground or in-ground), two (2) feet or more in depth is accessible to the area used for child care, the pool shall be enclosed by a fence or a solid wall which has no doors or windows. The sides of an above ground pool shall not be considered a fence or wall. The fence or wall shall be at least four (4) feet in height, with a locking gate. The gate and all areas of access shall remain locked at all times the pool is not in use.
(a) If children are allowed in the pool area, additional supervision shall be required. Caregivers shall be within arm's length providing touch supervision. The adult to child ratio shall be:
i. one adult caregiver for each child younger than 2½ years;
ii. one adult caregiver for every three (3) children 2½ years up to 6 years of age;
iii. one adult caregiver to every five (5) children 6 years of age and older.
(b) A person with a current American Red Cross Lifeguard Training Certificate shall be in the pool area at all times when the pool is in use. A copy of the current American Red Cross Lifeguard Training Certificate shall be on file in the home.
(c) The pool shall be maintained in a clean and safe condition.
(2) When a wading structure less than two (2) feet in depth is available to the children, there shall be continuous supervision by an adult caregiver. The wading pool shall be filled with clean water prior to each day's usage. The wading pool shall be emptied when not in use.
(3) The licensee shall be present during any swimming/wading activities.
(4) Written permission for participation in swimming/wading activities from each child's parent(s)/guardian(s) shall be on file in the home if swimming/wading is provided.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A. Facilities 6. Swimming and Wading at the Facility
a. Parent(s)/guardian(s) permission: Written permission signed by each child's parent(s)/guardian(s) shall be on file in the facility for each child participating in swimming or wading activities. b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.

(3) The staff-child ratio for children in the pool shall be:
(a) 1 staff for each child younger than 2½ years of age;
(b) 1 staff for every 4 children ages 2½ years up to 4 years;
(c) 1 staff for every 6 children ages 4 years up to 6 years;
(d) 1 staff for every 10 children ages 6 years and older.
(4) Ratios shall be determined by the age of the youngest child in the pool.
(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.
(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water (see pages 15-16).
(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see pages 15-16).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm's length providing touch supervision.
(3) Clean water shall be provided each day. (4) The wading structure shall be emptied when not in use.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter A Facilities 6. Swimming and Wading at the Facility**
**b. Pools two (2) feet or more in depth:**
**(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.**
**(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.**
**(3) The staff-child ratio for children in the pool shall be:**

(a) 1 staff for every 6 children ages 4 years up to 6 years;
(b) 1 staff for every 10 children ages 6 years and older.
(4) Ratios shall be determined by the age of the youngest child in the pool.
(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.
(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water (see page 15).
(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see page 15).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm’s length providing touch supervision.
(3) Clean water shall be provided each day.
(4) The wading structure shall be emptied when not in use.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.
(3) The staff-child ratio for children in the pool shall be:
(a) 1 staff for every 6 children ages 4 years up to 6 years;
(b) 1 staff for every 10 children ages 6 years and older.
(4) Ratios shall be determined by the age of the youngest child in the pool.
(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.
(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the

fence), but not in the water (see page 15).
(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see page 15).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm’s length providing touch supervision.
(3) Clean water shall be provided each day.
(4) The wading structure shall be emptied when not in use.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not Applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter A Facilities 6. Swimming and Wading at the Facility**
**b. Pools two (2) feet or more in depth:**
**(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.**
**(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.**
**(3) The staff-child ratio for children in the pool shall be:**
**(a) 1 staff for every 6 children ages 4 years up to 6 years;**
**(b) 1 staff for every 10 children ages 6 years and older.**
**(4) Ratios shall be determined by the age of the youngest child in the pool.**
**(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.**
**(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water (see page 15).**

(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see page 15).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm's length providing touch supervision.
(3) Clean water shall be provided each day.
(4) The wading structure shall be emptied when not in use.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
(2) The lifeguard shall not be counted in the staff-child ratio for children in the pool.
(3) The staff-child ratio for children in the pool shall be:
(a) 1 staff for every 6 children ages 4 years up to 6 years;
(b) 1 staff for every 10 children ages 6 years and older.
(4) Ratios shall be determined by the age of the youngest child in the pool.
(5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.
(6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water (see page 15).
(7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
(8) Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.
c. Wading structures less than two (2) feet in depth:

(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times (see page 15).
(2) There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm's length providing touch supervision.
(3) Clean water shall be provided each day.
(4) The wading structure shall be emptied when not in use.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES
Chapter C Facilities. 5 Outdoor Area
a. For centers licensed, permitted, or approved after January 22, 2001, an off-street area for loading/unloading children shall be provided.
Chapter E Transportation. 1 Transportation Provided by the Center.
f. Safety precautions in all vehicles used and operated by the center in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult

passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check, on the required form, (See Appendix O, page 95, for required form.) shall be done annually and signed and dated by a certified mechanic, on all vehicles regularly used by the center to transport children.
(2) A copy of the safety check, on the required form, shall be on file in the center. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems. (See Appendix O, page 95, for required form.)

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities.
5 Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
Chapter C Transportation
f. Safety precautions in all vehicles used and operated by the facility in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a

mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES/ FAMILY NIGHTTIME HOMES AND
GROUP DAY CARE HOMES/GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter C The Home 4 Transportation
g. Doors of the vehicle shall be locked at all times when the vehicle is moving.
h. All passengers and the driver shall be secured in a seat belt or a child passenger restraint system:
(1) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(2) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(3) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(4) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(5) Each child six (6) years of age and older shall be secured in an individual seat belt, as prescribed by law, which is properly anchored to the vehicle.
i. Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
j. Vehicle safety check
(1) A safety check, on the required form, (See Appendix M, page 86), shall be done annually and signed and dated by a certified mechanic, on all vehicles regularly used by the home to transport children.
(2) A copy of the safety check, on the required form, shall be on file in the home. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems. (See Appendix M, page 86, for required form.)

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities

Participating in the Child Care Subsidy Program
Chapter A Facilities.
5 Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
Chapter C Transportation
f. Safety precautions in all vehicles used and operated by the facility in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**

Chapter A Facilities.
5 Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
Chapter C Transportation
f. Safety precautions in all vehicles used and operated by the facility in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program
Chapter A Facilities. 5 Outdoor Area
a. An off-street area for loading/unloading children shall be provided.
Chapter C Transportation. 1 Transportation Provided by the Facility
e. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a

mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; and ventilation and heating system.
(3) All vehicles used to transport children shall be operated and maintained in full compliance with all applicable state and federal laws, rules, and regulations.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the**
**Child Care Subsidy Program**
**Chapter A Facilities. 5 Outdoor Area**
**a. An off-street area for loading/unloading children shall be provided.**
**Chapter C Transportation. 1 Transportation Provided by the Facility**
**e. Vehicle safety check**
**(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.**
**(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; and ventilation and heating system.**
**(3) All vehicles used to transport children shall be operated and maintained in full compliance with all applicable state and federal laws, rules, and regulations.**

**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter A Facilities.**
**5 Outdoor Area**
**a. An off-street area for loading/unloading children shall be provided.**
**Chapter C Transportation**
**f. Safety precautions in all vehicles used and operated by the facility in transporting children.**
**(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.**
**(2) Doors shall be locked at all times when the vehicle is moving.**
**(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.**
**(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.**
**(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor**

vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES
Chapter D. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(8) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter D. Child Care Program 3. Preschool/School-age Children - Daily Program a. Learning/growth activities
(7) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping

clothing; covering a child's head or face; etc.
Chapter D. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/ bizarre posture.
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that is inappropriate, offensive, threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(6) Infants/toddlers shall be handled gently. Staff shall support each infant’s head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms’ pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant’s/toddler’s mouth, face, or head, etc.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program
(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter B. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a

child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES**
Chapter 2. Regulations E. Care of the Children
2. Infants and children shall be handled gently. The licensee and each caregiver shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's or child's mouth, face or head, etc.
4. Daily Program
s. Infants shall be handled gently. The licensee and each caregiver shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's mouth, face or head, etc.
10. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of the children.
b. The following disciplinary practices are prohibited:
(1) Corporal or physical punishment is prohibited, including, but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; or ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre postures;
(2) Verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that is inappropriate, offensive, threatens, humiliates, or frightens a child;
(3) Discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;

(4) Physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited;
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head, etc.;
(7) Physical activity/outdoor time taken away as punishment is prohibited.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program
(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter B. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities**
**(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.**
**Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program**
**(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.**
**Chapter B. Child Care Program 4. Disciplinary Practices**
**a. Discipline shall be appropriate to the age and developmental level of each child.**
**b. Disciplinary practices, including but not limited to the following, are prohibited:**
**(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;**
**(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;**
**(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;**
**(4) The use of physical restraint as punishment is prohibited;**
**(5) Punishment administered by another child is prohibited.**
**(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter 2 Requirements B. Child Care Program 3. Disciplinary Practices**
**a. Discipline shall be appropriate to the age and developmental level of each child.**
**b. Disciplinary practices, including but not limited to the following, are prohibited:**
**(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;**
**(2) The use of verbal abuse is prohibited, including but not limited to: yelling;**

**shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;**
**(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;**
**(4) The use of physical restraint as punishment is prohibited;**
**(5) Punishment administered by another child is prohibited.**
**(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not Applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter 2 Requirements B. Child Care Program 3. Disciplinary Practices**
**a. Discipline shall be appropriate to the age and developmental level of each child.**
**b. Disciplinary practices, including but not limited to the following, are prohibited:**
**(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;**
**(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;**
**(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;**
**(4) The use of physical restraint as punishment is prohibited;**
**(5) Punishment administered by another child is prohibited.**
**(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program
(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter B. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES

Chapter D. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(8) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter D. Child Care Program 3. Preschool/School-age Children - Daily Program a. Learning/growth activities
(7) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter D. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/ bizarre posture.
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that is inappropriate, offensive, threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program
(5) Children shall be handled gently. Rough or harsh handling is prohibited,

including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter B. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter 2. Regulations E. Care of the Children
2. Infants and children shall be handled gently. The licensee and each caregiver shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's or child's mouth, face or head, etc.
4. Daily Program
s. Infants shall be handled gently. The licensee and each caregiver shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's mouth, face or head, etc.
10. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of the children.
b. The following disciplinary practices are prohibited:

(1) Corporal or physical punishment is prohibited, including, but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; or ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre postures;
(2) Verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that is inappropriate, offensive, threatens, humiliates, or frightens a child;
(3) Discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) Physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited;
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head, etc.;
(7) Physical activity/outdoor time taken away as punishment is prohibited.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program
(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter B. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during

**nap/rest time;**
**(4) The use of physical restraint as punishment is prohibited;**
**(5) Punishment administered by another child is prohibited.**
**(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities**
**(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.**
**Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program**
**(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.**
**Chapter B. Child Care Program 4. Disciplinary Practices**
**a. Discipline shall be appropriate to the age and developmental level of each child.**
**b. Disciplinary practices, including but not limited to the following, are prohibited:**
**(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;**
**(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;**
**(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;**
**(4) The use of physical restraint as punishment is prohibited;**
**(5) Punishment administered by another child is prohibited.**
**(6) Rough or harsh handling of children, whether associated with discipline or not,**

**is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

**HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter 2 Requirements B. Child Care Program 3. Disciplinary Practices**
**a. Discipline shall be appropriate to the age and developmental level of each child.**
**b. Disciplinary practices, including but not limited to the following, are prohibited:**
**(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;**
**(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;**
**(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;**
**(4) The use of physical restraint as punishment is prohibited;**
**(5) Punishment administered by another child is prohibited.**
**(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter 2 Requirements B. Child Care Program 3. Disciplinary Practices**
**a. Discipline shall be appropriate to the age and developmental level of each child.**
**b. Disciplinary practices, including but not limited to the following, are prohibited:**
**(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;**
**(2) The use of verbal abuse is prohibited, including but not limited to: yelling;**

shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.
(7) Physical activity/outdoor time taken away as punishment is prohibited.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter B. Child Care Program 2. Infant/Toddler Daily Program a. Learning/growth activities
(6) Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms' pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.
Chapter B. Child Care Program 3. Preschool/School-age Children- Daily Program
(5) Children shall be handled gently. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head or face; etc.
Chapter B. Child Care Program 4. Disciplinary Practices
a. Discipline shall be appropriate to the age and developmental level of each child.
b. Disciplinary practices, including but not limited to the following, are prohibited:
(1) The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;
(2) The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;
(3) The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;
(4) The use of physical restraint as punishment is prohibited;
(5) Punishment administered by another child is prohibited.
(6) Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both

**arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.**
**(7) Physical activity/outdoor time taken away as punishment is prohibited.**

5.3.7 Emergency preparedness and response planning standard

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

i. **[ ]** Evacuation

ii. **[ ]** Relocation

iii. **[ ]** Shelter-in-place

iv. **[ ]** Lock down

v. Staff emergency preparedness

**[x]** Training

**[x]** Practice drills

vi. Volunteer emergency preparedness

**[ ]** Training

**[ ]** Practice drills

vii. **[ ]** Communication with families

viii. **[x]** Reunification with families

ix. **[ ]** Continuity of operations

x. Accommodation of

**[x]** Infants

**[ ]** Toddlers

**[x]** Children with disabilities

**[x]** Children with chronic medical conditions

xi. If any of the above are not checked, describe: **Evacuation. Currently, there are no evacuation procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that evacuation procedures were not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.**

**Relocation. Currently, there are no relocation procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On February 22, 2022, the lead agency received a Preliminary Notice of**

Possible Non-Compliance letter notifying the lead agency that relocation procedures were not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.

Shelter-in-place. Currently, there are no shelter-in-place procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that shelter-in-place procedures were not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.

Lock down. Currently, there are no lock down procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that lock down procedures were not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.

Volunteer emergency preparedness-Training. Currently, there are no volunteer emergency preparedness training procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On May 9, 2024, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that volunteer emergency preparedness training procedures were not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.

Volunteer emergency preparedness-Practice drills. Currently, there are no volunteer emergency preparedness practice drills procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On May 9, 2024, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that volunteer emergency preparedness practice drills procedures were not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers.

Communication with Families. Currently, the lead agency does not list communication with families on the inspection checklists for licensed and license-exempt providers. On May 9, 2024, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency about the noncompliance. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.

**Continuity of operations. Currently, there are no continuity of operations procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that continuity of operations procedures was not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.**

**Accommodation of Toddlers. Currently, there are no accommodation of toddlers' procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency that accommodation of toddlers' procedures was not included for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**
**C. Facilities k. Hazard prevention**
**(11) Bio contaminants shall be:**
**a. If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.**
**b. If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.**
**l. The center shall be clean.**
**(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth, or any open sores. Staff hands must be washed with soap and water after cleaning up spills.**
**(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle**
**a. Mops used to clean up body fluids should be:**

i. cleaned;
ii. rinsed with a disinfecting solution;
iii. wrung as dry as possible;
iv. and hung to dry completely.
b. Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, the area should be cleaned and sanitized.
(5) Contaminated Clothing
a. Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
b. If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child.
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children and shall be disposed of daily.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
A. Facilities 4. Indoor Area
k. Hazard prevention
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
11) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and

placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND
GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
C. The Home 2. Indoor area a. Injury prevention
(4) All poisons, cleaning supplies, flammable and other dangerous substances (including but not limited to anything that states, Keep out of Reach of Children) shall be kept under lock and key or combination lock when not in use.
(19) Bio contaminants:

(a) If stored inside of the facility, the item must be disposed of in a covered, plastic lined receptacle, and stored in a locked area. The receptacle must be labeled as bio contaminants;
(b) If stored outside of the facility, the item must be disposed of in a leakproof plastic bag that can be sealed and placed in a covered receptacle;
b. Cleanliness and health
(7) Disposable diapers shall be placed in a covered, plastic-lined trash container inaccessible to children.
(8) Reusable (cloth) diapers shall be rinsed in the toilet, placed in a plastic bag, and stored out of reach of children.
(9) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(10) The licensee and each caregiver shall wash his/her hands with soap and warm running water after diapering each child, after assisting with toileting, and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(11) The licensee and each caregiver shall use single-use disposable gloves for diapering. Clean gloves shall be used for diapering each child. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.
(12) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Caregivers shall wear gloves unless the fluid can be easily contained by the material (e.g., paper towel or cloth) that is being used to clean up. Caregivers shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Caregivers' hands must be washed with soap and water after cleaning up spills. Caregivers shall clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
. (a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) hung to dry completely
(b) Rugs and carpets. Contaminated carpet/rugs should be blotted as soon as possible to prevent the contaminants from penetrating the surface to lower layers. Next, the area should be cleaned and sanitized.
(c) Contaminated clothing items may be sent home in a sealed, plastic bag which is labeled with the child's name and stored inaccessible to the children.
(d) If the home chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
3. Outdoor Area
(3) All poisons shall be kept in a locked area (lock and key or combination lock).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities

Participating in the Child Care Subsidy Program
A. Facilities 4. Indoor Area
k. Hazard prevention
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
11) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after

**diapering each child. Individual disposable paper towels shall be used for hand drying**
**(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.**
**(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**A. Facilities 4. Indoor Area**
**k. Hazard prevention**
**(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.**
**11) Bio contaminants:**
**(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.**
**(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.**
**(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.**
**(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.**
**(a) Mops used to clean up body fluids should be:**
**(i) cleaned;**
**(ii) rinsed with a disinfecting solution;**
**(iii) wrung as dry as possible;**
**(iv) and hung to dry completely.**
**(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.**
**(5) Contaminated Clothing**
**(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.**
**(b) If the center chooses to wash the contaminated items, the items**

must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program
II. REQUIREMENTS A. Facilities 4. Indoor Area
h. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(9) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;

(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
2. Preschool/School-age Children - Daily Program
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
(2) Face and hand washing
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the**
**Child Care Subsidy Program**
**II. REQUIREMENTS A. Facilities 4. Indoor Area**
**h. Hazard prevention**
**(1) The facility shall be free from apparent hazardous conditions.**
**(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.**
**(9) Bio contaminants:**
**(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.**
**(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.**
**(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and**

water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
2. Preschool/School-age Children - Daily Program
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
(2) Face and hand washing
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
A. Facilities 4. Indoor Area
k. Hazard prevention
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
11) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and

floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES
C. Facilities k. Hazard prevention
(11) Bio contaminants shall be:
a. If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.

b. If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
l. The center shall be clean.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth, or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle
a. Mops used to clean up body fluids should be:
i. cleaned;
ii. rinsed with a disinfecting solution;
iii. wrung as dry as possible;
iv. and hung to dry completely.
b. Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, the area should be cleaned and sanitized.
(5) Contaminated Clothing
a. Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
b. If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
(7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child.
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children and shall be disposed of daily.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
A. Facilities 4. Indoor Area
k. Hazard prevention
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
11) Bio contaminants:

(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES**

**C. The Home 2. Indoor area a. Injury prevention**

**(4) All poisons, cleaning supplies, flammable and other dangerous substances (including but not limited to anything that states, Keep out of Reach of Children) shall be kept under lock and key or combination lock when not in use.**

**(19) Bio contaminants:**

**(a) If stored inside of the facility, the item must be disposed of in a covered, plastic lined receptacle, and stored in a locked area. The receptacle must be labeled as bio contaminants;**

**(b) If stored outside of the facility, the item must be disposed of in a leakproof plastic bag that can be sealed and placed in a covered receptacle;**

**b. Cleanliness and health**

**(7) Disposable diapers shall be placed in a covered, plastic-lined trash container inaccessible to children.**

**(8) Reusable (cloth) diapers shall be rinsed in the toilet, placed in a plastic bag, and stored out of reach of children.**

**(9) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.**

**(10) The licensee and each caregiver shall wash his/her hands with soap and warm running water after diapering each child, after assisting with toileting, and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.**

**(11) The licensee and each caregiver shall use single-use disposable gloves for diapering. Clean gloves shall be used for diapering each child. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.**

**(12) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Caregivers shall wear gloves unless the fluid can be easily contained by the material (e.g., paper towel or cloth) that is being used to clean up. Caregivers shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Caregivers' hands must be washed with soap and water after cleaning up spills. Caregivers shall clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.**

**. (a) Mops used to clean up body fluids should be:**

**(i) cleaned;**

**(ii) rinsed with a disinfecting solution;**

**(iii) wrung as dry as possible;**

**(iv) hung to dry completely**

**(b) Rugs and carpets. Contaminated carpet/rugs should be blotted as soon as possible to prevent the contaminants from penetrating the surface**

to lower layers. Next, the area should be cleaned and sanitized.
(c) Contaminated clothing items may be sent home in a sealed, plastic bag which is labeled with the child's name and stored inaccessible to the children.
(d) If the home chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
3. Outdoor Area
(3) All poisons shall be kept in a locked area (lock and key or combination lock).

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
A. Facilities 4. Indoor Area
k. Hazard prevention
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
11) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program

b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**A. Facilities 4. Indoor Area**
**k. Hazard prevention**
**(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.**
**11) Bio contaminants:**
**(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.**
**(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.**
**(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.**
**(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.**
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**(i) cleaned;**
**(ii) rinsed with a disinfecting solution;**

(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
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B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program
II. REQUIREMENTS A. Facilities 4. Indoor Area
h. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
(9) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges,

saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
(a) Mops used to clean up body fluids should be:
(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
(5) Contaminated Clothing
(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child's name and stored in an area that is not accessible to children.
(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
2. Preschool/School-age Children - Daily Program
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
(2) Face and hand washing
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program
II. REQUIREMENTS A. Facilities 4. Indoor Area
h. Hazard prevention
(1) The facility shall be free from apparent hazardous conditions.
(2) All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers**

shall be labeled with the name of the substance or material it contains.
(9) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
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(5) Contaminated Clothing
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(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
2. Preschool/School-age Children - Daily Program
(2) Staff shall use universal precautions when diapering/toileting or being exposed to blood, fecal material, or urine.
(2) Face and hand washing
(b) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
A. Facilities 4. Indoor Area
k. Hazard prevention
(2) All flammable, poisonous and other hazardous substances and materials

shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
11) Bio contaminants:
(a) If stored inside the facility, must be disposed of in a covered, plastic lined receptacle stored in a locked area. The container must be labeled as bio contaminants.
(b) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptacle.
(3) Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.
(4) Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptacle.
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(i) cleaned;
(ii) rinsed with a disinfecting solution;
(iii) wrung as dry as possible;
(iv) and hung to dry completely.
(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.
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(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.
B. Child Care Program 2. Infant/Toddler Daily Program
b. Diapering/toileting (7) Staff shall use universal precautions when changing diapers or being
exposed to blood, fecal material, or urine.
(8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, even if gloves are used.
(9) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying
(10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.

**(11) Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.**

5.3.9 Precautions in transporting children health and safety standard

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

i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers Regulations and Procedures**
**Chapter E. Transportation 1. Transportation Provided by the Center**
**a. IF THE CENTER PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE CENTER, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE CENTER PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE CENTER AND THAT THE LICENSEE ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.**
**b. The center shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the center. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away from-the-center activities.**
**C. Transportation checklists**
**(1) Checklists, on the required form, shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the center. (See Appendix N., page 92, for required forms.)**
**(2) The center shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.**
**(3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.**
**(4) Completed checklists shall be kept on file in the center for the current year plus at least two (2) additional years. (See Section H., 5., page 54, for requirements regarding records to be kept in the center.)**
**d. When the center provides transportation to and from the home or another designated location, the center shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.**
**e. Supervision of children in center vehicles.**
**(1) In addition to the driver, staff shall be provided to meet required staff-child ratios for children younger than lawful school age. (See definition, page 9) (See Section D., 1., a., on page 22, for required ratios.) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.**
**(2) For children of lawful school age and older, fewer than fifteen (15) children**

may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.
(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.
(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
(5) No child shall be left in a vehicle without adult supervision at any time.
(6) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.
(7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.
(8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.
f. Safety precautions in all vehicles used and operated by the center in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check, on the required form, (See Appendix O, page 95, for required form.) shall be done annually and signed and dated by a certified mechanic, on all vehicles regularly used by the center to transport children.
(2) A copy of the safety check, on the required form, shall be on file in the center. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger

restraint systems. (See Appendix O, page 95, for required form.)

Chapter E. Transportation 2. Transportation provided by the Parent(s)/Guardian(s) or Other Designated Person(s)
a. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the center by the parent, guardian, or other person.
b. The center shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child in/out at each arrival/departure to the center, indicating the time of arrival/departure. (See Appendix J., page 87, for sample form.) An exception to the written signature will allow the use of Biometric ID for parent(s)/guardians(s). This Biometric ID system will measure some unique aspects of the individual such as but not limited to fingerprint and/or iris recognition.
c. If any child walks to the center from school or another designated location, or is transported to/from the center by school bus, center staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.
d. The center shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. (See required Child's Preadmission Record, Appendix G., page 83.)
e. The center shall require unfamiliar authorized persons to show photographic identification when releasing a child.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter C. Transportation 4. Transportation Provided by the Facility
a. IF THE FACILITY PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.
b. The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.
c. Transportation checklists
(1) Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the facility.
(2) The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.
(3) The driver of the vehicle shall sign (initials are not acceptable) the completed

checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.
(4) Completed checklists shall be kept on file in the facility for the current year plus two (2) additional years.
d. When the facility provides transportation to and from the home or another designated location, the facility shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.
e. Supervision of children in facility vehicles.
(1) In addition to the driver, staff shall be provided to meet required staff: child ratios for children younger than lawful school age (see pages 15-16) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.
(2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.
(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.
(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
(5) No child shall be left in a vehicle without adult supervision at any time.
(6) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.
(7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.
(8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.
f. Safety precautions in all vehicles used and operated by the facility in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a

booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.
Chapter C. Transportation 2. Transportation Provided by Parent(s)/Guardian(s) or Other Designated Person(s)
a. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the facility by the parent, guardian, or other person.
b. The facility shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child in/out at each arrival/departure to the facility, indicating the time of arrival/departure. An exception to the written signature will allow the use of the Biometric ID for parent(s)/guardian(s). The Biometric ID System will measure some unique aspect of the individual such as but not limited to fingerprint and/or eyes-iris recognition.
c. If any child walks to the facility from school or another designated location, or is transported to/from the facility by school bus, facility staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.
d. The facility shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. e. The facility shall require unfamiliar authorized persons to show photographic identification when releasing a child.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES
Chapter C. The Home 4. Transportation
If the licensee provides activities away from the home, a written statement, signed by each child's parent(s)/guardian(s), shall be on file in the home prior to the child's participation is such activities. The statement shall indicate that the parent(s)/guardian(s) has/have been informed the Department of Human Resources does not inspect activities provided away from the home and that the licensee assumes full responsibility for such activities.
a. The licensee shall be responsible for children whom they transport during the hours of care.
b. When the licensee provides transportation to and from the home or another

designated location, the licensee shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.
c. A transportation checklist shall be used any time children are transported, walking or by vehicle, to account for each child at every location. (See Appendix L, page 83, for required form.)
d. The licensee shall not transport any child in a vehicle without the written consent of the child's parent(s)/guardian(s).
e. No child shall be left in a vehicle without adult supervision.
f. The driver of the vehicle shall have a valid driver's license.
g. Doors of the vehicle shall be locked at all times when the vehicle is moving.
h. All passengers and the driver shall be secured in a seat belt or a child passenger restraint system:
(1) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(2) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(3) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(4) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(5) Each child six (6) years of age and older shall be secured in an individual seat belt, as prescribed by law, which is properly anchored to the vehicle.
i. Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
j. Vehicle safety check
(1) A safety check, on the required form, (See Appendix M, page 86), shall be done annually and signed and dated by a certified mechanic, on all vehicles regularly used by the home to transport children.
(2) A copy of the safety check, on the required form, shall be on file in the home. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter C. Transportation 4. Transportation Provided by the Facility
a. IF THE FACILITY PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE

CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.

b. The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.

c. Transportation checklists

(1) Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the facility.

(2) The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.

(3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.

(4) Completed checklists shall be kept on file in the facility for the current year plus two (2) additional years.

d. When the facility provides transportation to and from the home or another designated location, the facility shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.

e. Supervision of children in facility vehicles.

(1) In addition to the driver, staff shall be provided to meet required staff: child ratios for children younger than lawful school age (see pages 15-16) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.

(2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.

(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.

(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.

(5) No child shall be left in a vehicle without adult supervision at any time.

(6) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.

(7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.

(8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.

f. Safety precautions in all vehicles used and operated by the facility in transporting children.

(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.

(2) Doors shall be locked at all times when the vehicle is moving.

(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.
Chapter C. Transportation 2. Transportation Provided by Parent(s)/Guardian(s) or Other Designated Person(s)
a. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the facility by the parent, guardian, or other person.
b. The facility shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child in/out at each arrival/departure to the facility, indicating the time of arrival/departure. An exception to the written signature will allow the use of the Biometric ID for parent(s)/guardian(s). The Biometric ID System will measure some unique aspect of the individual such as but not limited to fingerprint and/or eyes-iris recognition.
c. If any child walks to the facility from school or another designated location, or is transported to/from the facility by school bus, facility staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.
d. The facility shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. e.

**The facility shall require unfamiliar authorized persons to show photographic identification when releasing a child.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**
**Chapter C. Transportation 4. Transportation Provided by the Facility**
**a. IF THE FACILITY PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.**
**b. The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.**
**c. Transportation checklists**
**(1) Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the facility.**
**(2) The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.**
**(3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.**
**(4) Completed checklists shall be kept on file in the facility for the current year plus two (2) additional years.**
**d. When the facility provides transportation to and from the home or another designated location, the facility shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.**
**e. Supervision of children in facility vehicles.**
**(1) In addition to the driver, staff shall be provided to meet required staff: child ratios for children younger than lawful school age (see pages 15-16) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.**
**(2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.**
**(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.**

(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
(5) No child shall be left in a vehicle without adult supervision at any time.
(6) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.
(7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.
(8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.
f. Safety precautions in all vehicles used and operated by the facility in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.
Chapter C. Transportation 2. Transportation Provided by Parent(s)/Guardian(s) or Other Designated Person(s)
a. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the facility by the parent, guardian, or other person.

b. The facility shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child in/out at each arrival/departure to the facility, indicating the time of arrival/departure. An exception to the written signature will allow the use of the Biometric ID for parent(s)/guardian(s). The Biometric ID System will measure some unique aspect of the individual such as but not limited to fingerprint and/or eyes-iris recognition.
c. If any child walks to the facility from school or another designated location, or is transported to/from the facility by school bus, facility staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.
d. The facility shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. e. The facility shall require unfamiliar authorized persons to show photographic identification when releasing a child.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program
Chapter C. Transportation 1. Transportation Provided by the Facility.
a. IF THE FACILITY PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.
b. The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.
c. Transportation checklists
(1) Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the facility.
(2) The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.
(3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.
(4) Completed checklists shall be kept on file in the facility for the current year plus two additional years. d. Supervision of children in facility vehicles.
(1) In addition to the driver, staff shall be provided to meet required staff: child ratios for children younger than lawful school age (see page 15) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.

(2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.
(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.
(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
(5) No child shall be left in a vehicle without adult supervision at any time.
(6) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.
e. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; and ventilation and heating system.
(3) All vehicles used to transport children shall be operated and maintained in full compliance with all applicable state and federal laws, rules, and regulations.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program**
**Chapter C. Transportation 1. Transportation Provided by the Facility.**
a. IF THE FACILITY PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.
b. The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.
c. Transportation checklists
(1) Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the facility.
(2) The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the

checklist when it has been completed.
(3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.
(4) Completed checklists shall be kept on file in the facility for the current year plus two additional years. d. Supervision of children in facility vehicles.
(1) In addition to the driver, staff shall be provided to meet required staff: child ratios for children younger than lawful school age (see page 15) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.
(2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.
(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.
(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
(5) No child shall be left in a vehicle without adult supervision at any time.
(6) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.
e. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; and ventilation and heating system.
(3) All vehicles used to transport children shall be operated and maintained in full compliance with all applicable state and federal laws, rules, and regulations.

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter C. Transportation 4. Transportation Provided by the Facility
a. IF THE FACILITY PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.
b. The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.
c. Transportation checklists
(1) Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for

each child during activities that include walking to and from the facility.
(2) The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.
(3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.
(4) Completed checklists shall be kept on file in the facility for the current year plus two (2) additional years.
d. When the facility provides transportation to and from the home or another designated location, the facility shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.
e. Supervision of children in facility vehicles.
(1) In addition to the driver, staff shall be provided to meet required staff: child ratios for children younger than lawful school age (see pages 15-16) NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.
(2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.
(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.
(4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
(5) No child shall be left in a vehicle without adult supervision at any time.
(6) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.
(7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.
(8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.
f. Safety precautions in all vehicles used and operated by the facility in transporting children.
(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
(2) Doors shall be locked at all times when the vehicle is moving.
(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.

(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.
g. Vehicle safety check
(1) A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.
(2) A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system; and passenger restraint systems.
Chapter C. Transportation 2. Transportation Provided by Parent(s)/Guardian(s) or Other Designated Person(s)
a. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the facility by the parent, guardian, or other person.
b. The facility shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child in/out at each arrival/departure to the facility, indicating the time of arrival/departure. An exception to the written signature will allow the use of the Biometric ID for parent(s)/guardian(s). The Biometric ID System will measure some unique aspect of the individual such as but not limited to fingerprint and/or eyes-iris recognition.
c. If any child walks to the facility from school or another designated location, or is transported to/from the facility by school bus, facility staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.
d. The facility shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. e. The facility shall require unfamiliar authorized persons to show photographic identification when releasing a child.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to pediatric first aid training for licensed day care centers, licensed group day care homes, licensed family day care homes, out of school time facilities, and legal exempt providers.**

The lead agency needs additional time to meet the requirement for addressing pediatric (or age-appropriate) first aid training for all staff.
Currently, the lead agency's performance standards require first aid but not specifically pediatric (or age-appropriate) first aid for all staff.
CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES
Chapter C Facilities. 6. Swimming and Wading at the Center
b. Pools two (2) feet or more in depth: (1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard
shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR). A copy of each certificate or certification shall be on file in the center
Chapter C Facilities. 6. Swimming and Wading at the Center. c Wading structures less than two (2) feet in depth:
1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates or Certifications shall be on file in the center.
Chapter D Childcare Program. 1 Staffing. b. Staff Coverage shall be determined by the following:
(9) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate shall be present during all hours of operation.
Chapter D Childcare Program. 6 Health Information. a Illness and Injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff members with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate shall be in the center during hours of operation. A copy of the Certificates or Certifications shall be on file in the center.
Chapter F Staff. 1. Qualifications of Staff
g. The director, teachers, aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required areas:
(10) First aide and CPR and;
Chapter F Staff. 2. Records on Staff (6) In addition to (1) through (5) above, the following specialized records shall
be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR), if there is a pool at the center. A copy of each certificate or certification shall be on file in the center. (See Section C., 6., page 19, for additional information).
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certification (CPR) shall be on file for at least two (2) staff present at the center

during hours of operation. (See Section D., 1., b., (9), page 23.
Chapter F Staff. 2 Records on Staff b. Additional records to be maintained during employment
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and updated First Aid Certificate.
Chapter F Staff. 4. In-Service Training for Staff
g. Thereafter, the director, teachers aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required areas:
(10) First aide and CPR and;

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.
Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:
(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation
Chapter B Child Care Program. 5. Health Information a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.
Chapter D Staff. 1 Qualifications of Staff
a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept

confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:
(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(j) First aid and CPR;
6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each
certificate shall be on file in the facility.
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.
Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.
Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing
(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to pediatric first aid training for licensed day care centers, licensed group day care homes, licensed family day care homes, out of school time facilities, and legal exempt providers. The lead agency needs additional time to meet the requirement for addressing pediatric (or age-appropriate) first aid training for all staff.
Currently, the lead agency's performance standards require first aid but not specifically pediatric (or age-appropriate) first aid for all staff.
CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES
REGULATIONS AND PROCEDURES
Chapter D Licensee, Members of the Household, Caregivers and Substitutes 3. Qualifications
c. Prior to initial licensing, the applicant/licensee shall submit to the Department a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR)

and a current First Aid Certificate.
d. The licensee shall submit an updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and an updated First Aid Certificate to the Department when these certifications and/or certificates expire.
k. The applicant/licensee shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;
Thereafter, the licensee shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;
Chapter D Licensee, Members of the Household, Caregivers and Substitutes 5. Substitutes
The licensee shall have at least one (1) substitute. Another licensed child care provider shall not be a substitute. Substitutes shall care for the children in the licensee's home.
d. For each substitute, the following information shall be on file in the home:
(8) Documentation of a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate;
e. Substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas:
(10) First Aid and CPR;
f. Thereafter, the substitute shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas:
(10) First Aid and CPR;
Chapter F Administration. 3. Records to be kept by the licensee
d. Written verification of training for the applicant/licensee, including: (1) written documentation of a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate;
e. The following information shall be kept in an individual file in the home for each assistant caregiver and each substitute:
(9) written verification of training, including: (a) written documentation of a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate;
Chapter H Group Day Care Homes
In addition to the preceding regulations (except for Section G., Nighttime Care), homes offering group day care for at least seven (7) but no more than twelve (12) children, shall meet the following regulations:
8. Assistant Caregiver Training
a. The Assistant Caregiver shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;
(b) Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program

Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.
Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:
(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation
Chapter B Child Care Program. 5. Health Information a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.
Chapter D Staff. 1 Qualifications of Staff
a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:
(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(j) First aid and CPR;
6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A

copy of each
certificate shall be on file in the facility.
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.
Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.
Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing
(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to pediatric first aid training for licensed day care centers, licensed group day care homes, licensed family day care homes, out of school time facilities, and legal exempt providers. The lead agency needs additional time to meet the requirement for addressing pediatric (or age-appropriate) first aid training for all staff. Currently, the lead agency's performance standards require first aid but not specifically pediatric (or age-appropriate) first aid for all staff.**

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.
Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:

(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation

Chapter B Child Care Program. 5. Health Information a. Illness and injury

(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.

Chapter D Staff. 1 Qualifications of Staff

a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:

(10) First aid and CPR;

Chapter D Staff. 2 Records on Staff

a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:

(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:

(j) First aid and CPR;

6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:

(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each

certificate shall be on file in the facility.

(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation

Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.

Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.

(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.

Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing

(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the

certificates shall be kept on file in the facility.

HEALTH and SAFETY GUIDELINESREQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program
Chapter A Facilites. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
Chapter A Facilites. 6. Swimming and Wading at the Facility
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.
Chapter B Child Care Program. 1. Staffing. b. Staff Coverage shall be determined by the following:
(3) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation.
Chapter B Child Care Program. 4. Health Information. a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility
Chapter D Staff. 1. Qualifications of Staff.
a. Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:
(2) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve(12) required areas:
(j) First aid and CPR;

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not**

applicable

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to pediatric first aid training for licensed day care centers, licensed group day care homes, licensed family day care homes, out of school time facilities, and legal exempt providers. The lead agency needs additional time to meet the requirement for addressing pediatric (or age-appropriate) first aid training for all staff. Currently, the lead agency's performance standards require first aid but not specifically pediatric (or age-appropriate) first aid for all staff.**

**HEALTH and SAFETY GUIDELINESREQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the**
**Child Care Subsidy Program**
**Chapter A Facilites. 6. Swimming and Wading at the Facility**
**b. Pools two (2) feet or more in depth:**
**(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.**
**Chapter A Facilites. 6. Swimming and Wading at the Facility**
**c. Wading structures less than two (2) feet in depth:**
**(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.**
**Chapter B Child Care Program. 1. Staffing. b. Staff Coverage shall be determined by the following:**
**(3) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation.**
**Chapter B Child Care Program. 4. Health Information. a. Illness and injury**
**(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility**
**Chapter D Staff. 1. Qualifications of Staff.**
**a. Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas:**
**(10) First aid and CPR;**
**Chapter D Staff. 2 Records on Staff**

a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:
(2) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve(12) required areas:
(j) First aid and CPR;

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.
Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:
(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation
Chapter B Child Care Program. 5. Health Information a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.
Chapter D Staff. 1 Qualifications of Staff
a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active

files. Records shall include but need not be limited to:
(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(j) First aid and CPR;
6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each
certificate shall be on file in the facility.
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.
Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.
Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing
(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS REGULATIONS AND PROCEDURES**

Chapter C Facilities. 6. Swimming and Wading at the Center
b. Pools two (2) feet or more in depth: (1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard
shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR). A copy of each certificate or certification shall be on file in the center

Chapter C Facilities. 6. Swimming and Wading at the Center. c Wading structures less than two (2) feet in depth:
1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the

wading area. A copy of the CPR and First Aid Certificates or Certifications shall be on file in the center.

Chapter D Childcare Program. 1 Staffing. b. Staff Coverage shall be determined by the following:
(9) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate shall be present during all hours of operation.

Chapter D Childcare Program. 6 Health Information. a Illness and Injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff members with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate shall be in the center during hours of operation. A copy of the Certificates or Certifications shall be on file in the center.

Chapter F Staff. 1. Qualifications of Staff
g. The director, teachers, aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required areas:
(10) First aide and CPR and;

Chapter F Staff. 2. Records on Staff (6) In addition to (1) through (5) above, the following specialized records shall
be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR), if there is a pool at the center. A copy of each certificate or certification shall be on file in the center. (See Section C., 6., page 19, for additional information).
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certification (CPR) shall be on file for at least two (2) staff present at the center during hours of operation. (See Section D., 1., b., (9), page 23.

Chapter F Staff. 2 Records on Staff b. Additional records to be maintained during employment
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and updated First Aid Certificate.

Chapter F Staff. 4. In-Service Training for Staff
g. Thereafter, the director, teachers aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required areas:
(10) First aide and CPR and;

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities

Participating in the Child Care Subsidy Program
Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.

Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:
(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation
Chapter B Child Care Program. 5. Health Information a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.

Chapter D Staff. 1 Qualifications of Staff
a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:
(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(j) First aid and CPR;
6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:

(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each
certificate shall be on file in the facility.
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.
Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.

Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing
(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES**
**REGULATIONS AND PROCEDURES**

Chapter D Licensee, Members of the Household, Caregivers and Substitutes 3. Qualifications
c. Prior to initial licensing, the applicant/licensee shall submit to the Department a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate.
d. The licensee shall submit an updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and an updated First Aid Certificate to the Department when these certifications and/or certificates expire.
k. The applicant/licensee shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;
Thereafter, the licensee shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;
Chapter D Licensee, Members of the Household, Caregivers and Substitutes 5. Substitutes
The licensee shall have at least one (1) substitute. Another licensed child care provider shall not be a substitute. Substitutes shall care for the children in the licensee's home.
d. For each substitute, the following information shall be on file in the home:
(8) Documentation of a current Infant-Child (Pediatric) Cardiopulmonary

Resuscitation Certification (CPR) and a current First Aid Certificate;
e. Substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas:
(10) First Aid and CPR;
f. Thereafter, the substitute shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas:
(10) First Aid and CPR;
Chapter F Administration. 3. Records to be kept by the licensee
d. Written verification of training for the applicant/licensee, including: (1) written documentation of a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate;
e. The following information shall be kept in an individual file in the home for each assistant caregiver and each substitute:
(9) written verification of training, including: (a) written documentation of a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate;

Chapter H Group Day Care Homes
In addition to the preceding regulations (except for Section G., Nighttime Care), homes offering group day care for at least seven (7) but no more than twelve (12) children, shall meet the following regulations:
8. Assistant Caregiver Training
a. The Assistant Caregiver shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;
(b) Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas:
(10) First aid and CPR;

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.

Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:

(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation

Chapter B Child Care Program. 5. Health Information a. Illness and injury

(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.

Chapter D Staff. 1 Qualifications of Staff

a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:

(10) First aid and CPR;

Chapter D Staff. 2 Records on Staff

a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:

(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:

(j) First aid and CPR;

6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:

(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each
certificate shall be on file in the facility.

(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.

Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.

(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.

Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing

(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric)

**Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program**

**Chapter A Facilities. 6. Swimming and Wading at the Facility**
**b. Pools two (2) feet or more in depth:**
**(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.**
**c. Wading structures less than two (2) feet in depth:**
**(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.**

**Chapter B Child Care Program. 1 Staffing.**
**b. Staff Coverage shall be determined by the following:**
**(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation**
**Chapter B Child Care Program. 5. Health Information a. Illness and injury**
**(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.**

**Chapter D Staff. 1 Qualifications of Staff**
**a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:**
**(10) First aid and CPR;**
**Chapter D Staff. 2 Records on Staff**
**a. Records on all staff, including substitutes and volunteers, shall be kept**

confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:
(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(j) First aid and CPR;
6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each
certificate shall be on file in the facility.
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.
Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.

Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing
(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

HEALTH and SAFETY GUIDELINESREQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program
Chapter A Facilites. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
Chapter A Facilites. 6. Swimming and Wading at the Facility
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.

Chapter B Child Care Program. 1. Staffing. b. Staff Coverage shall be determined by the following:
(3) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation.

Chapter B Child Care Program. 4. Health Information. a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility

Chapter D Staff. 1. Qualifications of Staff.
a. Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:
(2) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve(12) required areas:
(j) First aid and CPR;

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **HEALTH and SAFETY GUIDELINESREQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the
Child Care Subsidy Program**

Chapter A Facilites. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
Chapter A Facilites. 6. Swimming and Wading at the Facility

c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.

Chapter B Child Care Program. 1. Staffing. b. Staff Coverage shall be determined by the following:
(3) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation.

Chapter B Child Care Program. 4. Health Information. a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility

Chapter D Staff. 1. Qualifications of Staff.
a. Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:
(2) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve(12) required areas:
(j) First aid and CPR;

HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter A Facilities. 6. Swimming and Wading at the Facility
b. Pools two (2) feet or more in depth:
(1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.
c. Wading structures less than two (2) feet in depth:
(1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the

wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility.

Chapter B Child Care Program. 1 Staffing.
b. Staff Coverage shall be determined by the following:
(7) At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation
Chapter B Child Care Program. 5. Health Information a. Illness and injury
(5) Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two staff persons with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.

Chapter D Staff. 1 Qualifications of Staff
a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:
(10) First aid and CPR;
Chapter D Staff. 2 Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:
(4) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(j) First aid and CPR;
6) In addition to (1) through (4) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:
(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each
certificate shall be on file in the facility.
(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation
Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.
Chapter D Staff. 2 Records on Staff b. Additional records to be maintained during employment.
(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary

Resuscitation Certificate (CPR) and updated First Aid Certificate.

Chapter F Nighttime Facilities. 2. Child Care Program a. Staffing
(3) At least two (2) staff person who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: Child Care Licensing and Performance Standards for Day Care and Nighttime Centers Regulations and Procedures.
F. Staff Qualifications of Staff 1. Qualifications of Staff it states g. The director, teachers, aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required areas: (9) Recognition and reporting of child abuse and neglect. 4. In-Service Training for Staff g. Thereafter, the director, teachers aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required areas: 9) Recognition and reporting of child abuse and neglect.

The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Child Care Licensing and Performance Standards for Family Day Care Homes/Family

Nighttime Homes and Group Day Care Homes/Group Nighttime Homes Regulations and Procedures.
3. Qualifications, k. The applicant/licensee shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas: 9) Recognition and reporting of child abuse and neglect. Thereafter, the licensee shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Under the section Substitutes it states Substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, the substitute shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Under the section Assistant Caregiver Training, it states The Assistant Caregiver shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect.

The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1)**

hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Out of School Time Facilities Participating in the Child Care Subsidy Program. The requirement can be found under the section Qualifications of Staff. It states Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Out of School Time Facilities Participating in the Child Care Subsidy Program. The requirement can be found under the section Qualifications of Staff. It states Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.**

**The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **In the Performance Standards for Day Care Centers and Nighttime Centers Regulations and**

Procedures, under the section Reports to the Department. It states Child Abuse/Neglect reports (1) Each staff person is required by law (Code of Alabama 1975) to report known or suspected child abuse or neglect (see definition, Section A., 6, page 7) to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information. (4) The licensee and all staff persons, employees, and volunteers shall cooperate with Department personnel on any child abuse or neglect investigation, including providing information to the Department's representatives and allowing access to children and records.
F. Staff Qualifications of Staff 1. Qualifications of Staff it states g. The director, teachers, aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required areas: (9) Recognition and reporting of child abuse and neglect. 4. In-Service Training for Staff g. Thereafter, the director, teachers aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required areas: 9) Recognition and reporting of child abuse and neglect.

The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Reports to the Department it states Child Abuse/Neglect reports (1) Each staff person is required by law to report known or suspected child abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information (see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).
Under section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The requirements are defined in the Child Care Licensing and Performance Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes Regulations and Procedures. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information. cd. The licensee, household members, and all caregivers shall cooperate with the Department personnel on any child abuse or neglect investigation, including providing information to

workers and allowing access to children and records.
3. Qualifications, k. The applicant/licensee shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas: 9) Recognition and reporting of child abuse and neglect. Thereafter, the licensee shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Under the section Substitutes it states Substitutes shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, the substitute shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Under the section Assistant Caregiver Training, it states The Assistant Caregiver shall have at least one (1) hour of preservice training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (9) Recognition and reporting of child abuse and neglect.

The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Reports to the Department it states Child Abuse/Neglect reports (1) Each staff person is required by law to report known or suspected child abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information (see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).
Under section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not applicable**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the**

section Reports to the Department it states Child Abuse/Neglect reports (1) Each staff person is required by law to report known or suspected child abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information (see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).
Under section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Out of School Time Facilities Participating in the Child Care Subsidy Program. The requirement can be found under the section Reports to the Department it states Child Abuse/Neglect reports (1) Each staff person is required by law to report known or suspected child abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information (see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).
Under section Qualifications of Staff. It states Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **not applicable**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **not applicable**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Out of School Time Facilities Participating in the Child Care Subsidy Program. The requirement can be found under the section Reports to the Department it states Child Abuse/Neglect reports (1) Each staff person is required by law to report known or suspected child**

**abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information (see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).**
**Under section Qualifications of Staff. It states Within ninety (90) days after employment, child care workers/teachers shall have at least one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.**

**The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program under the section Reports to the Department it states Child Abuse/Neglect reports (1) Each staff person is required by law to report known or suspected child abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information (see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).**
**Under section Qualifications of Staff it states Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas: (9) Recognition and reporting of child abuse and neglect. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (i) Recognition and reporting of child abuse and neglect.**

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

**[x]** Yes, confirmed.

**[ ]** No. If no, describe:

5.3.12 Additional optional standards

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

**[ ]** Yes.

**[x]** No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe:

ii. Access to physical activity. Describe:

iii. Caring for children with special needs. Describe:

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe:

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

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

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

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

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

| | **Is this standard addressed in the pre-service or orientation training?** | **Is the pre-service or orientation training on this standard appropriate to different settings and age groups?** | **Does the Lead Agency require staff to complete the training before caring for children unsupervised?** |
|---|---|---|---|
| a. Prevention and control of infectious diseases (including immunizations) | **[x]** | **[x]** | **[x]** |
| b. SIDS prevention and use of safe sleep practices | **[x]** | **[x]** | **[x]** |
| c. Administration of medication | **[x]** | **[x]** | **[x]** |
| d. Prevention and response to food and | **[x]** | **[x]** | **[x]** |

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

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Prevention of child maltreatment (5.4.1f and 5.4.1g) The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022 and May 9, 2024, notifying the lead agency does not have a requirement for CCDF-eligible providers to be trained in prevention of child maltreatment. Currently, performance standards do not include training specifically for prevention of child maltreatment. The Lead Agency certifies that additional time is needed to come into**

**compliance with the requirement noted in the letter.**

**Preservice training: Emergency preparedness and response planning (5.4.1g)**
**Volunteer emergency preparedness-Training and practice drills**
**The lead agency received a Preliminary Notice of Possible Non-Compliance letter on May 9, 2024, notifying the lead agency does not require volunteer emergency preparedness training and practice drills standards. Currently, there are no volunteer emergency preparedness training procedures for licensed day care centers, licensed family daycare homes/group day homes, out of school time facilities, and legal exempt providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.**

**Preservice training: Pediatric first aid (age-appropriate) (5.4.1j and 5.4.1g)**
**The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to pediatric first aid training for licensed day care centers, licensed group day care homes, licensed family day care homes, out of school time facilities, and legal exempt providers. The Lead Agency needs additional time to meet the requirement for addressing pediatric (or age-appropriate) first aid training for all staff. Currently, the Lead Agency's performance standards require first aid but not specifically pediatric (or age-appropriate) first aid for all staff.**

**Preservice training: Child development - Approaches to Learning (5.4.1l)**
**The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022 and May 9, 2024, notifying the lead agency does not have a requirement for CCDF-eligible providers to be trained in child development approaches to learning. Currently, the lead agency requires training in other components of the child development training but is missing the component for approaches to learning. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter.**

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

**[x]** No

**[ ]** Yes. If yes, describe:

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

### 5.5.1 Inspections for licensed CCDF providers

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

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[ ] Yes.

[x] No. If no, describe: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on May 9, 2024, notifying the lead agency of a non-compliance related to inspections for CCDF licensed providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, the Lead Agency does not list on the inspection checklists for any CCDF Licensed Provider: communication with families, and volunteer training and drills, or Child Development Approaches to Learning. Additionally, the Lead Agency does not have requirements for all CCDF Licensed Providers for all training topics (appropriate to the provider setting and ages served), and child maltreatment; therefore, the lead agency cannot monitor for them.**
**On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency of a non-compliance related to inspections for CCDF licensed providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, licensed day care centers do not have a requirement in place to monitor for group size limits. The Lead Agency monitors licensed day care centers for having emergency preparedness and response plans, but the emergency preparedness and response planning standards are incomplete, as they do not include: procedures for evacuation, relocation, shelter-in-place, and lockdown; continuity of operations; and accommodation of toddlers. The Lead Agency monitors licensed day care centers for standards for First Aid and CPR, but the standards do not include pediatric (or age-appropriate) First Aid and CPR requirements for all staff. The Lead Agency does not monitor licensed family day care homes for standards for pediatric First Aid. Pre-service/orientation training for licensed day care centers that are CCDF-eligible does not include prevention of child maltreatment and the emergency preparedness and response training does not include all required components for the CCDF-eligible providers, therefore not all pre-service/training requirements are monitored annually. The lead agency does not monitor licensed day care centers for pediatric CPR training. The Lead Agency does not monitor pre-service/orientation training to include approaches to learning.**

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative

of the full complement of health and safety requirements.

**[x]** No. If no, describe: **The Lead Agency does not implement a differential monitoring approach when monitoring licensed center-based providers.**

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Child Care Services Division-Licensing**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on May 9, 2024, notifying the lead agency of a non-compliance related to inspections for CCDF licensed providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, the Lead Agency does not list on the inspection checklists for any CCDF Licensed Provider: communication with families, and volunteer training and drills, or Child Development Approaches to Learning. Additionally, the Lead Agency does not have requirements for all CCDF Licensed Providers for all training topics (appropriate to the provider setting and ages served), and child maltreatment; therefore, the lead agency cannot monitor for them.**
**On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency of a non-compliance related to inspections for CCDF licensed providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, licensed family day care homes/group day care homes do not have a requirement in place to monitor for group size limits. The Lead Agency monitors licensed family day care homes/group day care homes for having emergency preparedness and response plans, but the emergency preparedness and response planning standards are incomplete, as they do not include: procedures for evacuation, relocation, shelter-in-place, and lockdown; continuity of operations; and accommodation of toddlers. The Lead Agency monitors licensed group day care homes for standards for First Aid and CPR, but the standards do not include pediatric (or age-appropriate) First Aid and CPR requirements for all staff. The Lead Agency does not monitor licensed family day care homes for standards for pediatric First Aid. Pre-service/orientation training for licensed family day care homes/group day care homes that are CCDF-eligible does not include prevention of child maltreatment and the emergency preparedness and response training does not include all required components for the CCDF-eligible providers, therefore not all pre-service/training requirements are monitored annually. The lead agency does not monitor licensed family day care homes/group day care homes for pediatric First Aid training. The lead agency does not monitor licensed group day care homes for pediatric CPR training. The Lead Agency does not monitor pre-service/orientation training to include approaches to learning.**

ii. Identify the frequency of annual unannounced inspections for licensed family

child care homes addressing compliance with health, safety, and fire standards:

**[x]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[ ]** Other. If other, describe:

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

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No. If no, describe: **The Lead Agency does not implement a differential monitoring approach when monitoring licensed center-based providers.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Child Care Services Division-Licensing.**

c. Licensed in-home CCDF child care providers

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

**[x]** No.

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

**[ ]** Yes.

**[ ]** No. If no, describe:

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

**[ ]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[x]** Other. If other, describe: **N/A**

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

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No.

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

5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

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

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

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on May 9, 2024, notifying the lead agency of a non-compliance related to inspections for licensed-exempt CCDF providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, the Lead Agency does not list on the inspection checklists for any CCDF License-Exempt Provider: communication with families, and volunteer training and drills, or Child Development Approaches to Learning. Additionally, the Lead Agency does not have requirements for all CCDF License-Exempt Providers for all required training topics (appropriate to the provider setting and ages served), and child maltreatment; therefore, the lead agency cannot inspect for them.**
**On February 22, 2022, the lead agency received a Preliminary Notice of Possible Non-Compliance letter notifying the lead agency of a non-compliance related to inspections for licensed-exempt CCDF providers. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, the Lead Agency does not monitor for group size limits for out of school time facilities and legal exempt providers. The Lead Agency does not monitor for pediatric First Aid standards. The emergency preparedness and response planning standards that are monitored are incomplete as they do not include: procedures for evacuation, relocation, shelter-in-place, and lockdown; continuity of operations; and accommodation of toddlers. Monitoring for pre-service/orientation training does not include prevention of child maltreatment. Emergency preparedness and response training is required and monitored, but it does not include the required components for all of the CCDF-eligible providers. The lead agency does not monitor out of school time facilities and legal exempt providers, for pediatric or age-appropriate First Aid and pediatric or age-appropriate CPR training. The Lead Agency does not monitor pre-service/orientation training to include approaches to learning.**

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

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Child Care Services Division-Licensing**

b. License-exempt CCDF family child care providers

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

**[ ]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[x]** Other. If other, describe: **The Lead Agency does not allow CCDF family child care providers to be license exempt.**

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

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No.

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

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

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

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Informal providers include both in-home providers and out-of-home providers.**
**Informal providers are exempt from any CCDF requirements other than proof of relatedness.**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers:
**Informal providers include both in-home providers and out-of-home providers.**
**Informal providers are exempt from any CCDF requirements other than proof of relatedness.**

5.5.4 Posting monitoring and inspection reports

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

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents

when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

a. Does the Lead Agency post:

   i. **[x]** Pre-licensing inspection reports for licensed programs.

   ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

   iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

   iv. **[ ]** Other. Describe:

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

   i. **[x]** Date of inspection.

   ii. **[ ]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

   iii. **[ ]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe:

   iv. **[x]** A minimum of 3 years of results, where available.

   v. If any of the components above are not selected, please explain: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on May 9, 2024, notifying the lead agency of a non-compliance related to posting monitoring and inspection reports. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, monitoring and inspection reports of providers are posted online. However, the lead agency is not posting information on fatalities and serious injuries occurring at the provider.**

   **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to posting of information related to corrective actions. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, monitoring and inspection reports of providers are posted online. However, the lead agency is not posting information about corrective action taken by the State and the child care provider.**

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

   i. Provide the direct URL/website link to where the reports are posted: **https://apps.dhr.alabama.gov/daycare/daycare_search**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The postings of reports are timely due to licensing staff scanning all related documentation of monitoring and inspection reports no later than 5 business days after visiting a child care facility. Once the documentation is scanned it is uploaded to the Consumer website with in 24 hours.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

**[x]** Yes.

**[ ]** No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

**[x]** Yes.

**[ ]** No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

**[x]** Yes.

**[ ]** No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

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

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The minimum requirements for licensing inspectors (Child Care Consultant) is a Bachelor's degree from an accredited college or university in Child Development, Early Childhood Education, Elementary Education, Home Economics with major coursework in Child Development, or a closely related field and two years of professional experience in teaching preschool or elementary children, directing day care activities, or in licensing day care facilities.**
**Consultants are extensively trained on the Standards that pertains to the facilities they will be inspecting for their first 6 months of employment. The Standards cover the requirements for infants through school-age children. During the first 6 months of training, consultants are crossed-trained on center standards, home and group home standards. In addition to the Standards, Consultants receive thorough training on health and safety requirements. These health and safety trainings are appropriate to the age of the children in care and the type of provider setting they will be inspecting as well. Consultants are trained on the computer system pertaining to licensing, intake procedures, complaint investigations, and deficiency writing. They shadow experienced consultants with various types of monitoring visits for centers and homes and began to complete portions of the evaluations independently. The visits are made to facilities that are licensed for all age groups. The consultants are monitored by their supervisor for accuracy in completing the**

**evaluation of the facility. The lead agency has created the Training and Development unit within the Child Care Services Division to conduct new hire and refresher training for childcare consultants. Quarterly to monthly unit meetings are held with consultants and their supervisor. During these unit meetings the following items are reviewed: Standards, completion of required documents, and policy and procedures.**

5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The average caseload assignment for a consultant with child care centers are approximately 61-63 facilities. Child care centers include all that are licensed, licensed exempt center-based and non-CCDF licensed exempt (faith-based), The average caseload assignment for a consultant with day care homes is approximately 62-63 facilities. Day care homes include all licensed family day care homes and all licensed group day care homes.**
**When determining the number of facilities assigned to the consultants, consideration is given to the distance of travel from/to the child care facility, the number of facilities in urban and rural areas, and the number of complaints/incidents received by type of facilities. By maintaining caseloads at the above assignment level, consultants are able to do renewal visits prior to expiration of the license, annual visits 45 days prior to license date, and complaints/incidents are based on the date assigned by the risk score.**

## 5.6 Ongoing Health and Safety Training

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

5.6.1 Required ongoing training of health and safety standards

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

a. Licensed child care centers: **Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers Regulations and Procedures**
**Chapter F. Staff 4. In-Service Training for Staff**
**Thereafter, the director, teachers' aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required areas: (1) Prevention and control of infectious diseases (including immunization) (2) If applicable, Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleeping practices, (3) Medication administration (4) Prevention of and response to emergencies due to food and allergic reactions (5) Building**

and physical premises safety (6) If applicable, Prevention of shaken baby syndrome and abusive head trauma (7) Emergency preparedness and response planning (8) Handling and storage of hazardous materials/correct disposal of bio contaminants (9) Recognition and reporting of child abuse and neglect (10) First aide and CPR and; (11) If applicable, appropriate precautions in transporting children.

According to the HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter D Staff. 2. Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:
(2) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(a) Prevention and control of infectious diseases (including immunizations);
(b) Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleeping practices;
(c) Medication administration;
(d) Prevention of and response to emergencies due to food and allergic reactions;
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(e) Building and physical premises safety;
(f) Prevention of shaken baby syndrome and abusive head trauma;
(g) Emergency preparedness and response planning;
(h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
(i) Recognition and reporting of child abuse and neglect;
(j) First aid and CPR;
(k) If applicable, appropriate precautions in transporting children;
(l) Child Development.

b. License-exempt child care centers: According to the HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program and the HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Out of School Time Facilities Participating in the Child Care Subsidy Program : Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas: (a) Prevention and control of infectious diseases (including immunizations); (b) Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleeping practices; (c) Medication administration; (d) Prevention of and response to emergencies due to food and allergic reactions; (e) Building and physical premises safety; (f) Prevention of shaken baby syndrome and abusive head trauma; (g) Emergency preparedness and response planning; (h) Handling and storage of hazardous materials/correct disposal of bio contaminants; (i)

Recognition and reporting of child abuse and neglect; (j) First aid and CPR; (k) If applicable, appropriate precautions in transporting children; (l) Child Development.

c. Licensed family child care homes: According to the CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES GROUP NIGHTTIME HOMES REGULATIONS AND PROCEDURES: Thereafter, the licensee shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (1) Prevention and control of infectious diseases (including immunization); (2) If applicable, sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices; (3) Medication administration; (4) Prevention of and response to emergencies due to food and allergic reactions; (5) Building and physical premises safety; (6) If applicable, prevention of shaken baby syndrome and abusive head trauma; (7) Emergency preparedness and response planning; (8) Handling and storage of hazardous materials/correct disposal of bio contaminants; (9) Recognition and reporting of child abuse and neglect; (10) First aid and CPR; (11) If applicable, appropriate precautions in transporting children. Thereafter, the substitute shall have at least one (1) hour of annual training from an outside source in each of the following eleven (11) required topic areas: (1) Prevention and control of infectious diseases (including immunizations); (2) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices; (3) Medication administration; (4) Prevention of and response to emergencies due to food and allergic Reactions; (5) Building and physical premises safety; (6) Prevention of shaken baby syndrome and abusive head trauma; (7) Emergency preparedness and response planning; (8) Handling and storage of hazardous materials/correct disposal of Bio contaminants; (9) Recognition and reporting of child abuse and neglect; (10) First Aid and CPR; (11) If applicable, appropriate precautions in transporting children.

According to the HEALTH and SAFETY GUIDELINES REQUIREMENTS AND PROCEDURES For Facilities Participating in the Child Care Subsidy Program
Chapter D Staff. 2. Records on Staff
a. Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:
(2) Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:
(a) Prevention and control of infectious diseases (including immunizations);
(b) Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleeping practices;
(c) Medication administration;
(d) Prevention of and response to emergencies due to food and allergic reactions;
25
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(e) Building and physical premises safety;
(f) Prevention of shaken baby syndrome and abusive head trauma;
(g) Emergency preparedness and response planning;

**(h) Handling and storage of hazardous materials/correct disposal of bio contaminants;**
**(i) Recognition and reporting of child abuse and neglect;**
**(j) First aid and CPR;**
**(k) If applicable, appropriate precautions in transporting children;**
**(l) Child Development.**

d. License-exempt family child care homes: **N/A**

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **N/A**

## 5.7 Comprehensive Background Checks

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

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

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

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

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

5.7.4 In-state sex offender registry (SOR) check

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. **Registered childcare providers under the status of Church Exempt do not conduct CAN registry checks but are not eligible to receive CCDF funding. Church exempt facilities are programs which are an**

**integral part of a local ministry or a religious nonprofit elementary school and are so recognized in the church or school's documents, are not required to be licensed by the Lead Agency.**

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

**[x]** Yes.

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

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

**[x]** Yes.

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

5.7.6 Interstate criminal history check

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

5.7.7 Interstate Sex Offender Registry (SOR) check

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

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

**[x]** Yes.

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

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. **Registered childcare providers under the status of Church Exempt do not conduct CAN registry checks but these facilities do not receive CCFD funds. Church exempt facilities are programs which are an integral part of a local ministry or a religious nonprofit elementary school and are so recognized in the church or school's documents, are not required to be licensed by the Lead Agency.**

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or

prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

**[x]** Yes.

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

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

**[x]** Yes.

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

5.7.9 Disqualifications for child care employment

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

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

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

**[x]** Yes.

**[ ]** No. If no, describe the disqualifying criteria:

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

**[x]** Yes.

**[ ]** No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

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

check?

**[x]** Does not use them to disqualify employment.

**[ ]** Uses them to disqualify employment. If checked, describe:

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

**[x]** Does not use them to disqualify employment.

**[ ]** Uses them to disqualify employment. If checked, describe:

5.7.10 Privacy

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

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

**[ ]** Yes.

**[x]** No. If no, describe the current process of notification: **The Lead Agency needs additional time to meet the requirements for ensuring the privacy of childcare staff members. Currently, the Lead Agency provides the child care provider the results of the in-state and interstate child abuse and neglect registry check that includes information related to each disqualifying event for a staff member (including prospective staff members).**

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

**[ ]** Yes.

**[x]** No. Describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to the appeals process for background checks. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, all background checks are conducted. However, the ineligible individuals are not notified of the results for in-state and interstate child abuse and neglect checks nor are they provided the appropriate information on the opportunity to appeal. The lead agency is in the process of revising notice letters to remedy the non-compliance.**

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

[ ] Yes.

[x] No. Describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to the appeals process for background checks. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, all background checks are conducted. However, affected individuals are not given clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report for in-state and interstate child abuse and neglect checks. The lead agency is in the process of revising notice letters to remedy the non-compliance.**

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

[ ] Yes.

[x] No. Describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to the appeals process for background checks. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, all background checks are conducted. However, the Lead Agency does not ensure that attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime, for in-state and interstate child abuse and neglect checks. The lead agency is in the process of revising notice letters to remedy the non-compliance."**

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

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

[ ] Yes.

[x] No. Describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to the appeals process for background checks. The Lead Agency certifies that additional time is**

**needed to come into compliance with the requirement noted in the letter. Currently, all background checks are conducted. However, the Lead Agency does not ensure that affected individual receives written notice of the decision for in-state and interstate child abuse and neglect checks. The lead agency is in the process of revising procedures to remedy the non-compliance.**

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

**[ ]** Yes.

**[x]** No. Describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to the appeals process for background checks. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, all background checks are conducted. However, the Lead Agency does not facilitate coordination between the Lead Agency and other agencies in charge of background check information and results to ensure the appeals process is conducted in accordance with the Act for in-state and interstate child abuse and neglect checks. The lead agency is in the process of revising procedures to remedy the non-compliance.**

5.7.12 Provisional hiring of prospective staff members

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

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

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

a. FBI criminal background check.

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

b. In-state criminal background check with fingerprints.

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

c. In-state Sex Offender Registry.

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

d. In-state child abuse and neglect registry.

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

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

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

f. Interstate criminal background check, as applicable.

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

g. Interstate Sex Offender Registry check, as applicable.

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

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

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

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

**[ ]** Yes.

**[x]** No. If no, describe: **The lead agency does not allow provisional hiring of prospective staff members.**

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

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

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

**[ ]** Yes.

**[x]** No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **The lead agency received a**

plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to posting of information related to corrective actions. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, all Criminal background check with fingerprints are completed within 45 days. This check includes the following components:
(i) National FBI Criminal history check with fingerprints;
(ii) National Crime Information Center (NCIC), National Sex Offender Registry;
(iii) In-State criminal history check with fingerprints;
(iv) In-State sex offender registry check;
(v) Inter-state criminal history check if individual has lived in another state within the past five (5) years;
(vi) Inter-State sex offender registry check if the individual has lived in another state within the past five (5) years.
In addition, the In State Child Abuse and Neglect Registry requests are completed within 45 days. The lead agency does not have a policy to address Inter State Child Abuse and Neglect Registry Checks. The Lead Agency needs additional time to meet the requirement for Completion of background checks within 45 days.
Currently, the Lead Agency does not have a timeline for compliance for this item.

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

**[x]** Yes.

**[ ]** No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

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

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

**[ ]** Yes.

**[x]** No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. Individuals requesting an interstate criminal history check or interstate sex offender registry check may contact the Alabama Law Enforcement Agency (ALEA) to conduct the search. The applicable fee is paid directly to
ALEA and results are then sent to requesting individual. There are no laws or policies that prevents ALEA from releasing information for the purposes of employment.
Individuals requesting a criminal history check makes contact with the Alabama Law Enforcement Agency (ALEA) to conduct the search. The applicable fee is paid directly to ALEA and results are then sent to requesting individual. There are no laws or policies that prevents ALEA from releasing information for the purposes of employment.

Interstate Child Abuse and Neglect (CAN) Registry Check requests requires the

**individual to complete a CAN Clearance Form found on the lead agency's website. The request must be made by the employer. Results are returned to the employer as well as the individual the CAN clearance was completed on. Results are listed as Indicated and No Data Found. Indicated dispositions are used to reflect a true finding in a CAN investigation.**

**There are no laws or policies that prevent the state from releasing information to an out-of-state entity for the purpose of employment or placement of a child**

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

**[ ]** Yes. If yes, describe the current policy.

**[x]** No.

5.7.15 Consumer education website links to interstate background check processes

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

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to posting of Instructions on initiating background check requests on the Consumer website. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, there is a landing Page for Criminal History Checks, but it does not include all of the required instructions on this one page. The current link is https://dhr.alabama.gov/child-care/instructions-for-child-care-licensing-background-checks/**
**Currently, the Lead Agency does not have a timeline for compliance for this item.**

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

b. Interstate criminal background check:

i. **[ ]** Agency name

ii. **[ ]** Address

iii. **[ ]** Phone number

iv. **[ ]** Email

v. **[ ]** Website

vi. **[ ]** Instructions

vii. **[ ]** Forms

viii. **[ ]** Fees

ix. **[ ]** Is the State a National Fingerprint File (NFF) State?

x. [ ] Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to posting on Lead Agency's consumer and provider education website. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, there is a landing Page for Criminal History Checks, but it does not include all of the required interstate background check components. The current link is https://dhr.alabama.gov/child-care/instructions-for-child-care-licensing-background-checks/**
**Currently, the Lead Agency does not have a timeline for compliance for this item.**

c. Interstate sex offender registry (SOR) check:

i. [ ] Agency name

ii. [ ] Address

iii. [ ] Phone number

iv. [ ] Email

v. [ ] Website

vi. [ ] Instructions

vii. [ ] Forms

viii. [ ] Fees

ix. If not all boxes above are checked, describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to posting the required elements on the Lead Agency's consumer and provider education website for each interstate background check component. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, there is a landing Page for Criminal History Checks, but it does not include all of the required Interstate sex offender registry (SOR) check components. The current link is https://dhr.alabama.gov/child-care/instructions-for-child-care-licensing-background-checks/**
**Currently, the Lead Agency does not have a timeline for compliance for this item.**

d. Interstate child abuse and neglect (CAN) registry check:

i. [ ] Agency name

ii. [ ] Is the CAN check conducted through a county administered registry or centralized registry?

iii. [ ] Address

iv. [ ] Phone number

v. [ ] Email

vi. [ ] Website

vii. [ ] Instructions

viii. [ ] Forms

ix. [ ] Fees

x. If not all boxes above are checked, describe: **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliance related to posting the required elements on the Lead Agency's consumer and provider education website for each interstate background check component. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, there is a landing Page for Criminal History Checks, but it does not include all of the required Interstate child abuse and neglect (CAN) registry check components. The current link is https://dhr.alabama.gov/child-care/instructions-for-child-care-licensing-background-checks/**
**Currently, the Lead Agency does not have a timeline for compliance for this item.**

5.7.16 Background check fees

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

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

**[x]** Yes.

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

5.7.17 Renewal of the comprehensive background check

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

**[ ]** Yes.

**[x]** No. If no, what is the frequency for renewing each component? **The lead agency received a plan approval letter on December 13, 2021, notifying the lead agency of a non-compliances related to conducting background checks at least every 5 years and having a procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. Currently, all background checks are conducted. However, procedures are not in place to ensure that background checks were conducted at least every 5 years or that providers who are separated from employment for more than 180 consecutive days receive a full background check. The lead agency is in the process of revising procedures to remedy the non-compliances.**

## 5.8 Exemptions for Relative Providers

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

5.8.1 Exemptions for relative providers

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

**[ ]** No.

**[x]** Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **The Lead Agency exempts the following from licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and background checks: grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles.**

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

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

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

## 6.1 Supporting the Child Care Workforce

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

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

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[ ]** Providing program-level grants to support investments in staff compensation.

ii. [ ] Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. [ ] Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. [ ] Subsidizing family child care provider and center-based child care staff retirement benefits.

v. [ ] Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. [ ] Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. [x] Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. [ ] Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency contracts with Quality Enhancement Agencies to provide financial support to qualified early child care professionals working in child care centers/programs and family and group homes to obtain a Child Development Associate (CDA) credential, a widely recognized credential in early childhood education administered by the Council for Professional Development. The CDA Credential guides early child care professionals as they work toward becoming qualified teachers of young children. The Lead Agency also contracts with Quality Enhancement Agencies to provide scholarship assistance through the T.E.A.C.H. Program (Teacher Education and Compensation Helps). This scholarship program helps early learning professionals increase their level of education and effectiveness in the classroom by making the educational process more attainable and affordable, and by increasing their potential to earn higher wages and reduce staff turnover.**

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency currently does not provide access to benefits, including health insurance, paid sick, personal, and parental leave and retirement benefits. Future plans include the Lead Agency investigating feasibility of child care providers accessing benefits in collaboration with other nonprofit agencies and encouraging providers to offer insurance.**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **CCDF funding is currently provided to Quality Enhancement Agencies (QEAs) to support ongoing efforts to support the mental health and well-being of the child care workforce in the following ways: QEAs currently design and offer mental health support via trainings including but not limited to adult self-care, adult self-regulation, and adult resilience. In addition, mental health consultants, mentors, and coaches offer indirect services to child care staff and provide training**

conferences.
Teachers' mental health is also addressed through the Challenging Behavior project in the usage of the Devereux model and Conscious Discipline model. The Devereux model addresses adult resilience. Coaches work with teachers using the Deveraux Adult Resilience Scale (DARS) to address teacher morale, burnout, and retention. Coaches also work directly with the director, using the Devereux Adult Resilience Leadership Scale (DARLS) to support administration in creating a psychologically safe workplace, so that teachers may use the strategies that are being taught in the classroom. Through the use of the tools created explicitly to support adult resilience, administration has a better understanding of stress that teachers experience in the classroom. All coaches carry the Infant Early Childhood Mental Health credential (IECMH) which prepares coaches to prioritize teacher and student mental health. Future plans to support the mental health and well-being of the child care workforce include to continue the aforementioned efforts. The Lead agency will reassess and look at additional ways to support staff's mental health and well-being of the child care workforce.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. The lead agency is implementing a workforce recruitment program with the Alabama Community College System Adult Education Program to create the Accelerated Child Care Educator Credential (ACEC). The credential is a workforce initiative that prepares individuals interested in the field of child care. Participants complete comprehensive training and an apprenticeship with a licensed facility. Successful completion of the ACEC will prepare a candidate for immediate hire in a licensed child care facility. The lead agency also contracts with community-based regional Quality Enhancement Agencies to provide recruitment services statewide through job fairs, consumer education materials, quarterly training calendars, monthly newsletters, and vendor exhibits at local conferences. Retention efforts include the T.E.A.C.H (Teacher, Education and Compensation Helps) Early Childhood Alabama Scholarship Program. This program was developed to increase the level of education and effectiveness of early learning professionals by making the educational process more affordable, increasing wages, and reducing staff turnover rates as a means of retention. Under this scholarship, participants agree to continue their work in a child care facility upon the completion of the degree or credential achieved.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. All providers, including providers that receive CCDF, have access and opportunities for professional development, technical assistance, and support through regional and Quality Enhancement Agencies (QEAs). All Lead Agency funded training is free to childcare providers. QEAs offer a variety of training options including onsite training, day, and evening sessions. QEAs offer training and supports to encourage providers to operate their programs consistent with effective management skills and business practices. Strategies offered through training and technical assistance (TA) to strengthen providers' business practices include: Director's forums that include training specific to the

**managerial duties of child care directors and owners, training on using computers and social media, budgeting, program marketing and preparing a marketing plan that includes a clear sense of identity for the program, outreach to parents in provider communities, understand and learn who will be the target families for services; and for new/potential providers considerations for opening a new child care program. Providers also receive training on the Strengthening Business Practices curriculum, a series course that addresses basic concepts in fiscal and operational management of family and center-based child care businesses.**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[ ]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

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

a. Providers and staff with limited English proficiency: **Providers and staff with barriers in English proficiency are identified during the registration process to participate in the child care subsidy program. Accommodations such as the lead agency's interpreter services are provided to assist with registration. Information and resources are made available to childcare providers and staff with limited English proficiency in other languages as needs are identified through google translation software.**

b. Providers and staff who have disabilities: **Providers and staff who have disabilities are identified in the registration process prior to participation in the childcare subsidy program. Accommodations can be provided to those identified with a disability by contact with the Alabama Department of Rehabilitation Services or the Governor's Office on Disability.**

## 6.2 Professional Development Framework

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

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

6.2.1 Updates and consultation

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

**[ ]** Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

**[x]**No.

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

**[x]** Yes. If yes, identify the other key groups: **The Lead Agency met with its Child Care Citizen's Coordinating Committee, which serves as the agency's state advisory council, on the development of the plan. The committee is charged with advising the Lead Agency on child care issues and making recommendations for ongoing services. The committee was also given a survey to complete in assisting with the development of the plan.**

**[ ]** No.

6.2.2 Description of the professional development framework

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

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The professional standards are developed within the domains of self-concept/ emotional, social, language and literacy, physical and cognitive developments. The competencies are based on eight core knowledge areas, which are distinct categories of study that prepare early childhood professionals to facilitate children's learning and development. Competencies become more advanced as an individual progresses through the guidelines. All core knowledge areas are rated basic, intermediate, and advanced competencies.**

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Alabama Pathways Professional Development Lattice provides early care and education professionals with a tool to track their professional development. Each individual**

**can identify her/his current place on the Alabama Pathways Professional Development Lattice, as well as the progressive path to enhanced training and education within the field of early care and education.**

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Lead Agency convened a Professional Development Plan Steering Committee consisting of representatives from various early care and education stakeholder groups to plan and develop the Alabama Pathways professional development system to address the training and education needs of caregivers and teachers in the field of early childhood and school-age care. The Department of Early Childhood Education (DECE) is a partnering agency which serves on the State Advisory Council. Also, DECE was a member of the Professional Development Steering Committee. Currently, the Child Care Citizen's Coordinating Committee, which serves as the agency's state advisory council has input on changes and development of the Alabama Pathways professional development system.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Articulation agreements are within two- and four-year higher education institutions. Most are local agreements but there is articulation between the Alabama College System (2- year colleges) and the University of Alabama (one of the state's largest 4-year universities) to accept child development course work obtained at an institution in the Alabama Community College System.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Lead Agency's professional development registry is currently for all providers and mandatory for licensed child care facilities. Individuals report credentials, degrees, training, and work history.**

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The Lead Agency provides scholarships, stipends, and other financial stipends (i.e., book vouchers) to support continued education for child care providers in pursuit of obtaining credentials or a higher degree in early childhood education. Individuals may also qualify to receive a financial incentive for successful completion of an educational program.**

b. Does the Lead Agency use additional elements?

**[x]** Yes.

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

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **Continuing Education Units (CEU) trainings are available**

from regional Quality Enhancement Agencies. Credit-bearing professional development is available from Alabama Community College System through the Teacher Education and
Compensation Helps (T.E.A.C.H) Early Childhood Scholarship Programs and the Leadership in Child Care Scholarship program. The Accelerated Child Care Educator Credential and the Alabama Infant Toddler Credential are both optional pathways to obtain Level 1 on the Alabama Professional Development Lattice (framework).

ii. [ ] Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe:

iii. [ ] Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

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

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? Professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served through training offered to providers by offering multiple methods of achieving higher levels of education attainment as well as certifications and credentials in early learning. The Alabama Professional Development Lattice provides guidance on levels of training and education specific to early childhood and school age care. The Alabama Pathways Professional Development Lattice captures eight levels of training and education to guide caregivers and teachers of children from birth to twelve years on the path that promotes high quality care and education. The Lead Agency offers all early learning staff opportunities to acquire child development and early childhood training provided through professional organizations, quality enhancement agencies, and some colleges and universities.

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? The Lead Agency encourages continued education and credential attainment through scholarship programs to assist providers in attaining credit bearing credentials, post-secondary degrees, and paid online training subscriptions. The Leadership in Child Care Scholarship program provides financial assistance (tuition and selected fees) to qualified child care professionals working in the child care centers/programs and family and group homes to obtain a Child Development Associate (CDA) Credential, Short-Term Certificate, Certificate, or Associate in Applied Science /Technology Degree in Child Development/Early Care and Education studies. The T.E.A.C.H (Teacher, Education and Compensation Helps) Early Childhood Alabama Scholarship Program was developed to increase the level of education and effectiveness of early learning professionals by making the educational process more affordable, increasing wages, and reducing staff turnover

**rates as a means of retention. Under this scholarship, participants agree to continue their work in a child care facility upon completion of the degree or credential achieved. Scholarships are currently offered for the CDA (Child Development Associate) Assessment Fee, Associate Degrees in Child Development and Early Care and Education. The T.E.A.C.H. Early Childhood Alabama Scholarship Program awards bonuses for participants who complete T.E.A.C.H. educational goals. The program also pays travel stipends and provides release time for participants to attend classes. The Leadership in Child Care Scholarship program reimburses scholarship recipients the application cost of obtaining the CDA credential.**

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Alabama Department of Early Childhood Education is the lead agency for Preschool Development Grant Birth-through-Five (PDG B-5) grant and is responsible for establishing an advisory structure to identify goals. However, the Lead Agency is a partner with the Alabama Department of Early Childhood Education and participates in PDG B-5 advisory structure.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Lead Agency plans to revisit its professional development framework as it is in the process of establishing a statewide professional development registry. The state's advisory council, The Child Care Citizens' Coordinating Committee and professional development professionals will establish a new steering committee for updates to the framework.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency does not collect this data.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency does not provide financing for workforce compensation.**

## 6.3 Ongoing Training and Professional Development

### 6.3.1 Required hours of ongoing training

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

a. Licensed child care centers: **The director, teachers' aides/assistant teachers, all service staff and all substitutes shall have at least one (1) hour of annual training in each of the eleven (11) required CCDF training topics. In addition to the CCDF training, directors shall obtain at least twenty-four (24) clock hours of training each year; childcare workers/teachers shall obtain at least twelve (12) clock hours of training each year; service staff (such as cooks, bus drivers, janitors) shall obtain at least four (4) clock hours of training each year.**

b. License-exempt child care centers: **Childcare workers/teachers shall have at least one (1) hour of annual training in each of the twelve (12) required Health and Safety categories.**

c. Licensed family child care homes: **Family Homes-The licensee and substitute shall have at least one (1) hour of annual training from the eleven (11) required CCDF training topics. In addition to the CCDF training topics, the licensee shall have at least twenty (20) clock hours of training related to childcare, and all substitutes shall have at least six (6) hours of training related to childcare annually. In a Group Homes, the licensee shall have at least twenty (20) clock hours of training related to childcare annually. The assistant caregiver shall have twelve (12) clock hours of training related to childcare and substitutes shall have six (6) clock hours of training related to childcare annually. The licensee, assistant caregiver and substitutes shall have at least one (1) hour of annual training in each of the eleven (11) required CCDF training topics.**

d. License-exempt family child care homes: **Not applicable**

e. Regulated or registered in-home child care: **Not applicable**

f. Non-regulated or registered in-home child care: **NA**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **All providers that receive CCDF have access and opportunities for professional development, technical assistance, and support through regional and targeted quality enhancement agencies. Providers supported through the state's tribal organization (the Poarch Band of Creek Indians) are able to access and participate in all training available to providers receiving Lead Agency funding. All child care providers receive quarterly training calendars from the regional Quality Enhancement Agencies. Training agencies are listed on the CCDF lead agency website along with links to the training agency's website.**

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

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Training and professional development activities are offered by the Lead Agency, in response to documented needs and are designed to improve the quality of child care provided to children of different ethnicities, race including Native Americans, special needs, varying ages including infants**

**and toddlers, and individuals with limited English proficiencies. A variety of methods are encouraged, including resource libraries, provider networks, mentoring programs, and distance education. In collaboration with the Department of Public Health and Quality Enhancement Agencies. The Child Care Enhancement with a Purpose (CEP) initiative offers free inclusion training to childcare providers. CCEP utilizes experienced teachers and therapists to share simple, practical ways to work with and include children with special needs in daycare centers or home programs. This program offers a curriculum with a multidisciplinary approach, which utilizes developmentally appropriate practices and resources for assistance. The Alabama Early Learning Guidelines (AELG) credential training offers 9 modules of training to child care providers in domains specific to the development of children from birth through age five, including self-concept and emotional development, social development, physical development, language and literacy, and cognitive development. The training uses scientifically based, developmentally and age-appropriate strategies, and incudes activities that providers can implement in their programs. The AELG document includes a scientifically, research-based assessment tool. The After-School Community Network provides training to providers that specifically address activities and care for school age children.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Information is shared by the Child Care Management Agencies (CMAs) and the Lead Agency Child Care Intake line. CMA agencies share information on the Help Me Grow Alabama and 2-1-1 Connects Alabama. The agencies connect families to health and developmental resources for children birth to age eight. The lead agency's funded initiative with Alabama Partnership for Children's Help Me Grow Alabama (a national model) offers free developmental screening to parents and child care providers using the Ages and Stages Questionnaires (ASQ-3 and ASQSE-2). Individuals with limited English proficiency and individuals with disabilities will be referred to the Free Communications Assistance line and/or the Alabama Relay Service. Through the Lead Agency's agreement with Alabama Department of Public Health and United Cerebral Palsy of the Huntsville and the Tennessee Valley training and technical assistance is provided to child care providers on the resources available to obtain developmental screenings, recognizing children at risk of developmental delays, and referral of children potentially eligible for Alabama's Early Intervention System.**

## 6.4 Early Learning and Developmental Guidelines

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

cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[ ]** Other optional domains. Describe any optional domains:

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Lead Agency has not made changes to the current Alabama Early Learning Guidelines since the original version was developed in 2009.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://dhr.alabama.gov/wp-content/uploads/2019/07/AELG.pdf**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Early Learning Guidelines are used to train childcare providers. They are presented as a guide of building blocks that are important to support early care and education providers in preparing each child for future success in school and in life. The guidelines are intended to be inclusive of all children. The ages of birth through 5 are critical to child development, and these guidelines are developed along a continuum that embraces all ages within that span, with appropriate consideration for unique characteristics of development at each age. Children must receive appropriate nurturing and education within and outside their**

**families from birth onward if they are to develop optimally.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

# 7 Quality Improvement Activities

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

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

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

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

## 7.1 Quality Activities Needs Assessment

### 7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated:

**The Lead Agency entered into an interagency agreement with the University of Alabama College of Education to complete a statewide needs assessment related to child care quality activities which resulted in a needs assessment report to assist the Lead Agency in understanding the current community needs related to early care and education and quality activities. Focus groups were conducted with center-based and home-based child care providers, families, and community leaders in each region of the state about their specific needs related to quality activities in early care. Focus group protocols were developed collaboratively by University of Alabama College of Education (UA) and Alabama Department of Human Resources (DHR). A review and summary of existing published and unpublished data about child care needs in the state were used to supplement primary data collection. This included sources like Kids Count, previously conducted needs assessments, evaluations of specific programs such as Early Head Start Child Care Partnerships, and other relevant data. As needed to supplement the focus groups and existing data, an online and paper survey was provided to collect additional information about community needs. Survey questions were developed together by UA and DHR. The final report was prepared by UA and submitted to DHR in May 2023 to summarize the results of focus groups and other data sources.**

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Overall, administrators and teachers expressed satisfaction with stabilization grants made available to teachers, including that these grants assisted to reduce turnover and increased classroom quality, including continuity of care. Stakeholders expressed satisfaction with the recently revised Quality Rating and Improvement System (QRIS), Alabama Quality STARS (No acronym, Alabama's naming system for the QRIS), mentioning the points-based Best Practices Rubric and the financial incentives made available as noteworthy best practices. Families reported they primarily find childcare through word of mouth, including friends and families, and social media. However, most families were still unaware of many of the resources Alabama Department of Human Resources (DHR) provides. Center-based and family child care educators expressed concern around the number of training hours required annually, especially those participating in CCDF. However, educators expressed overall satisfaction with the variety of professional development available to them, with some requests for additional trainings to be created on specific topics.**

## 7.2 Use of Quality Set-Aside Funds

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

### 7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency will post the approved Quality Progress Report on the Alabama Department of Human Resources website.**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

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

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

[x] Yes. If yes, describe current and future investments. **The Lead Agency currently contracts services with vendors and regional quality enhancement agencies to provide training, professional development, and technical assistance to the child care workforce through various initiatives targeting each of the developmental domains and health & safety topics in the CCDF required training areas. The Lead Agency contracts with Auburn University-Truman Pierce Institute to provide training to child care providers caring for afterschool-age children. Quality Enhancement Agencies offer a variety of training options including on-site training, day and evening trainings targeting teachers/caregivers of different age groups, and inclusive trainings through the Child Care Enhancement with A Purpose initiative. Trainings meet Alabama Performance Standards' requirements, CDA subject areas, and the Alabama Pathways Development Core Knowledge areas. The State's training subscriptions with Kaplan Early Learning Quorum's E-Learning platform. These trainings offer support health & safety standards, specifically for child care programs receiving CCDF.**

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

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

[x] Yes. If yes, describe current and future investments. **Training on the Alabama Early Learning Guidelines (AELG) is required for all providers participating in the Alabama Quality STARS. The Quality Enhancement Agencies are required to include training on the AELG as part of their basic training requirements which are provided online and in basic format.**

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

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

[x] Yes. If yes, describe current and future investments. **The Lead Agency invests in and maintains a Quality Improvement program.**

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

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

[x] Yes. If yes, describe current and future investments. **The Lead Agency invests in and maintains an Infant Toddler Specialist Network that is housed at the University of Alabama and operates statewide, with one infant toddler specialist serving every region in the state.**

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

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

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

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

[x]Yes. If yes, describe current and future investments. **The Lead Agency funds training in both, in-person and e-learning formats for providers to gain instruction and guidance on meeting and implementing compliance measures in health and safety standards. The Lead Agency utilizes CCDF funds to provide inspectors known as child care consultants, which are tasked with inspecting child care facilities and monitoring compliance with the state's licensing standards, as well as the state's health and safety guidelines.**

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

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

[x] Yes. If yes, describe current and future investments. **The Lead Agency will continue to conduct a Needs Assessment every two (2) years.**

viii. Accreditation support.

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

[x] Yes. If yes, describe current and future investments. **The Lead Agency funds the Family Child Care Partnership initiative to assist family child care providers to attain and maintain National Association for Family Child Care (NAFCC) accreditation.**

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

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

[x] Yes. If yes, describe current and future investments. **The Lead Agency has established these indicators in its Quality Rating and Improvement System: physical activity, learning environments and curriculum, staff/provider qualifications and professional development, teacher/provider-child relationships, teacher/provider instructional practices, family partnerships and family strengthening, and early learning guidelines to develop high quality standards in child care facilities.**

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

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

# 8 Lead Agency Coordination and Partnerships to Support Service Delivery

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

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

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

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

### 8.1.1 Coordination with required and optional partners

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

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Alabama Department of Early Childhood Education (DECE) houses the work of the State Advisory Council through the Children's Policy Council and the Head Start Collaboration Office. In coordination with these two programs, the lead agency supports services to extend the day for children in the Pre-K program and Head Start program by offering families that participate in the child care subsidy program before and after school care in facilities that choose to participate as a subsidy provider.**

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The tribal organization in Alabama is the Poarch Band of Creek Indians (PCI). PCI does not have child care options on the reservation but uses licensed providers that are within proximity to the reservation for families receiving assistance from PCI. PCI is also a member of the lead agency's child care advisory council and collaborates on all decisions in accessibility of child care. The lead agency makes training and professional development opportunities available to child care facilities serving tribal families in order to maintain licensing requirements and health and safety standards.**

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

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **A Memorandum of Understanding (MOU) was established between the lead agency, the Alabama Head Start Collaboration Office, the Alabama Department of Rehabilitation Services Division of Early Intervention and Children's Rehabilitation Services, and the Alabama State Department of Education Special on June 10, 2013. The results of this MOU has been a collaboration of the agencies in identifying and serving children with disabilities from birth to age five and helping their families establish formal linkages with Part C providers and local education agencies.**

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The State Collaboration Director serves on various committees for the CCDF Lead Agency, including the Child Care Citizen's Coordinating Committee and the Early Head Start-Child Care Partnership Governing Committee. The results of the coordination has led to shared services between Head Start, child care and pre-k, such as coaching, training, the cross- sector use of curriculum and assessment tools, and technical assistance. Coordination with the Head Start State Collaboration Office helps the Lead Agency coordinate the implementation of child care initiatives that impact Head Start and child care providers in the Lead Agency's Early Head Start-Child Care Partnership Program.**

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Alabama Department of Public Health work is to promote, protect, and improve health for all Alabamians. The agency has various programs in its purview including the vital records of birth, death, marriage and divorce, ALL Kids health coverage for children under 19, the Women, Infants and Children's nutritional program and immunizations. The lead agency's collaboration with the Department of Public Health garners support to child care programs in meeting licensing performance standards by child care facility health inspections, systems to support referrals for health care services, and obtaining information of immunizations for children served in the child care setting. Members from the Alabama Department of Public Health also serve on the Lead Agency's advisory council, the Child Care Citizen's Coordinating Committee, which further strengthens collaboration efforts between the two agencies. The results of the coordination has been the creation of initiatives funded by the lead agency such as Healthy Child Care Alabama, which provides first aid training and CPR certification, health education and solutions related to or affecting children's health and safety in the child care setting, and to help meet CCDF health and safety requirements.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The lead agency has meet with local Economic Development Agencies about creating access to quality child care and creating opportunities for families to join the child care workforce. The results of the meetings has been to design plans to address child care options for families in need of non-traditional hours, work-site child care services, and extended day services for employees that work more than eight-hour days. Plans have been implemented to address increasing the child care workforce that assist individuals to open a family or group childcare home.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Alabama Department of Education to provide quality extended-day services for school-age children through grants awarded to Local Education Agencies. Funds target rural areas and low-performing school sites. The goal of this program and agency coordination is to integrate strategies that enhance the quality of care in extended-day child care settings and increase the availability of quality out of school programs. The Alabama Department of Early Childhood Education is responsible for the public Prekindergarten for the state and coordinates with the lead agency for extended-day services for before and after school care. The results of these collaborations are the various child care programs that now offer extended day services for pre-K and school age children, many which are Child Care Subsidy Program participating providers.**

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency is also the state agency responsible for child care licensing. The Office of Child Care Licensing conducts all Health and Safety monitoring visits for CCDF providers and is responsible for the issuance of licenses or exemptions to all providers in the state in order to legally operate.**

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Child and Adult Care Food Program is administered by the Department of Education. The lead agency has representation from the Department of Education on its advisory council. The coordination of services between the two agencies are based on requirements that childcare programs must receive a license or exemption from the Lead agency for participation in the food program. The Lead Agency also serves in an advisory capacity to the CACFP in regard to proposed changes in its policies and procedures. The results of this collaboration between the two agencies enables childcare providers access to nutritional foods and training to offer well balanced meals that is a cost savings to providers.**

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Alabama State Department of Education (ALSDE) houses the McKinney-Vento State Homeless Program. Coordination efforts have resulted in training on Subsidy Program eligibility and services for city and county homeless liaisons and training for Child Care Management Agencies and Quality Enhancement Agencies and in the development of a priority eligibility policy for homeless families. ASLDE has representation on the Lead Agency's Child Care Coordinating Committee and the Lead Agency is represented on their advisory council.**

**The coordination of both agencies is as such that children in need of assistance may access it by the sharing of the availability of services. The homeless liaisons share information on how to make application for childcare and direct families to the Child Care Management Agencies.**

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Lead Agency is also the state agency for TANF (Temporary Assistance for Needy Families) services. The Child Care Services Division coordinates with**

the Family Assistance Division, who administers TANF, to provide priority for care for children of families participating in the TANF JOBS (Job Opportunity and Basic Skills) program. Services are offered through a referral system, thereby reducing the need for families to attend multiple interviews to assess eligibility. The goal is to provide priority access to child care for families participating in the program to enable the recipients to engage in work and/or training activities.

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Alabama Department of Public Health (ADPH) operates the state's Children's Health Insurance Program. ADPH is a member of the Lead Agency's Child Care Citizen's Coordinating Committee and provides input to the Lead Agency on CCDF policy throughout year. The Lead Agency partners with the ADPH to implement Healthy Child Care Alabama, which provides nurse health consultant services and health and safety training to child care providers.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The lead agency is a founding member of First 5 Alabama which serves as the Alabama Association for Infant and Early Childhood Mental Health, a professional association to support increased competencies for child care and other service providers to address young children's mental wellness and social/emotional development. The result of this collaboration provides training and technical assistance to providers and families seeking such services.**

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The CCDF Lead Agency contracts with Child Care Management Agencies to administer eligibility services for the Child Care Subsidy Program and quality enhancement services, including training and consumer education. The Child Care Management Agencies and the comprehensive Quality Enhancement Agencies serves in the capacity for the lead agency as the Child Care Resource and Referral agencies. The Lead Agency's relationship with these local agencies has allowed for expansion of resources in the child care arena and allowed for blending of local, private and public funding to support child care initiatives and to increase quality.**

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency is a member of the statewide afterschool network association and has contracted with Truman Pierce Institute of Auburn University to provide training and quality standards for after-school programs. The Lead Agency also coordinates services with Alabama Department of Education providing grants to selected afterschool programs for activities to increase quality in those programs. A representative from the Truman Pierce Institute is a member of the Lead Agency's Child Care Citizen's Coordinating Committee.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency has collaborated with State and Local Emergency Management Agencies through the agency's designated liaison to assist in the development of the Emergency Preparedness Plan and to provide training and technical assistance to child care providers on the creation and implementation of disaster preparedness plans.**

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

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Lead Agency is the state grantee for the Early Head Start-Child Care Partnership Program. The CCDF program has aligned its eligibility policies with the EHS-CCP Program to better meet the needs and streamline the eligibility process for family's eligible and receiving services through both programs.**

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: **The Lead Agency coordinates with the Alabama Community College System of two-year colleges to provide scholarships for child care providers to obtain a credential, certificate, Associate's degree, or Bachelor's degree through the T.E.A.C.H and Leadership in Child Care Scholarship (LICC) Programs. Through collaborative efforts of the Lead Agency, Quality Enhancement Agencies, and Community Colleges, a child care resource library is housed at three community colleges. The libraries are partially staffed by Child Development and Early Care and Education students at the college.**

iii. **[ ]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

iv. **[ ]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe:

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

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Lead Agency is also the agency for Child Welfare services. Program coordination allows for Protective Service and Foster Care families to receive priority for child care services. Child Welfare staff provides training on child abuse and neglect detection and prevention to child care providers.**

vii. **[x]** Child care provider groups or associations. Describe: **The ongoing coordination provides knowledge of the Lead Agency's policy related to child care issues, allows ongoing input from the provider community into the provision of CCDF funded services, and provides awareness and training on new child care initiatives implemented by the Lead Agency that can be shared with the associations' at-large membership.**

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool

programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

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

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

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

**[x]** No. (If no, skip to question 8.2.2)

**[ ]** Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

**[ ]** Title XX (Social Services Block Grant, SSBG)

**[ ]** Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

**[ ]** State- or Territory-only child care funds

**[ ]** TANF direct funds for child care not transferred into CCDF

**[ ]** Title IV-B funds (Social Security Act)

**[ ]** Title IV-E funds (Social Security Act)

**[ ]** Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

*Note:* Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

**[ ]** Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

**[x]** Yes. If yes, describe which funds are used: **Funds allocated by the state of Alabama legislature.**

**[ ]** No.

b. Does the Lead Agency use donated funds to meet match requirements?

**[ ]** Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

**[x]** No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

**[x]** Yes.

**[ ]** No. If no, describe:

## 8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

### 8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

**[ ]** No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

**[ ]** No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

**[x]** Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
**The Lead Agency contracts with community-based regional Quality Enhancement Agencies (QEAs) to maximize the quality services offered by child care providers for children and families in Alabama. QEAs services include: Training and technical assistance to child care providers, resource libraries, provider networks, mentoring, on-site training, distance learning, professional development activities to assist child care providers in surpassing**

**state minimum licensing standards, obtaining credentials, certificates or degrees, encouraging providers to operate their programs with effective management skills and business practices, and consumer education to inform the public about quality child care and to assist families in making informed child care choices. Each of the QEAs are responsible for maintaining current trends in child development and make access available through their website, community and statewide events, and their physical location. There are seven comprehensive regional quality enhancement agencies operating in nine regions. Regional agencies provide childcare and referral services to the public and services to all categories of providers within the region and on all quality topics.**

**The lead agency also has contracts with local agencies known as the Child Care Management Agencies (CMA) that also provide resource and referral services to families seeking child care assistance. The CMAs are primarily tasked with providing eligibility services to families however they may assist with locating child care providers for families as well. These agencies collect this data by keeping a log of the types of referrals and request made by individuals that contact their agency. This data is shared with the lead agency each year to report their outreach efforts.**

## 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency collaborates with the Alabama Partnership for Children (APC), a private non-profit agency, to fund the TEACH Early Childhood Program. This program, along with the Lead Agency's relationship with 22 community colleges, has allowed for increased training and educational opportunities for providers. An ongoing relationship with the Child Care Resource Center and Employer Child Care Alliance promotes an increase in the number of corporate partners that support quality initiatives in child care. Many of the local agencies funded by the Lead Agency to implement Quality initiatives are developing private partnerships to supplement funding for quality activities and to maintain sustainability of quality services.**

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Child Care Disaster Plan was recently updated January 2024. It was updated to include new verbiage and clarify procedures.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

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

**[x]** State human services agency.

**[x]** State emergency management agency.

**[x]** State licensing agency.

**[x]** State health department or public health department.

**[x]** Local and State child care resource and referral agencies.

**[x]** State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

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

**[ ]** Procedures for evacuation.

**[ ]** Procedures for relocation.

**[ ]** Procedures for shelter-in-place.

**[ ]** Procedures for communication and reunification with families.

**[ ]** Procedures for continuity of operations.

**[ ]** Procedures for accommodations of infants and toddlers.

**[x]** Procedures for accommodations of children with disabilities.

**[x]** Procedures for accommodations of children with chronic medical conditions.

vi. **[ ]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[ ]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe: **The lead agency received a Preliminary Notice of Possible Non-Compliance letter on February 22, 2022, notifying the lead agency of a non-compliance related to the lead agency's emergency preparedness and response plan. The lead agency certifies that**

**additional time is needed to come into compliance with the requirement noted in the letter. The lead agency does not require procedures for evacuation, relocation, shelter-in-place, or lock down, and continuity of operations for licensed day care centers, licensed family day care homes/group day care homes, out of school time facilities, and legal exempt providers. The lead agency does not require procedures for accommodation of toddlers for licensed day care centers, licensed family day care homes/group day care homes, and legal exempt providers. The lead agency received a Preliminary Notice of Possible Non-Compliance letter on May 9, 2024, notifying the lead agency of a non-compliance related to the lead agency's emergency preparedness and response plan. The lead agency does not require volunteer emergency preparedness training and practice drills standards. The lead agency also does not lists on the inspection checklists the requirement for communication with families for any CCDF Licensed Provider. The lead agency certifies that additional time is needed to come into compliance with the requirements noted in the letters. The lead agency does have the remaining requirements in its emergency preparedness and response plan and monitors child care providers for plans in their facilities.**

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **This information is not available yet on the website.**

# 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

## 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

### 9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **All complaints are documented in the agency's Child Care Management System (CCMS). This system maintains the nature of the complaint, the results of the investigation, the date the complaint was received, the date the complaint was investigated and completed, as well as any other agency to which that complaint needs to be referred. Parents may contact the lead agency childcare licensing unit by emailing the intake line at childcarelicensingintake@dhr.alabama.gov or calling the intake line to report complaints about childcare providers. All complaints received are sent to the assigned licensing consultant and supervisor. The supervisor completes a risk assessment score for each complaint based on the severity or risk of harm, the scope or how many children could be harmed, how long it will take for harm, and facilities' current and past level of compliance. The risk score serves as a guide in determining the timeframe in initiating the complaint investigation. Based on the score of each complaint, the investigation could be initiated as soon as upon receipt, but not longer than 16-25 calendar days. The final completion of the complaint components must be completed within 30 days of assignment, unless approval is given by the consultant's supervisor to exceed this specified timeframe. This process is the same for CCDF and non-CCDF providers and licensed and licensed-exempt providers.**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The website is accessible in multiple languages. All information on the website can be translated into different languages by clicking on the translation option at the bottom of the webpage. Also, there is a translator service available for parents who call in and speak other languages,**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The website is easily readable, in plain language, and is navigable with a minimum number of clicks. The website meets compliance with the America Disabilities Act (ADA) in ease of access.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

**[x]** Yes. If yes, describe: **For all licensed providers and CCDF providers, complaints are received and recorded by licensing childcare consultant. The consultant receiving the complaint forwards the complaint to the appropriate assigned consultant as well as the consultant's supervisor. The supervisor will complete a risk assessment score for each complaint based on the severity or risk of harm, the scope or how many children could be harmed, how long it will take for harm, and facilities' current and past level of compliance. The risk score will serve as a guide in determining the timeframe in initiating the complaint investigation. Based on the score of each complaint, the investigation could be initiated as soon as upon receipt, but not longer than 16-25 calendar days. The supervisor will forward the risk assessment score to the appropriate consultant. The final completion of the complaint components must be completed within 30 days of assignment, unless approval is given by the consultant's supervisor to exceed this specified timeframe. All licensed providers' complaints are investigated through a monitoring visit for the state's minimum standards for licensing. Information is gathered to determine the type of violations and determine if it needs to be reported to the**

**County Protective Service Unit for further investigation. Any violations that involve hazardous conditions are to be corrected immediately, when possible. If the provider is unable to correct the hazard, the provider must submit a written plan of action on when and how the hazard will be addressed and corrected. Other non-health and safety violations are discussed with the facilities' representative, and the completion date will be determined based on the nature of the violation. All corrections are verified for completion by the consultant. This process is the same for all licensed CCDF and licensed non-CCDF providers. For license exempt non-CCDF providers, all of the above complaint procedures are the same for with the following exceptions: license exempt providers are not investigated for minimum standards, but by the requirements of the Child Care Safety Act. All hazards and safety concerns are discussed with the facilities' representative, and the facilities' representative is encouraged to correct hazards. A plan of action is not required from these providers, nor is the consultant required to make a follow-up visit. After the investigation, all complaints and findings of the investigation are submitted in writing to the local District Attorney for further investigation.**

**[ ]** No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency- Child Care Services Division-Licensing. All complaints, substantiated or unsubstantiated, regardless of being from parent or other individual, are documented in the Child Care Management System (CCMS). This system maintains the nature of the complaint, the results of the investigation, the date the complaint was received, the date the complaint was investigated and completed, as well as any other agency to which that complaint needs to be referred. This process is the same for CCDF and non-CCDF providers and licensed and licensed-exempt providers. This documentation will occur in the ARISE Management System once it comes online.**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **All substantiated complaints are posted to the Lead Agency's website on the child care directory. Substantiated complaints are made publicly available under the provider's profile in the directory. This includes all CCDF providers, all licensed providers, and all license exempt providers. This information may be found at https://apps.dhr.alabama.gov/daycare/daycare_search. Also, parents may get information regarding substantiated complaints by calling the Child Care Services Division's toll-free intake line at 1-866-528-1694 or emailing Child Care Services intake email at childcarelicensingintake@dhr.alabama.gov.**

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;

- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **https://dhr.alabama.gov/child-care/**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

**[x]** Yes.

**[ ]** No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

**[x]** Yes.

**[ ]** No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://dhr.alabama.gov/wp-content/uploads/2023/05/Child-Care-Licensing-Flowchart-April-2023.pdf**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://dhr.alabama.gov/child-care/licensing-process**

**And**

**https://dhr.alabama.gov/child-care/licensing-overview**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **For Child Care Centers pages 48-49: https://dhr.alabama.gov/wp-content/uploads/2021/06/PROPOSED-Centers-Child-Care-Licensing-and-Performance-Standards-8-26-21.pdf**

**For Child Care Homes page 27-30:**

https://dhr.alabama.gov/wp-content/uploads/2021/06/PROPOSED-Homes-Child-Care-Licensing-and-Performance-Standards.pdf

For Legally Exempt Child Care Centers pages 33-34
https://dhr.alabama.gov/wp-content/uploads/2021/06/PROPOSED-Blue-Book-Health-and-Safety-Guidelines-9-21.pdf

For Out of School Time Providers page 24
https://dhr.alabama.gov/wp-content/uploads/2021/06/PROPOSED-Pink-Book-Health-and-Safety-Guidelines-for-Out-of-School-Time-Facilities-9-21.pdf

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://dhr.alabama.gov/wp-content/uploads/2021/09/Disqualifying-Crimes-2023.pdf**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

**[x]** Yes.

**[ ]** No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://apps.dhr.alabama.gov/daycare/daycare_search**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

**[x]** License-exempt center-based CCDF providers.

**[ ]** License-exempt family child care CCDF providers.

**[x]** License-exempt non-CCDF providers.

**[ ]** Relative CCDF child care providers.

**[ ]** Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

| Provider Information Available in Searchable Results |
|---|

| | All licensed providers | License-exempt CCDF center-based providers | License-exempt CCDF family child care home providers | License-exempt non-CCDF providers | Relative CCDF providers |
|---|---|---|---|---|---|
| Contact information | **[x]** | **[x]** | **[ ]** | **[x]** | **[ ]** |
| Enrollment capacity | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Hours, days, and months of operation | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Provider education and training | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Languages spoken by the caregiver | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Quality information | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Monitoring reports | **[x]** | **[x]** | **[ ]** | **[x]** | **[ ]** |
| Willingness to accept CCDF certificates | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Ages of children served | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Specialization or training for certain populations | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Care provided during nontraditional hours | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[ ]** All licensed providers. Describe:

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[ ]** Quality framework or quality improvement system.

viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **Alabama Quality Star Rating and Rating Expiration Date**

ii. **[ ]** Licensed non-CCDF providers. Describe the quality information:

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Alabama Department of Human Resources, Office of Child Care Licensing and Family Services Division-Child Abuse and Neglect Unit receive this information from all providers (including license-exempt providers). The Lead Agency requests this information from the entities to create the report.**

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **Under Alabama law, substantiated child abuse is "harm or threatened harm to a child's health or welfare which can occur through nonaccidental physical or mental injury; sexual abuse or attempted sexual abuse; sexual exploitation or attempted sexual exploitation."**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **Any injury requiring professional medical treatment of any child or any staff person while at the center or during away from the center activities.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://dhr.alabama.gov/wp-content/uploads/2023/11/FY23-federal-reporting.pdf**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

**[x]** Yes.

**[ ]** No.

**[ ]** Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **https://dhr.alabama.gov/child-care/quality-overview/**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its

designee and other programs to help them understand information included on the website?

**[x]** Yes.

**[ ]** No.

b. Provide the direct URL/website link to this information: **https://dhr.alabama.gov/child-care/**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

**[x]** Yes.

**[ ]** No.

b. Provide the direct URL/website link to the sliding fee scale. **https://dhr.alabama.gov/wp-content/uploads/2024/09/CHILD-CARE-FACT-SHEET-09042024.pdf**

## 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The lead agency's website is the main source for all information regarding the availability of child care and other benefit services for which families may be eligible. The information is shared by contact with email or telephone at the central location and available in written material at local county offices and agencies the lead agency has contracts with to provide specific services to families and the child care community. This information is tailored to families, general public and child care providers by using child and family friendly graphics (pictures of children in child care settings) and materials shared by partnering and contracted agencies via their websites and social media outlets.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency has information available on its website that is available for view for parents, providers and the general public addressing resources concerning children's development and successful parent and family engagement. Parents, providers and the general public may contact the lead agency through either it's licensing intake line or any email addresses on the website for additional information to be disseminated to them in their preferred method. The lead agency's quality enhancement agencies (QEA) also provides such information and is available on their websites or in-person visits to the QEAs' offices, which are located in each of the nine regions of the state.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency has information available on its website that is available for view for parents, providers and the general public addressing resources concerning social-emotional and behavioral and mental health of young children. Parents, providers and the general public may contact the lead agency through either it's licensing intake line or any email addresses on the website for additional information to be disseminated to them in their preferred method. The lead agency's quality enhancement agencies (QEA) also provides such information and is available on their websites or in-person visits to the QEAs' offices, which are located in each of the nine regions of the state.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The lead agency currently does not have policies addressing the prevention of suspension and expulsion of children. The lead agency has resources in place to support providers that consider suspension and expulsion of children birth to 5 that have a special needs diagnosis through the Child Care Enhancement with a Purpose program (CEP) and Challenging Behaviors. CEP provides training and technical assistance to providers that have children in their programs with special needs and requires accommodations in the child care facility or received in the child's home. The Challenging Behaviors program assist child care providers and families experiencing disruptive behaviors in the child care**

**facility by formulating plans that work to address the behaviors both in the home and the facility.**

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The lead agencies does not have policies to address suspension and expulsion of school-age children.**

## 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

### 9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

**[x]** Yes.

**[ ]** No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

**[x]** Yes.

**[ ]** No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

**[x]** Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Information on developmental screenings is given to parents receiving a subsidy during the intake process by the issuance of the consumer statement. The consumer statement includes information on how to access additional services offered by other**

**state and local entities that are either in partnership with through contract or an established relationship with the lead agency to disseminate the information.**

**[ ]** No. If no, describe:

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

**[x]** Yes.

**[ ]** No. If no, describe:

# 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

## 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The lead agency's organizational structure for program integrity includes the following divisions of the lead agency, child care services, legal, finance, and program integrity divisions. The assignment of authority and responsibility related to program integrity are the discretion of the Commissioner, which is the lead agency's official contact. The Commissioner also delegates the duties of each division. The Finance division provides fiscal management including disbursement and reporting of all CCDF funds. The Child Care Services division is responsible of the administration of CCDF funds including all direct and discretionary funds. The Legal division provides instruction on fiscal laws of the state. The Program Integrity division is responsible for investigations of suspected fraudulent activity of all state and federal funds that are disbursed by the lead agency.**

**The lead agency coordinates all activities in the implementation of the internal controls of the program integrity of CCDF funds. The Lead Agency creates a contract and budget for each agency that administers eligibility and quality initiative services on behalf of the lead agency. Contractual agreements are reviewed by Legal and Financial Accounting staff.**

**Communication between fiscal and program staff are determined on an as needed basis by program directors.**

**Invoices for expenditures are submitted monthly and reviewed by a program specialist against budgets, verifying the number of children served and line-item detail accuracy as a means of checks and balances. Invoices are submitted to the lead agency's Finance Division for additional review against budgets, contracts and financial reporting codes before payment is authorized.**

**The Lead Agency has a dedicated Policy Specialist that constantly reviews Policy and Procedures for compliance with CCDF regulations as another means of checks and balances and another activity to support program integrity. The Policy Specialist updates policy and notifies all Child Care Management Agencies (CMA) of any changes and directives needed to fulfill the new policy. The lead agency also conducts yearly reviews conducted outside of the federal review cycle help the CMAs maintain error reduction, identify potential policy inconsistencies, and identify areas where targeted technical assistance is needed, as well as assist agencies to manage overall compliance with policy.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Lead Agency creates a contract and budget for each agency that administers CCDF eligibility and quality initiative services on behalf of the lead agency. Contractual agreements are reviewed by Legal and Financial Accounting staff. Invoices for expenditures are submitted monthly and reviewed by a program specialist against budgets, verifying the number of children served and line-item detail accuracy. Invoices are submitted to the lead agency's Finance Division for additional review against budgets, contracts and financial reporting codes before payment is authorized.**

**The lead agency also conducts yearly reviews conducted outside of the federal review cycle to help the Child Care Management Agencies maintain error reduction, identify potential policy inconsistencies, and identify areas where targeted technical assistance is needed, as well as assist agencies to manage overall compliance with policy.**

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Finance division creates funding codes to track CCDF expenditures for services such as CCDF eligibility and quality initiatives for professional development. These initiatives are implemented on the lead agency's behalf through contracts. Invoices are submitted, and expenditures are adjusted against running remaining balances of the yearly budgets. Before starting any contract, the lead agency's Funding Review Committee, which the finance division director leads, must review and approve funding for services exceeding $500.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Finance division prepares all fiscal reporting which are generated from the finance electronic systems. All reports must be reviewed and approved by either the finance assistant director or the lead agency's CFO prior to submission.**

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency implements mechanisms to provide oversight of Childcare Management Agencies' use of CCDF funds by conducting internal and external audits, reconciling invoices, analyzing contracts and expenditure reports. This includes ensuring compliance with federal regulations and guidelines as well as transparency and accountability in financial transactions.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency measures and tracks results of their fiscal management practices through internal and external audits, invoices, contracts, and expenditure reports. The Lead Agency utilizes resources such as budget variance analyses, expenditure tracking systems, and internal controls to monitor spending patterns, identify potential areas of improvement, and assess the overall financial health of the program.**

c. How the results inform implementation. Describe: **The results of the Lead Agency's fiscal management practices inform implementation by providing valuable insights into the efficiency and effectiveness of CCDF expenditures. For example, if the outcome of audits reveal inaccurate eligibility determination, misallocation, overspending of funds, or fraud, the Lead Agency will take corrective action procedures to rectify the inconsistencies. Corrective actions can involve more corrective action procedures to rectify the inconsistencies. Corrective actions can involve more intense training, more stringent internal management of contract agencies, budget revisions or reallocation, and ultimately contract elimination when repeated programs violations are identified.**

d. Other. Describe: **The Lead Agency engages in ongoing communication and collaboration with stakeholders, child care providers, advocacy groups, including other government entities to ensure the alignment of goals and priorities related to early childhood education and care.**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency has a dedicated Policy Specialist that consistently reviews Policy and Procedures for compliance with CCDF regulations. The Policy Specialist updates policy and notifies all Child Care Management Agencies (CMA) of any changes and directives needed to fulfill the new policy. Yearly reviews conducted outside of the federal review cycle help the CMAs maintain error reduction, identify potential policy inconsistencies, and identify areas where targeted technical assistance is needed, as well as assist agencies to manage overall compliance with policy.**

**Child Care Management Agencies also perform in-house supervisory case reviews for agreement with actions taken by the caseworker and were consistent with policy.**

**The Lead Agency reviews attendance and billing records to identify potential risk of fraud. Swipe activity is checked against attendance/sign-in/sign-out sheets and provider authorizations. The Lead Agency has a complaint intake line for clients or providers to notify the agency of suspected fraud or improper use.**

**The Lead Agency Child Care Management System and Time and Attendance System generates monthly and weekly administrative reports. These reports are used to verify the accuracy of daily tasks by system users and reports errors for correction. The Lead Agency's Division of Information Systems performs daily and weekly system routines to find errors as well. Ad hoc reporting is available as needed in determining activity of any misuse of policy application.**

b. The frequency of each risk assessment. Describe: **The program/policy specialist completes a monthly review of the policy and procedures manual. In addition to the required improper payment review reporting year, the lead agency conducts the improper payment yearly, reviewing a minimum of 20 cases per month.**

**Child Care Management Agencies also perform in-house supervisory reviews on a monthly basis with a minimum of 10% of the entire caseload per worker without duplication of cases in a program year.**

**The Lead Agency conducts daily reviews of its system red flag reports, which include attendance, billing records, and attendance activity.**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Lead Agency uses risk assessment results to inform program improvement by identifying contract agencies' roles and responsibilities and eligibility of cases to determine if procedural processes are violated or need modification. The review of eligibility determination beginning with child care application information to enrollment of children, and provider payment will identify weakness and strengths to address. The results of these activities can led to payment recovery, fraud investigations, program violations and sanctions. Consistent errors within the same CMA may also lead to**

**corrective action plans and additional monitoring of the CMA until risks are minimized.**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The Lead Agency recognizes the effectiveness of its risk assessment processes when the actions performed in the assessment yields positive outcomes. The Child Care Management Agencies (CMA) maintains a reduction in errors as evident in the yearly Improper Payment Review and the rate is at or below 10%. The reduction of technical assistance by the CMA, either requested or identified through the risk assessment, is reduced to no more than 3 instances per year. The IP error rate includes both the number of improper payments and administrative errors. Additionally, the efficacy of other risk assessment processes is demonstrated when the Child Care Management Agency's performance avoids the need for corrective action as validated in the monthly reports and supervisory reviews.**

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

   i. Describe the training provided to staff members around CCDF program requirements and program integrity: **The Lead Agency conducts annual subsidy policy training with state staff and contract agencies. The Lead Agency also provides training and technical assistance to contract agencies and to providers when changes occur in policy, CCDF eligibility requirements, and new data systems. The Lead Agency accommodates all entities by using a variety of options: technical platforms, correspondences, and in person meeting opportunities to ensure information is presented timely. Timeliness allows all entities to receive new information with the opportunity to participate in the QA session.**

   ii. Describe how staff training is evaluated for effectiveness: **The effectiveness of training is evaluated by encouraging participants to complete an evaluation form. Additionally, staff training effectiveness will be evaluated via practical exercises, observation of trainers, and feedback received from training events.**

   iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Error rate review must score 10% or less to indicate successful program integrity. The Lead Agency uses program integrity data to inform ongoing staff training needs when evaluation scores are beneath standard or the error rate review exceeds 10%.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

   i. Describe the training for providers around CCDF program requirements and

program integrity: **The lead agency received a Preliminary Notice of Possible Non-Compliance on May 9, 2024, notifying the lead agency of a non-compliance related to the training of providers around CCDF requirements and program integrity. The Lead Agency certifies that additional time is needed to come into compliance with the requirement noted in the letter. The Lead Agency is currently implementing a new database system and restructuring its program integrity methods to align with the system's functionality for capturing program violations. The lead agency continues to use red flag reports, case reviews and other ad hoc reporting in its legacy system until the roll out of the new system.**

**The lead agency staff will conduct provider training annually to inform providers of program requirements and integrity. The training will include the most recent policies and procedures of the child care subsidy program's requirements for participation, which includes guidance on payment rules, program disqualification, and due process. The training will be conducted by the lead agency's staff and will be conducted virtually.**

ii. Describe how provider training is evaluated for effectiveness: **The effectiveness of training is evaluated by encouraging participants to complete an evaluation form. Additionally, provider training effectiveness will be evaluated via practical exercises, observation of trainers, and feedback received from training events. Low scoring categories, 3 points or less, will be modified for future training.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency uses program integrity data to inform ongoing provider training needs when evaluation scores are beneath standard, or the error rate review exceeds 10%. The error rate reviews identify errors of delayed registrations for participation in the child care subsidy program and enrollments of children not authorized for care at the facility based on the license (capacity and age errors).**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency contracts the child care subsidy program eligibility processes to local agencies known as the Child Care Management Agencies (CMAs). The CMAs undergo the improper payment review yearly and complete in the same format as the triennial report. Each CMA is allowed to present evidence to change the findings of the draft report if such information was not visible to the reviewer. The evidence is reviewed and if accepted, the findings are changed in order to complete the final improper payment report. The final report is shared with the CMA and leadership within the Lead Agency.**

**The lead agency uses this information to determine if additional training are needed for the CMAs, if there should be a reassignment of duties by the CMAs and if contract deliverables are being met.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency undergoes an internal audit by the Alabama Examiners of Public Accounts biannually. The examiners review policy and procedures of the child care subsidy program, licensing regulations, and the lead agency's Early Head Start-Child Care Partnerships program requirements to affirm the lead agency is operating within standards. The audit includes a review of the previous two fiscal years, case reviews, and database system demos. The results of these audits help determine if alternate approaches to program efforts should be reexamined to meet program goals. The results are shared with the lead agency's leadership and are available to the public upon request.**

**The lead agency uses the audit results to determine if there should be changes in program policies and procedures regarding the delivery of eligibility services and internal controls, lead agency and Child Care Management Agency training and development, and contract deliverables of the Child Care Management Agencies.**

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Weaknesses were identified in the previous state plan, which caused the lead agency to not meet the compliances in program integrity. The lead agency has purchased a new data management system to help establish better internal controls.**

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State

Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **An intentional program violation (IPV) is a misrepresentation of fact by a parent or responsible adult or a provider to gain or have the effect of gaining payments or services or levels of services that would not be available if true facts were presented. The Lead Agency uses a combination of ad hoc reports to flag intentional program violations. Provider audits are also conducted when violations are reported, by random selection, and based on ad hoc report reviews. The Lead Agency utilizes the Program Integrity Unit to monitor intentional program violations by monthly assessing violations and by compiling data from contract agencies in order to recommend solutions to prevent future violations. Intentional program violations may result in repayments/recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution. The identification of IPVs informs the Lead Agency of areas for policy changes, procedural improvements, and training needs. Ultimately, these activities will result in a reduction of similar violations, enforce policy, and ensure program integrity. The improper payment report for FY 23 included 3 intentional program violations accounting for .3% of all improper payments identified.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **An unintentional program violation is an unintended act or failure to report information by a parent, responsible adult or provider, which causes an improper payment or an unauthorized service at the initial certification or redetermination. The Lead Agency uses case reviews to reveal unintentional program violations. Caseworkers analyze the legitimacy of documents during initial certification and redeterminations. The Lead Agency utilizes the Program Integrity Unit to monitor unintentional program violations by monthly assessing violations and by compiling data from contract agencies in order to recommend solutions to prevent future violations. Unintentional program violations may result in repayments/recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution. The results will also inform better practices by identifying areas for policy changes, procedural improvements, and training needs. Ultimately, revealing how to reduce similar violations moving forward and enforce policy. Unintentional program violations identified in FY23 were 993.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **Agency errors or administrative errors are the result of inaccuracies or oversights regarding improper authorization or payment for services. The Lead Agency and Child Care Management Agencies use case reviews and ad hoc reports to identify agency errors. Employees will also notify their immediate supervisor when they make an agency or administrative error. Supervisors are also responsible for reviewing a random selection of their team's work. The Lead Agency utilizes the Program Integrity Unit to monitor unintentional program violations by monthly assessing agency errors and by**

compiling data from contract agencies in order to recommend solutions to prevent future errors. Knowledge of agency error will result in completion of a child care claim form for an administrative error. Then, a provider overpayment or underpayment will be adjusted to correct the agency error. Agency errors may also result in administrative hearings. This informs better practice by identifying needed training areas and providing verification caseworkers and financial support workers understand policy and do not exceed an error rate greater than 10%.

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency uses a combination of ad hoc reports to flag intentional program violations. Provider audits are also conducted when violations are reported, by random selection, and based on ad hoc report reviews. Key ad hoc reports include attendance reports and chronic absenteeism reports. Attendance reports identifies parents who are not within the vicinity of the daycare when they check their children in and out. The chronic absenteeism reports identifies children who have exceeded 10 calendar days of unexcused nonattendance (not checking in) and prevent provider overpayment for children who may no longer need care. Intentional program violations may result in repayments, recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution. The results will also inform better practices by identifying areas for policy changes, procedural improvements, and training needs. Ultimately, these activities will result in a reduction of similar violations, enforce policy, and ensure program integrity. The run system reports flag providers who may be in violation of subsidy policy and assists the Lead Agency in recovering funds for chronic absenteeism.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency uses case reviews and information obtained from clients and providers to flag unintentional program violations. Caseworkers analyzes the legitimacy of documents during initial certification and redeterminations. Unintentional program violations may result in repayments/recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution. The results will also inform better practices by identifying areas for policy changes, procedural improvements, and training needs. Ultimately, these activities will result in a reduction of similar violations, enforce policy, and ensure program integrity.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency and Child Care Management Agencies uses case reviews and ad hoc reports to identify agency errors. Employees will also notify their immediate supervisor when they make an agency or administrative error. Supervisors are also responsible for reviewing a random selection of their team's work. Knowledge of agency error will result in completion of a child care claim form for an administrative error. Then, a provider overpayment or underpayment will be adjusted to correct the agency error. Agency errors may also result in administrative hearings. This will inform better practice by identifying needed training areas and verification caseworkers and

financial support workers understand policy and do not exceed an improper payment error rate greater than 10%.

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes its database system to review enrollment documents and attendance. Attendance reports identify parents who are not within the vicinity of the daycare when they check their children in and out. Sign in and out sheets can also be reviewed during investigations or provider audits. Prior to enrollment, caseworkers must analyze the legitimacy of documents. Intentional program violations may result in the unenrollment of children, repayments, recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes its database system to review enrollment documents and attendance. Attendance and chronic unexplained absenteeism reports are reviewed by financial support workers who creates an unenrollment list for children whose parents are in violation of the subsidy attendance policy. Unintentional program violations may result in the unenrollment of children, repayments, recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts case reviews and review reports to prevent and identify agency errors that affect enrollment and attendance. The Lead Agency provides technical assistance and training as a mechanism to address areas of weakness and to prevent future agency errors. The result of the previous activities from previous fiscal years has helped in the lead agency's decision to purchase a new database management system to better account for agency errors prior to the yearly improper payment review.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires contract agencies to conduct case reviews on a monthly basis. The result of the eligibility case reviews is to demonstrate that caseworkers follow the policy as stated in the policy and procedures manual and to identify misapplication of the policy. Should results differ, the reviewer makes case recommendations to correct areas identified in error. The Lead Agency also reviews a random selection of cases from each contracting agency similarly. The results of these activities will ensure policy adherence and effectiveness. It will also inform the Lead Agency of the areas of training needed for each contract agency.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires contract**

agencies to conduct case reviews on a monthly basis. The result of the eligibility case reviews is to demonstrate that caseworkers follow the policy as stated in the policy and procedures manual and to identify misapplication of the policy. Should results differ, the reviewer makes case recommendations to correct areas identified in error. The Lead Agency also reviews a random selection of cases from each contracting agency similarly. The results of these activities will ensure policy adherence and effectiveness. It will also inform the Lead Agency of the areas of training needed for each contract agency.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires contract agencies to conduct case reviews on a monthly basis. The result of the eligibility case reviews is to demonstrate that caseworkers follow the policy as stated in the policy and procedures manual and to identify misapplication of the policy. Should results differ, the reviewer makes case recommendations to correct areas identified in error. The Lead Agency also reviews a random selection of cases from each contracting agency similarly. The results of these activities will ensure policy adherence and effectiveness. It will also inform the Lead Agency of the areas of training needed for each contract agency.**

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Provider audits are conducted when violations are reported, by random selection, and based on ad hoc report reviews. The audits include review of attendance records, payments, and provider eligibility to participate in the child care subsidy program. An intentional program violation may result in the unenrollment of children, recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution. The results from these activities will inform and determine needed modifications to program procedures and actions needed to reduce similar violations in the future.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Provider audits are conducted when violations are reported, by random selection, and based on ad hoc report reviews. The audits include review of attendance records, payments, and provider eligibility to participate in the child care subsidy program. An unintentional program violation may result in the unenrollment of children, recoupments, termination of services, noncompliance notices, administrative hearings, or even criminal prosecution. The results of these activities will inform and determine needed modifications to program procedures and actions needed to reduce similar violations in the future.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Provider audits are conducted when violations are reported, by random selection, and based on ad hoc report reviews. The audits include review of attendance records, payments, and provider eligibility to participate in the child care subsidy program. Then, a provider overpayment or underpayment will be adjusted to correct the agency error. The results of these**

**activities will inform and determine needed modifications to program procedures and actions needed to reduce similar errors in the future.**

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts policy training for all employees and contract agencies. The Lead Agency reviews the results of audits to determine future training needs. This will result in updates to training material and inform the Lead Agency how to reduce similar errors moving forward and improve the accuracy in the delivery of services.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts policy training for all employees and contract agencies. The Lead Agency reviews the results of audits to determine future training needs. This will result in updates to training material and inform the Lead Agency how to reduce similar errors moving forward and improve the accuracy in the delivery of services.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts policy training for all employees and contract agencies. The Lead Agency reviews the results of audits to determine future training needs. This will result in updates to training material and inform the Lead Agency how to reduce similar errors moving forward and improve the accuracy in the delivery of services.**

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The lead agency is responsible for pursing fraud and overpayments.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Violations identified during the improper payment review where the claim is at a minimum of $35.00, the claim will be documented, and the client or provider notified. Payment arrangements or recoupment plans are included so that the recovery can be initiated. Depending upon the activity being determined as intentional or unintentional program violations will determine the next steps of prosecution, termination from program participation, or documented instances of noncompliance with program requirements. The results of the most recent analysis are reflected in FY22 Improper Payment Review which no improper payment was cited that was a direct result of fraud.**

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's Division of Program Accountability is responsible for the investigations of all public welfare fraud. The Lead Agency makes referrals for investigations involving fraud and once substantiated, the Division on Program Accountability makes further referrals with the local police and district attorney in the county where the providers is located. The district attorney determines if the case should go through the process of prosecution. Regardless of the case results in criminal prosecution, the individual is required to repay any amount determined to be fraud. There were no instances in which the lead agency has made any referrals for further investigation in the previous plan cycle.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Payment arrangements or recoupment plans are completed so that the recovery can be initiated. Parents ae allowed to negotiate repayment terms and amounts up to 36 months. Parents may request longer repayment terms at the discretion of the lead agency. Failure to abide by the repayment agreement may result in termination from program participation. The results of these activities allow for repayment of funds as well as the families ability to continue to receive child care assistance.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Providers with repayment claims can have their balances recouped from future payments thereby reducing subsequent payments until the claim is repaid. Child Care Management Agency staff sets the agreed upon repayment amount in the payment system to debit the same amount for payment for a term up to 3 months for providers. Providers may request longer repayment terms at the discretion of the lead agency. The results of these activities allow for quick repayment of the funds.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the

composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

**[ ]** No.

**[x]** Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Violations identified during the improper payment review where the claim is at a minimum of $35.00, the claim will be documented, and the client or provider notified. Payment arrangements or recoupment plans are included so that the recovery can be initiated. Depending upon the activity being determined as intentional or unintentional program violations will determine the next steps of prosecution, termination from program participation, or documented instances of noncompliance with program requirements.**

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Payment arrangements or recoupment plans are completed so that the recovery can be initiated. Parents are allowed to negotiate repayment terms and amounts up to 36 months. Parents may request longer repayment terms at the discretion of the lead agency. Failure to abide by the repayment agreement may result in termination from program participation. The results of these activities allow for repayment of funds as well as the families ability to continue to receive childcare assistance.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Providers with repayment claims can have their balances recouped from future payments thereby reducing subsequent payments until the claim is repaid. Child Care Management Agency staff sets the agreed upon repayment amount in the payment system to debit the same amount for payment for a term up to 3 months for providers. Providers may request longer repayment terms at the discretion of the lead agency. The results of these activities allow for quick repayment of the funds.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

**[ ]** No.

**[x]** Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Program violations that result in improper payments are referred to the claims specialist to perform a claim review. If the claim is at least a minimum of $35.00, the claim will be documented, and the client or provider notified. Payment arrangements or recoupment plans are included so that the recovery can be initiated.**

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Payment arrangements or recoupment plans are completed so that the recovery can be initiated. Parents are allowed to negotiate repayment terms and amounts up to 36 months. Parents may request longer repayment terms at the discretion of the lead agency. Failure to abide by the repayment agreement may result in termination from program participation. The results of these activities allow for repayment of funds as well as the families ability to continue to receive childcare assistance**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Providers with repayment claims can have their balances recouped from future payments thereby reducing subsequent payments until the claim is repaid. Child Care Management Agency staff sets the agreed upon repayment amount in the payment system to debit the same amount for payment for a term up to 3 months for providers. Providers may request longer repayment terms at the discretion of the lead agency. The results of these activities allow for quick repayment of the funds.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these

activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Parents who commit intentional program violations are sanctioned for one (1) month for the first offense, months (3) months for the second offense and one year for the third and any subsequent offenses. Sanctions means the parent or provider cannot participate in the program during the sanction period. Parents must first establish a pattern of non-compliance in which the parent is allowed three instances of non-compliance before sanctions are imposed. The results of the number of parents disqualified for intentional programs violations in FY23 were 22.**

**Parents who are sanctioned for intentional program violations may appeal the sanction by requesting an Administrative Review and an Administrative Hearing. The Administrative Review is completed by the Child Care Management Agency's (CMA) eligibility supervisor within 30 days of the written request received by the parent. If the parent disagrees with the findings, the parent my then request an administrative hearing to the CMA which is then forwarded to the Lead Agency. The lead agency has an assigned program specialist to oversee the hearing. The hearing is scheduled within 30 days of the receipt of the request and decision is rendered within 30 days of the hearing. The number of parent administrative hearings and reviews respectively in FY23 were 3 and 9.**

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Providers who commit intentional program violations are sanctioned for one (1) month for the first offense, three (3) months for the second offense and one year for the third and any subsequent offenses. Sanctions means the provider cannot participate in the program during the sanction period. The results of the number of providers disqualified for intentional program violations in FY23 were 2.**

**Providers may request an administrative hearing after an action to terminate participation in the child care subsidy program is made. Providers must submit their request in writing, within 60 days of the action, for a hearing to the Child Care Management Agency which is then forwarded to the Lead Agency. The lead agency submits a request to the lead agency's Office of Administrative Hearings at which time an Administrative Hearing Judge and an attorney is appointed to oversee the case. The case is set for a hearing within 30 days from the request**

**being submitted to the Office of Administrative Hearings. The Administrative Law Judge must make a ruling within 30 days of the hearing. Results of the hearing is mailed to the provider by the Office of Administrative Hearings. There have been 2 hearings completed in FY23 which were both upheld.**

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Cases of fraud that that exceed $2500.00 may be referred to the Program Accountability Director for investigation and referral to the District Attorney for criminal prosecution as deemed appropriate. No cases were referred to prosecution in FY23.**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

**The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.**

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

| A. Action Steps for Implementation | B. Responsible Entity(ies) | C. Expected Completion Date |
|---|---|---|
| **Step 1:** | | |
| **Step 2 (as necessary):** | | |
| **[Additional steps added as necessary]** | | |
| **Overall Target Date for Compliance:** | | |