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

for

**CALIFORNIA**

**FFY 2019–2021**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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**AN ASTERISK (\*) AND THE COLOR BLUE INDICATES ANSWERS  
SUBMITTED FOR CCDF STATE PLAN FY 2019–21**



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## Introduction and How to Approach Plan Development

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

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

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

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

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and

questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

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

## Define CCDF Leadership and Coordination with Relevant Systems

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

### CCDF Leadership

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

\*The Governor and Legislature of California have designated the California Department of Education as the single state agency responsible for administering the federal Child Care and Development Fund, (California *Education Code (EC)*, Section 8206) and as such the responsible agency in the development of the state plan pursuant to federal requirements; agency collaboration; development of Child Care and Development Fund (CCDF) Plan, California *EC*, Section 8206.1.

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: \*California Department of Education

Street Address: \*1430 N Street

City: \*Sacramento,

State: \*California

ZIP Code: \*95814

Web Address for Lead Agency: <https://www.cde.ca.gov>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: \*Tom

Lead Agency Official Last Name: \*Torkelson

Title: \*State Superintendent of Public Instruction

Phone Number: \*916-319-0800

E-mail Address: \*superintendent@cde.ca.gov

1.1.2 Who is the CCDF Administrator?

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

c) CCDF Administrator Contact Information:

CCDF Administrator First Name: \*Sarah

CCDF Administrator Last Name: \*Neville-Morgan

Title of the CCDF Administrator: \*Director, Early Education and Support Division

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

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

Phone Number: \*916-324-0730

E-mail Address: \*snevillemorgan@cde.ca.gov

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

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

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

Phone Number: N/A



E-mail Address: N/A

Description of the role of the Co-Administrator: N/A

### CCDF Policy Decision Authority

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

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

All program rules and policies are set or established at the state or territory level.

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

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

State or territory

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

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

Other. Describe: N/A

2. Sliding-fee scale is set by the:

State or territory

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

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

Other. Describe: N/A.

3. Payment rates are set by the:

State or territory

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

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

Other. Describe: N/A.

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

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

a) Who conducts eligibility determinations?

CCDF Lead Agency

Temporary Assistance for Needy Families (TANF) agency

Other state or territory agency

Local government agencies, such as county welfare or social services departments \*Public and private agencies under contract with the California Department of Education (CDE), including local educational agencies (LEAs).

Child care resource and referral agencies

Community-based organizations \*Public and private agencies under contract with CDE.

Other. \*Public and private agencies under contract with the CDE, including LEAs.

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

CCDF Lead Agency

TANF agency

Other state or territory agency

Local government agencies, such as county welfare or social services departments \*Public and private agencies under contract with the CDE, including LEAs.

Child care resource and referral agencies

Community-based organizations \*Public and private agencies under contract with CDE.

Other. \*Public and private agencies under contract with the CDE, including LEAs.

c) Who issues payments?

CCDF Lead Agency

- TANF agency.
- Other state or territory agency.
- Local government agencies, such as county welfare or social services departments. \*Public and private agencies under contract with the California Department of Education (CDE), including LEAs.
- Child care resource and referral agencies.
- Community-based organizations. \*Public and private agencies under contract with CDE.
- Other. \*Public and private agencies under contract with the CDE, including LEAs.

1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance. \*The CDE reviews contractors using a risk assessment and also an instrument that is refined and comprehensive. The Review Instrument is guided by the requirements of current laws and regulations. Additionally, the CDE uses family files data error rate specific to eligibility, need, attendance and fees to assess contractors and determine the percentage of their performances. Contractors are required to perform at a pre-determined threshold, or develop a corrective action plan. The CDE conducts follow-up reviews to ensure that the implementation of the corrective action plan improved the contractors' performances to the desired threshold.

\*Lastly, contractors are required to submit annual fiscal audits to the CDE by November 15 of every fiscal year. Each audit report is reviewed by auditors for compliance with regulations and contract requirements.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. \*To the extent practicable and appropriate, the CDE makes the database structure and accompanying code and software for our Child Development Management Information System (CDMIS) available upon request to other public agencies for their use in administering child care or related programs. All requests for software, code, or system documentation are directed to our CDMIS technicians via e-mail at [CDMIS@cde.ca.gov](mailto:CDMIS@cde.ca.gov).

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children

and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally-identifiable information. The CDE does not disclose any personally-identifiable information (PII) about children and families receiving CCDF assistance. Data requests for PII about children, families, and providers receiving CCDF funds are not fulfilled.

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

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

(1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at

[\\*https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

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

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

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

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

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

\*In addition to the State Advisory Council (SAC) and the Tribal Child Care Association of California (TCCAC), the CDE consults with the State Superintendent of Public Instruction (SSPI) Stakeholder Group on Early Learning and Care (SSPI Stakeholder Group). The group is comprised of public and private agencies and association's providing services to children and families in California, including subsidized and non-subsidized early care and education provider associations, the California Head Start Association, the California Department of Social Services (CDSS), LEAs, regional centers, colleges, First 5 California (F5CA), job training programs, special education agencies, and parent and provider organizations. At the February 28, 2018 meeting, the CDE presented on the 2019-21 draft pre-print, shared feedback

from the October and December topical input sessions, and solicited input on the various topics. The SSPI Stakeholder Group also provided input on various topics.

The CDE also consults with local governments by means of its Local Child Care and Development Planning Councils (LPCs). The LPCs bring all the local stakeholders together, including subsidized and non-subsidized early care and education providers, employers, County Welfare Departments (CWD) and human services agencies. LEAs, regional centers, colleges, First 5 county commissions, job training programs, and parent organizations to create local strategic priorities for child care services for children and families.

**b) Describe how the Lead Agency consulted with the State Advisory Council.**

\*The CDE provided CCDF Plan updates and discussed State Plan input at the following SAC meetings: October 25, 2017 and February 28<sup>th</sup>, 2018, where stakeholders were advised of the updates and changes on the preprint, as well as advised of the many opportunities for input via e-mail, mail, and fax. The board members of the SAC were given priority for input and then the floor was opened to attending stakeholders, such as: private providers, advocacy agencies, direct service providers, Alternative Payment Program (APP), and the Resource and Referral (R&R) Network.

**c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state.**

\*The CDE has a dedicated Tribal Child Care Liaison. In this role, the liaison ensures the CDE enacts its Memorandum of Understanding (MOU) with the TCCAC. A core component is assisting in quarterly meetings of the TCCAC, by connecting the needs and efficiencies of the TCCAC, with that of state agency partners within the CDE such as: Nutrition Services, the Quality Improvement Office (QIO), the Policy Office (PO), the Field Services Office (FSO), California Head Start Collaboration Office (CHSCO), F5CA and the CDSS–Community Care Licensing (CCL) and the CDSS–Child Care and Refugee Programs Branch, etc. The TCCAC is comprised of individuals who work for tribal lead agencies/grantees administering the Child Care and Development Funded Programs. TCCAC is an Association of child care professionals specializing in working with Native American families, children and communities.

The Tribes that are invited quarterly to the meetings include the following: Smith River, Quartz Valley, Karuk, Berry Creek, Coyote Valley, Pinoleville, Hoopa Valley, Picayune, Big Sandy, Redding Rancheria, Wiyot, Mechoopda, Hopland Tribe, Campo, Soboba, Quechan, Southern California Tribal Chairmen's Association, California Indian Manpower Consortium Inc., Scotts Valley, Susanville, Redwood Valley, North Fork, Bear River, Dry Creek Rancheria, Robinson Rancheria, Mooretown, Cloverdale Rancheria, Pit River Tribe, Yurok Tribe, Colusa, Bishop Paiute, Middle Town Rancheria,

Enterprise Rancheria, Quechan Tribe, Campo, Pala Tribe, Wiyot, and Round Valley.

The plan pre-print was shared with participants at the February 21, 2018 TCCAC meeting. Participants were invited to provide input language for any section through the CDEs state plan mailbox at [statepln@cde.ca.gov](mailto:statepln@cde.ca.gov). Additionally, a public comment meeting will be held for any interested tribes once the plan is finalized.

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

\*Notice for the updates for the 2019-21 CCDF State Plan cycle and resources was given on December 8, 2017, including additional notice of the Topical Input Sessions. Topical Input Sessions regarding Market Rate Survey and Payment Practices-Timeliness of Payments, License Exempt Monitoring, and Health and Safety Requirements were held on December 18, 2017. Notice for the December 18, 2017 Topical Input Sessions was sent to all entities on CDE's early learning and care listserve on December 15, 2017. For all notices, the same web address was shared for consistency. All materials were also made available on those dates, such as copies of the pre-print, federal resources and materials were linked, recordings, and contact information to a direct consultant.

The CDE will partner with the California Department of Public Health (CDPH), specifically with the Site Assessment Section (SAS) of the Environmental Health Investigations Branch (EHIB), for outreach and education activities to prevent or reduce harmful environmental exposures that affect children in the child care and early care and education settings. SAS will conduct this work as part of CDPH's Cooperative Agreement with the federal Agency for Toxic Substances and Disease Registry (ATSDR), and the implementation of ATSDR's guidance "Choose Safe Places for Early Care and Education.

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

a) Date(s) of notice of a public hearing. *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.

<RESPONSE TO BE ADDED AFTER PUBLIC HEARING>.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice.

\*The CDE shared information about methods of input to the State Plan via the CDE early learning and care listserve, posting information on the CDE web

site, and at meetings and presentations to stakeholder groups, advocacy organizations and membership organizations informing and encouraging broad and diverse input. To ensure the notice was accessible for the people with disabilities, the information was posted on the CDE's web site, which meets the Americans with Disabilities Act (ADA) requirements, and public notices complied with the California open meeting law, The Bagley-Keene Act. The CDE had established an e-mail account for input and public comment on the state plan. The e-mail address is [statepln@cde.ca.gov](mailto:statepln@cde.ca.gov) and a CDE staff is assigned to replying to e-mails, and organizing the input, into designated state plan topics. The designated CDE web site for California's CCDF State Plan is located at:

<https://www.cde.ca.gov/sp/cd/re/ccdf201921information.asp>

- c) Date(s) of the public hearing(s). *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.

<RESPONSE TO BE ADDED AFTER PUBLIC HEARING>.

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

\*The CDE web site contains federal, and state level resources, information and updates, it houses direct contact information for formal input and also includes all past opportunities for in person input sessions, with the related materials, updated pre-print information, and recordings. Based on stakeholder input to the CDE about allowing Californian's across the state, including those with limited travel opportunities to attend sessions in the state's capital, the CDE began presenting virtually via remote satellite hosted with county offices of education across the state to allow for local input. A total of twelve remote satellite locations were listed and hosted on <INSERT DATE>. The exact local host locations for each session is listed on the CDE's web site. Also, based on stakeholder input, the CDE has moved to a webinar format that is recorded, transcribed, meets ADA accessibility standards, and is housed on the same web site, for year-round access.

- e) How the content of the Plan was made available to the public in advance of the public hearing(s).

\*In accordance with EC, Section 8206.1 the CDE the draft Plan was released for a 30 day comment period. The CDE posted the draft plan on the designated CDE web site for California's CCDF State Plan is located at: <https://www.cde.ca.gov/sp/cd/re/ccdf201921information.asp>. The information and public hearing announcement was shared through the CDE e-mail listserv, which includes CDE contractors, providers, stakeholders, advocates, and members of the public.

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

The CDE reviews the public testimony, e-mails, and correspondence to determine how and if the comment is addressed in the proposed CCDF State Plan, or if it warrants further investigation. All public comments received are documented and tracked for appropriate action. All input sessions and public hearings held have been posted and shared publically with stakeholders ensuring transparency in the development of California's State Plan.

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

- a) Provide the website link to where the plan, any plan amendments, and/or waivers are available. <https://www.cde.ca.gov/sp/cd/re/stateplan.asp>.
- b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees. Describe: \*The CDE regularly attends quarterly meetings of the following groups: SAC, SSPI Stakeholder Group, the Subsidized Early Learning and Care Efficiencies workgroup, and the TCCAC. Time was allotted for input at each of these meetings, as well as regular updates and communication about where input could be given via web site, e-mail or traditional mail, and fax.

Working with child care resource and referral agencies. Describe: \*The California R&R Network participated in all public hearings and topical input sessions.

Providing translation in other languages. Describe: N/A

Sharing through social media (e.g., Twitter, Facebook, Instagram, e-mail). Describe:

\*Shared through the CDE early learning and care e-mail listserv, which includes CDE contractors, providers, stakeholders, advocates, and members of the public.

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

\*Through the CDE early learning and care listserve, topical input sessions, public hearings, presentations at meetings and conferences posting information on the CDE web site. Additionally, CDE informed and encouraged broad and diverse input from stakeholders at meetings and presentations to stakeholder groups, advocacy organizations and membership organizations.

Other. Describe: N/A

#### **1.4. Coordination with Partners to Expand Accessibility and Continuity of Care**



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

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

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

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

(REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: \*The CDE coordinates with county LPCs dually appointed by the County Board of Supervisors and the Superintendent of the County Office of Education. The LPCs bring all the local stakeholders together, including subsidized and non-subsidized early care and education providers, employers, CWDs and human services agencies, LEAs, regional centers, colleges, F5CA, job training programs, and parent organizations to create local strategic priorities for child care services for children and families. The goal of this coordination is for the CDE to make informed decisions that take into account the local needs.

(REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals and process: \*The coordination goal for the SAC is to ensure that the vision and priorities for California early learning and care system are reflected in the State Plan. This coordination includes State Plan updates and discussions. For this State Plan cycle this was accomplished at the October 25, 2017 and February 28th, 2018, SAC meetings. During these meetings, SAC council members and stakeholders were advised of the updates and changes on the preprint, as well as advised of the many opportunities for input via e-mail, mail, and fax. The February

28th meeting was dedicated to sharing the feedback from the October and December topical input sessions and to opportunities for public testimony on the draft preprint, along with updates from all participating state agencies, and offices, such as: the CDE QIO, the PO, and the CDSS-Community Care Licensing as well as the QCC (California's Quality Rating and Improvement System) State Support Team (the CDE and F5CA). The board members of the SAC were given priority for input and questions and then the floor was open to attending stakeholders, such as private providers, advocacy agencies, direct service providers, APP, and the R&R Network.

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

No

Yes

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted: \*The CDE meets quarterly with tribal early childhood program administrators, leads and representatives, via the Tribal/State/Federal CCDF Roundtable meetings. The CDE's goals of this coordination include enhancing and aligning quality of services, linking comprehensive services to children in child care settings and examining program funding and eligibility requirements to expand access, which align directly with the goals of the TCCAC. Tribes that are invited to the TCCAC meetings include: Smith River, Quartz Valley, Karuk, Berry Creek, Coyote Valley, Pinoleville, Hoopa Valley, Picayune, Big Sandy, Redding Rancheria, Wiyot, Mechoopda, Hopland Tribe, Campo, Soboba, Quechan, Southern California Tribal Chairmen's Association, California Indian Manpower Consortium Inc., Scotts Valley, Susanville, Redwood Valley, North Fork, Bear River, Dry Creek Rancheria, Robinson Rancheria, Mooretown, Cloverdale Rancheria, Pit River Tribe, Yurok Tribe, Colusa, Bishop Paiute, Middle Town Rancheria, Enterprise Rancheria, Quechan Tribe, Campo, Pala Tribe, Wiyot, Round Valley.

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

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process: \*The Early Education and Support (EESD) is one of seven divisions in the CDE's Teaching, Learning, and Support Branch (TLSB). The other divisions include the Career and College Transition Division, the Expanded Learning Division, Curriculum Frameworks and Instructional Resources Division, the English Learner Support Division, Educator Excellence

and Equity Division, and the Special Education Division (SED). Collaboration and coordination is recognized and supported as an integral part of the TLSB which meets on a weekly basis to share resources and information for all students in California. Web link: <https://www.cde.ca.gov/re/di/or/gacdbranch.asp>. The SED is responsible for Part B and coordinates with the EESD on the development of use of the state child observational assessment, the Desired Results Developmental Profile, and on inclusive child care issues. The CDE-SED also coordinates with the California Department of Developmental Services (CDDS) who is the lead agency for Part C. The CDE participates in the CDDS' Interagency Coordinating Council's quarterly meetings. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention.

(REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: \*The CHSSCO and the CDE have shared responsibilities through federal law to coordinate and collaborate at the state level to provide information and resources to best serve California's most vulnerable populations. The CHSSCO is located within the EESD's Director's Office and shared goals and collaboration happens on a monthly or bi-weekly basis as needed. The following work as identified by the CHSSCO, continues works to leverage the common efforts of the state agencies and the Head Start programs. These priorities include but are not limited to:

1. Partnering with state child care systems including the Early Head Start-Child Care Partnership (EHS-CCP) Initiative. The CHSSCO works regularly with the CDE on providing feedback on state legislation, participates on workgroups and committees to provide information about Head Start regarding coordinated efforts and continued collaboration at the local level.
2. Continue to work with the State on data needs. Through ongoing meetings and updates, the CHSSCO works internally with the CDE Data team to discuss options for data collection and shares with the groups the needs of the Head Start field for those programs that have both Head Start and State funded programs.
3. Participate and provide input to the expansion and access of a high quality workforce. California has a complex and diverse workforce and the CDE is working on capturing the needs of the State through the Workforce Registry. The CHSSCO works with the CDE Administrator

providing input, feedback and assistance on this ongoing long range goal of providing a CA Workforce Registry that will be useful to all in the early childhood field.

4. Ongoing collaboration with the State Quality Rating and Improvement Systems (QRIS), QCC. As a long standing partner with the QCC, the CHSSCO will continue to participate through a newly structured system. The CHSSCO participates in meetings and workgroups, identifies participants (Head Start Directors and others) to support the state system with local voices.
5. Participate and work towards a State school systems Kindergarten Entrance Assessment for continuity with Head Start as permissible. The CHSSCO provides information and feedback on local grantee specific transition issues concerns and updates regarding entry into Kindergarten.

Through these goals we also continue to coordinate and collaborate to support alignment of CCDF and Head Start funded programs and other priorities as directed by the Regional Office. The work of the CHSSCO also focuses on work directed by the Regional Office that can change and be continuously updated. The work of the Collaboration office in regards to Regional Priorities include, working with the Department of Social Services, Licensing, California Department of Public Health, Home Visiting Program, Oral Health Statewide Program, Homeless Education, and Every Student Succeeds Act, link to the website:  
<https://www.cde.ca.gov/sp/cd/re/chssco.asp>.

(REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: \*The goal of the CDE's coordination with the California Department of Public Health (CDPH) is to create and maintain the linkage between child care and health care. The state provides services for pregnant women and children through various programs such as: Covered California, Access for Infants and Mothers, and the Healthy Families Program. Together, these three programs cover children up to 267 percent of the federal poverty level, and pregnant women and their infants up to 400 percent of the federal poverty level.

The CDPH, the CDE, and the CDSS have worked to address the growing concern about the immunization of children. The link between health care and child care is strengthened by the requirement that children be immunized at the appropriate age before being enrolled in child care settings. The CDPH, the CDE, and the CDSS have worked to promulgate child care and school immunization laws, in order to assist programs in achieving higher immunization rates among children at these facilities. On June 30, 2015

Governor Brown signed Senate Bill (SB) 277. SB 277 which became effective January 2016, and no longer permits new immunization exemptions based on personal beliefs for children in child care and schools. The law still requires students to provide immunization records to their child care facilities and schools and in turn child care facilities must continue to report to the CDPH the immunization status of all students at the existing check points of child care, kindergarten and 7th grade. Additional details about this law may be found at: [www.shotsforschool.org](http://www.shotsforschool.org).

(REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process: \*California provides multi-pronged strategies to provide ongoing training and professional development to help teaching staff understand research and best practices to meet the developmental needs of children and improve the quality and stability of the child care workforce. This includes: 91 of the 102 community colleges across California that have aligned 24 units of early childhood coursework. This includes articulation agreements with state universities. A number of the local child care planning councils are included in their regional workforce or economic development plans.

(REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process: \*In addition to being the CCDF Administrator, the CDE also administers the California State Preschool Program (CSPP). CDE coordinates California's early learning and care subsidized programs across the continuum along with the CDSS, who coordinates CalWORKs Stage 1 care as part of TANF and the CDE's Expanded Learning Division, who administers several of the after school care programs. In addition to promoting school readiness, the CDE works to facilitate transitions for child care to school, link quality care to later school success, and align objectives and projects that support inclusive care and bilingual education. A further goal for coordination is to streamline and align funding sources to ensure all children receive quality pre-kindergarten services as part of the continuum from quality early learning and care. The Web link: <https://www.cde.ca.gov/re/di/or/gacbranch.asp>.

(REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: \*The CDE coordinates extensively with the CDSS Community Care Licensing Division (CCLD) regarding child care services to children and families. In order to best coordinate services and align goals regular meetings at all levels of leadership have been established. The CDE and the CDSS-CCLD have developed, and continue to revisit on a regular basis, a Memorandum of Understanding (MOU). The MOU includes an agreement to continued partnership and collaboration, information sharing, efficiencies in

administering CCDF requirements at the State Agency level and locally with regional offices, including health and safety requirements and emergency preparedness. The goal of this coordination is to insure that agency requirements are aligned and that the two agencies are working towards an integrated system of child care and early learning. Particular attention is being paid to coordination in times of major emergencies and developing an articulated notification protocol.

(REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process:

\*The CDE-Nutrition Services Division (NSD) is responsible for the CACFP. The EESD and NSD work together to promote and articulate CACFP education for early learning and care programs and providers. The goal of this coordination is to ensure all providers have nutritional information and or subsidies in order to insure children are provided nutritious snack and meals and that parents are educated and have access to adequate nutrition.

Many CDE subsidized providers utilize the CACFP. Families need to be income eligible for these services, but families do not need to apply for CACFP to be provided with information about healthy nutrition. Title 5 centers (programs under contract with the CDE to provide subsidized early learning and care) must abide by the nutritional meal and snack requirements of the CACFP but are not required to participate in the meal subsidy. Child care providers providing services through a voucher, are also not required to participate but are eligible to receive nutrition information. Many R&Rs provide a forum for CACFP to provide an introduction to voluntary CACFP participation. The EESD shares NASD's CACFP information via its listserve and at various stakeholder meetings and presentations.

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

\*The CDE houses the McKinney-Vento state coordinator, who works with the early learning and care to continue the collaboration and coordination on the homeless education program. Within the CDE, the CHSSCO and the EESD have shared responsibilities through federal law to coordinate and collaborate at the state level to provide information and resources to best serve California's most vulnerable population, including children and families who are homeless. The outcome of this CDE internal partnership is to foster and encourage local connections and outreach to homeless children and families by providing education and resources to the field. The CDE meets regularly

with CDE's federal McKinney-Vento liaison to coordinate and align policies across the continuum and, as appropriate, with the CHSSCO.

In addition, most subsidized child care programs administered by the CDE, including those supported by the CCDF, follow the eligibility and need criteria described in *EC*, Section 8263 which includes access for homeless children. The CDE provides resources and training on the definition of homelessness (according to McKinney-Vento), identification, and services to homeless children and their families.

☒(REQUIRED) **State/territory agency** responsible for employment services and workforce development. Describe the coordination goals and process: \*California provides multi-pronged strategies to provide ongoing training and professional development to help teaching staff understand research and best practices to meet the developmental needs of children and improve the quality and stability of the child care workforce. This includes: 91 of the 102 community colleges across California that have aligned 24 units of early childhood coursework. This includes articulation agreements with state universities. A number of the local child care planning councils are included in their regional workforce or economic development plans.

☒(REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process: \*The CDE collaborates with the CDSS Welfare to Work Branch, and County Welfare Directors Association (CWDA) to coordinate and facilitate the seamless transition of CalWorks Stage 1 (TANF) to the CDE-administered CalWorks Stages 2 and 3 programs. Additionally, local R&Rs and APP collaborate with CWDs, in order to coordinate services at the local level. The CDE and the CDSS meet several times a year to address the transfer process and also jointly facilitate workgroups and stakeholder engagement.

☒(REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: \*The CDE works closely with the California Department of Public Health (CDPH) to create and maintain the linkage between child care and health care. The state provides services for pregnant women and children through various programs: Covered California, Access for Infants and Mothers, and the Healthy Families Program. Together, these three programs cover children up to 267 percent of the federal poverty level, and pregnant women and their infants up to 400 percent of the federal poverty level. Local R&Rs, APPs, and CDE -contracted providers assist families in accessing Medicaid (MediCal), as well as accessing subsidized health care coverage via the Covered California program. A letter from the State Superintendent of Public Instruction, Tom Torlakson about Covered California can be found at: <https://www.cde.ca.gov/nr/el/le/yr15ltr0810.asp>. The School Educator Partner

Toolkit for schools along with other information for schools can be found online at: <http://hbex.coveredca.com/toolkit/school-educator/>.

☒(REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: \*The California Department of Health Care Services (CDHCS) administers a number of programs for children and youth related to mental health. The programs' services are directly provided at the local level by counties and their contract providers. The goal of CDE's coordination with the CDHCS is to ensure that all of the state's R&Rs, Title 5 direct service contractors, and APP providers are aware of the services provided at the county level, particularly Early and Periodic Screening Diagnosis and Treatment.

☒(REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: \*The CDE meets quarterly with staff from the R&R Network as well as its R&R vice presidents to address coordination and goals. Future meetings will include the CDSS-CCL to ensure improved coordination, shared goals, and alignment across all agencies. Representatives from these organizations participate in the Child Care Health and Safety regulatory Workgroup that meets quarterly at California Emergency Medical Services Authority (EMSA). Relevant consumer education topics and training opportunities are brought to the State and local level for dissemination to staff, providers and families in the early care and education community via newsletters training and technical assistance. In addition to coordination, oversight is provided by the CDE of the R&R agencies and their function as providers of Consumer Education. The CDE co-leads with F5CA the state ECE Professional Learning Team to coordinate ECE training and professional development. As part of their California's Transforming the Workforce Birth-Eight goals, this team is working on a career lattice for approval by the State Advisory Council.

☒(REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: \*In accordance with state law the preferred placement for children who are 11 or 12 years of age, and eligible for subsidized services, will be before or after school programs. The EESD works with ELD to support and coordinate access to these programs. Both the EESD and the ELD are housed with the CDE's TLSB to coordinate together to assess the needs of children of school age outside of the typical school day and school year, as well as participate in joint technical assistance opportunities.

☒(REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: \*The CDE works closely with the California Emergency Medical Services Authority (EMSA) regarding the curriculum and quality of preventive health and safety training



for child care providers. The CDE provides reimbursement funding to R&Rs for both licensed and unlicensed child care providers to assist with costs of pediatric first aid, pediatric cardio pulmonary resuscitation, and EMSA-approved preventive health practices training. California Health and Safety Training (CHST) R&R project (CCDF quality-funded) coordinators are required to provide technical assistance locally to connect providers and families with local disaster plan resources and training. EMSA has assisted in the collaborative work with CDE and the CDSS-CCLD as participants on the state's ongoing Health and Safety Multidisciplinary Regulatory Workgroup committee. Partnership has been instrumental in supporting the work of this group in the published California Child Care Disaster Plan which assists local trainers to train child care providers on disaster preparedness as well as recovery and to assist with connecting to local Office of Emergency Services (OES) local procedures. OES continues to provide the necessary guidance to develop and revise the plan which serves as an OES annex to the governor's state disaster plan.

In response to a shortage of EMSA approved preventive health and safety training opportunities, the CDE provides CCDF-quality grants to seventeen California Preventive Health and Safety Practices (CPHSP) local hubs in order to provide no cost multilingual training statewide. University of California, San Francisco School of Nursing is under contract with CDE and provides R&R training of trainer certification and technical assistance to both R&R training staff as well as other local collaborative partners in order to provide ready access to this state mandated training as well as technical assistance for providing resources to support families experiencing homelessness due to disaster. Local provider training will also include preventive topics based on input from local child care based on the CDSS-CCL reported citations in that locale as well as training on existing local risk factors. Local (CPHSP) hubs staff are also charged with serving as a resource for connection to the local (OES) preparedness and disaster recovery as it related to child care.

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

State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: \*The CDE is a grantee of the EHS-CCP. The CDE-EESD's Administrators, responsible for multiple federal and state funding streams supporting early learning and care across California, meet weekly to address opportunities for alignment and improved coordination. CDE's EHS-CCP grant expands the number of high-quality slots for 236 at-risk infants and toddlers in six rural northern California counties. Through this, it: (1) provides financial support to implement the comprehensive services required to reach goals outlined in California's Early Learning Plan (CELP); (2) builds local capacity by including Partnering Agencies that did not participate in the Race to the Top - Early Learning Challenge grant

(RTT-ELC); and (3) bridges the current resource gap needed to reach the high level of quality as defined in QCC and its Rating Matrix. Children receive comprehensive education, health, development, and family support services that meet or exceed EHS standards.

Services are available for low-income children birth to 36 months in center-based settings, 48 months in family child care settings. Grantee partners develop unique locally driven models to ensure parity of service throughout their program, including children who are not directly funded through EHS-CC partnership funds. Finally, child care providers gain access to Early Head Start training and technical assistance and can be targeted to community providers. Grantees will work with teachers and families to review curriculum and assessment tools that are most appropriate for their settings.

State/territory institutions for higher education, including community colleges. Describe: \*The CDE meets quarterly with California Community College Early Childhood Education faculty and participates on Commission on Teacher Credentialing workgroups associated with early learning workforce requirements. The EESD also co-leads a Transforming the Workforce Birth to Eight (TWB8) and an ECE Professional Learning Team that includes community college and four year public and private university representatives. CCDF quality funds are used to support the Faculty Initiative.

Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: \*First 5 California provides joint leadership for QCC and other initiatives that impact early learning and care, e.g., Transforming the Workforce Birth to Age Eight.

State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: \*California Department of Public Health, described above

Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe: \*California Department of Public Health

State/territory agency responsible for child welfare. Describe: \*California Department of Social Services

State/territory liaison for military child care programs. Describe: N/A

Provider groups or associations. Describe: \*Including, but not limited to, California Child Development Administrators Association (CCDAA), California Alternative Payment Program Association (CAPPA), Service Employees International Union (SEIU), American Federation of State,

County and Municipal Employees (AFSCME), the California Head Start Association, the CA Child Care R&R Network, and the Northern Directors Group

Parent groups or organizations. Describe: \*Parent Voices, and the Child Care Law Center

Other. Describe: N/A

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

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

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

[http://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](http://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

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

No.

Yes. If yes, describe at a minimum:

a) How you define “combine”

\*The CDE is required to disburse all child development funds for direct services through a contracting process. Some contracts are funded with a combination of CCDF and State General Fund, (Proposition 98, education funds and non-98 funds).

b) Which funds you will combine

CCDF and State General Fund (Proposition 98 and Non-Proposition 98). The CDE is a recipient of an Early Head Start-Child Care Partnership Grant to provide direct services in counties in northern California. Many providers utilize both Head Start and state subsidy funds.

In 2016, California was home to approximately 2.5 million children aged five years or younger. The CDE administers subsidized child care that currently serves birth through 13 years of age, and the only way to meet the needs of all those children is by combining and leveraging funds. California’s efforts play out against a larger backdrop that includes substantial federal, state, and local funding.

Many of our agencies also have Head Start contracts and use both funding sources to expand and enhance services.

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

\*The CDE utilizes all fund sources to maximize the availability of quality services available to provide services for as many eligible children as possible. In California, at least three-quarters of preschool-age children and just under half of infants and toddlers are already in some form of out-of-home care, Jennifer Anthony and Susan Muenchow, *California Infant/Toddler Early Learning and Care Needs Assessment: A Policy Brief*: Sacramento, CA: American Institutes for Research as a partner in the California Comprehensive Center at WestEd, 2010). (While the CDE maximizes available resources to support programs for working families, smooth transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, and developing the supply of child care for vulnerable populations, California would need to receive additional funds in order to serve all eligible children and ensure the quality level has the components associated with improved child learning and well-being.

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

\*At the State level, the CDE disburses funds to support subsidized child care through contracts. The contracts support both Direct Service Providers and APP Agencies. The contracts combine CCDF, State General Fund, and Temporary Assistance to Needy Families in order to reach more eligible children and families.

- e) How are the funds tracked and method of oversight?

The CDE has systems, processes, and multiple offices in place for budgeting, accounting, monitoring and auditing to accommodate the requirements associated with this grant. The CDE Accounting Office prepares and submits the quarterly Administration for Children and Families (ACF)-696 to report outlays and un-liquidated obligations in accordance with the federal reporting requirements established for the Mandatory, Matching, and Discretionary grants. Accounting Office staff prepare and reconcile various worksheets using data from the State of California's and Report System and information provided by the Child Development Fiscal Services Unit.

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

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

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

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

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

Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

- If checked, identify the source of funds: \*State General Funds
- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$208 Million

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

If checked, are those funds:

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

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

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

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

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

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

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

- No
- Yes

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

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

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

## 1.6 Public-Private Partnerships

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

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)). The CDE works closely with the California Emergency Medical Services Authority (EMSA or Authority) regarding training child care providers in preventive health and safety. The CDE provides funding to child care providers for health and safety training that is EMSA-approved. In order for California to meet or exceed the reauthorizations statutory requirements for health and safety training, EMSA has assisted in the collaborative work between themselves, CDE and the CDSS, Community Care Licensing (CCL) as participants on the state's Health and Safety Regulatory Workgroup committee. EMSA's partnership has been instrumental in supporting the work of the group developing the California Child Care Disaster plan document which is utilized for collaboration with California Office of Emergency Services (OES) and training of child care providers locally.

\*The CDE has established an ongoing relationship with F5CA. The CDE shares in the vision with F5CA to fund programs that educate parents, grandparents, caregivers, and teachers about the critical role that they play during a child's first five years. The CDE is a partner of F5CA in the

Talk. Read. Sing. Messaging statewide, and a co-lead on the California Quality Rating and Improvement System state support team. The CDE and F5CA are co-leads of the CA TWB8, as well as QCC.

The CDE works closely with the CDPH to create and maintain the linkage between child care and health care. The state provides services for pregnant women and children through various programs: Covered California, Access for Infants and Mothers, and the Healthy Families Program. Together, these three programs cover children up to 267 percent of the federal poverty level, and pregnant women and their infants up to 400 percent of the federal poverty level.

The CDE partners with the CDSS to co-facilitate a workgroup addressing higher efficiencies and reducing administrative burdens on early learning and care programs including CalWORKs Stages 1-3 (TANF child care), CCDF subsidized early learning and care, and the CSPP.

The CDE has established a reciprocal engagement of learning and sharing. A working partnership has been established between the CDE and CCDF tribal grantees through the TCCAC to facilitate and consult on early childhood issues and the delivery of services to all tribal children and families in the State. The CDE ensures access of child care and development services with tribal organizations by providing information and access to CDE's child care and development services, training programs, and dissemination of materials. The CDE has solidified this commitment to the collaboration with a Memorandum of Understanding (MOU) between the CDE and the TCCAC. In this MOU the CDE along with Tribal CCDF grantee representatives stands to memorialize the relationship between the two entities and continue to work together to meet the requirements of the CCDBG Act through common goals. The CDE recognizes this as a monumental moment in the relationship between state and tribes, and so a joint announcement is being developed as a model for local educational and health and safety agencies.

- 1) Increase and expand access to information about early care and education as well as identify available training and technical assistance on these topics;
- 2) Actively promote early care and education and identification of ways to engage children and families in the education system;
- 3) Identify opportunities for funding and explore ways to promote and leverage existing resources;
- 4) Promote access to products and activities of the CDE;
- 5) Support and promote their participation in the QCC Consortia;
- 6) Include representation TCCAC Co-Chairs in the QC-CA state-level meetings as well as in specific workgroups (e.g., Family Engagement);



- 7) Promote culturally proficient tribal outreach and engagement strategies at the local level.

CDE shares in the visionary goals as joint entities to: First, understand the values regarding Tribal Child Care partnerships when looking at early care and education and culturally appropriate policy formation. Secondly, Identify benefits, barriers, challenges, and partnerships through effective strategies for respectful partnerships with Tribal Child Care and culturally appropriate programmatic and policy-related efforts at community, state, and national level. The partnership and collaboration between the state and the TCCAC tribal organization was nationally recognized in November 2017 by the National Indian Child Care Association (NICCA).

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

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

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

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

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

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

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

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

a) What services are provided through the CCR&R system? Under \*California EC, Section 8212, R&Rs are required to provide the following:

1. Parents: Identification of the full range of existing child care services through information provided by all relevant public and private agencies in the areas of service, and the development of a resource file of those services which shall be maintained and updated at least quarterly. These services shall include, but not be limited to, family day care homes, public and private day care programs, full-time and part-time programs, and infant, preschool, and extended care programs. The resource file shall include, but not be limited to, the following information:
  - a. Type of program.
  - b. Hours of service.
  - c. Ages of children served.
  - d. Fees and eligibility for services.
  - e. Significant program information.
- Parents are given advice on questions to ask their families' potential child care providers and what should be considered as indicators of quality child care services.
- Parents may be given written consumer education materials or receive an opportunity to view a video regarding the selection of a child care provider.
- Parents are also advised regarding the types of subsidized child care and development programs for which their families may be eligible and ways to access those programs.
- R&R program services are available to all families regardless of the family's income or need for child care.
- These can be found at <http://www.cde.ca.gov/fg/aa/cd/ftc2014.asp>. Supply and demand data is collected quarterly and posted on the CDE web site at <http://www.cde.ca.gov/sp/cd/re/ccannualreports.asp>.

2. Providers: Establishment of a referral process which responds to parental need for information and which is provided with full recognition of the confidentiality rights of parents. The R&R programs shall make referrals to licensed child day care facilities. Referrals shall be made to unlicensed care facilities only if there is no requirement that the facility be licensed. The referral process shall afford parents maximum access to all referral information. This access shall include, but is not limited to, telephone referrals to be made available for at least 30 hours per week as part of a full week of operation. Every effort shall be made to reach all parents within the defined geographic area, including, but not limited to, any of the following:
  - a. Toll-free telephone lines.
  - b. Office space convenient to parents and providers.
  - c. Referrals in languages which are spoken in the community. Each child care R&R program shall publicize its services through all available media sources, agencies, and other appropriate methods.

Provision of information to any person who requests a child care referral of his or her right to view the licensing information of a licensed child day care facility required to be maintained at the facility pursuant to *California Health and Safety Code (H&SC)*, Section 1596.859 and to access any public files pertaining to the facility that are maintained by the CDSS, CCL.

- A written or oral advisement in substantially the following form will comply with the requirements of subparagraph (1): “State law requires licensed child day care facilities to make accessible to the public a copy of any licensing report pertaining to the facility that documents a facility visit or a substantiated complaint investigation. In addition, a more complete file regarding a child care licensee may be available at an office of the CDSS, CCL. You have the right to access any public information in these files.”

3. General Public: Maintenance of ongoing documentation of requests for service tabulated through the internal referral process. The following documentation of requests for service shall be maintained by all child care R&R programs:
  - a. Number of calls and contacts to the child care information and referral program or component.
  - b. Ages of children served.
  - c. Time category of child care request for each child.
  - d. Special time category, such as nights, weekends, and swing shift.

- e. Reason that the child care is needed. This information shall be maintained in a manner that is easily accessible for dissemination purposes.

California Resource and Referral Program (CRRP) Funding Terms and Conditions (found at:

<https://www.cde.ca.gov/fg/aa/cd/ftc2017.asp>) contain language requiring the above activities.

- R&R organizations serve all 58 counties in California and provide information and technical assistance to parents using license-exempt providers and to license-exempt individuals on the TrustLine Registry background check program.
- Parents are given advice on questions to ask their families' potential child care providers and what should be considered as indicators of quality child care services.
- Parents may be given written consumer education materials or receive an opportunity to view a video regarding the selection of a child care provider.
- Parents are also advised regarding the types of subsidized child care and development programs for which their families may be eligible and ways to access those programs.
- R&R program services are available to all families regardless of the family's income or need for child care.

How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated. \*The CDE holds contracts with R&R organizations across the 58 counties in California to provide resource and referral and training locally. The California Resource and Referral Network (CCCR&RN) is a membership organization which provides support and coordination. The CDE also holds a contract with CCCR&RN to provide train the trainer services for local staff working to build quality and capacity locally as well as a contract to support the informational 1-800 Child Care Consumer Education toll free line. The Network also assists with the administration of the state's background checks through TrustLine.

## 1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State

human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care R&R agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: The CDE has engaged in collaborative efforts with all of the above mentioned state entities in its work affiliated with the California Emergency Medical Services Authority (EMSA)'s California Health and Safety Workgroup and Disaster Planning subgroup. Serving as an annex to the official State of California Emergency Plan, the CDE completed the California Child Care Disaster Preparedness Plan 2016 (Disaster Plan) and posted it for use on June 30, 2016. Several other state agencies and stakeholder groups were key partners with the CDE regarding the guidance and development of the Plan including the California State Office of Emergency Services (OES) and the EMSA. The Disaster Plan was developed in partnership with the School of Nursing, University of California San Francisco, using funding from the CCDF Quality set-aside.

\*The CDE currently acts upon reports of disaster affecting its contractors by making regional contact and assessing potential need as well as collaborating with the CDSS-CCLD as appropriate for response and recovery including assistance with available fiscal resources. Additionally, the CDE coordinates with the OES on the emergency response for children on school sites. Future work by the CDE will result in articulation of a joint written Disaster Plan that supports each state agency roles and their current statutory requirements with a desired outcome of assuring that child care providers, emergency responders, and community members receive the appropriate supports necessary to continue to both provide and access safe child care before, during, and after a state of emergency is declared by the Governor. The CDE is in the process of contracting to secure a facilitator to continue the work and address the next level (anticipated contract start date of May 2018). The contractor will work with the CDE on state coordination and identification of designees who will in turn describe roles and responsibilities. This work will inform the development of mapping to include coordination of all efforts to support a statewide collaborative Disaster Plan as described.

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

disaster: The CDE initiates technical assistance via email and other methods as appropriate to affected areas. This guidance assists providers to continue to provide services, receive resources, and receive subsidy while providing quality services in collaboration with CDSS/CCLD technical assistance regarding legal operation. The continuation of subsidized child care services are determined locally via coordination of local planning councils, child care R&R programs and other coordination efforts with the local emergency management system. Temporary services and supports for subsidized child care services are coordinated through local contracting agencies. To help contracting agencies provide against a loss of funds due to emergency circumstances that are beyond their control, the Lead Agency may authorize reduced days of operation or attendance due to emergency conditions which are considered on a case by case basis. The governing board of contracting agencies must adopt a resolution that clearly and fully describes the nature of the emergency condition as well as the specific effect on program operations and submit the request to the FSO review and approval. This request is reviewed by both the FSO with information provided by Child Development Fiscal Services to determine the amount of reimbursement for actual program expenses incurred during the period of the emergency, or closure.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: Internal Response plan includes working in collaboration with other offices within the Department to ensure technical assistance for responses and support are coordinated and made available to impacted communities. These resources may include: Mitigation, Preparedness, Response and Recovery. FSO regional staff work in tandem with CCLD to assess need and provide technical assistance and resources as needed to local agencies impacted by the disaster or emergency. Staff teams may visit the affected community in partnership with other control agencies when it is deemed appropriate or necessary. The Lead Agency recognizes that local communities already have systems in place and is in communication with local entities to help ensure that post-disaster resources are working and provides technical assistance and support where needed and required.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: Licensed providers that receive CCDF funds are required to abide by basic CDSS California *H&SC* requirements including these procedures. Compliance with Title 22 (Licensing) is required for all CDE-contracted Title 5 child care providers.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—

emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): Every California R&R Program in each of the 58 counties in the state California has access to one of the 17 California Preventive Health and Safety Practices regional training and technical assistance hubs providing California Emergency Services Authority certified training and technical assistance. This includes training on implementation utilization of the California Child Care Disaster Plan.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available: \* <http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/CA-ChildCare-Disaster-Plan.pdf>.

## **2 Promote Family Engagement Through Outreach and Consumer Education**

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

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

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

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

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

2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language: The CDE contracts with the R&R agencies throughout the state. At least one R&R is located in each county of the state and provide access to the full diversity of child care services, training and information. They information is provided by multilingual staff in order to help families find child care that best meets their needs. They recruit and train multilingual early learning and care providers, and collect data from parents and child care providers. R&Rs provide a variety of services to a diverse group of parents seeking care, as well as to a diverse group of providers seeking professional development and incentives for remaining in the profession. A multilingual toll free number is available -- 1-800-KIDS-793 (1-800-543-7793) -- to assist in finding child care. A California map to link to each county's R&R can be found at: <https://www.cde.ca.gov/sp/cd/re/ragencylist.asp>. In an effort to strengthen parent engagement efforts, the state is working with a contractor to design, develop, and produce on-line Consumer Education R&R Counselor Training Video Modules. The development of these phone counselor modules will take place in June 2018 and provide for consistency in the referral process addressing consumer education requirements.

2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability: Outreach and services are provided meeting the diverse needs of the community. Both face-to-face appointments as well as phone appointments are available at partner agencies providing accessible services. R&Rs are knowledgeable about local inclusion strategies and work to support child care providers as it relates to inclusive child care and available local support services.

## 2.2 Parental Complaint Process



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

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: \*For licensed providers in California, the Central Complaint and Information Bureau, an office of the CDSS, Child Care Licensing Program, is a centralized, statewide hotline available to anyone by calling 1-844-LET-US-NO (538-8776) or by emailing LetUsNo@dss.ca.gov . The hotline's call center intakes complaints for licensed facilities and disseminates them to the appropriate licensing regional office for investigation and response. The Central Complaint and Information Bureau will also answer licensing related inquiries.

A complaint regarding the violation of specific federal and state programs that use categorical funds such as Adult Education, After School Education and Safety, Agricultural Vocational Education, American Indian Education Centers, American Indian Early Childhood Education, Career Technical Education, Child Care and Development, Consolidated Categorical Aid, Foster Youth Services, Local Control Funding Formula and Local Control Accountability Plans, Migrant Education, Nutrition Services, Regional Occupational Centers, School Facilities, Special Education, Tobacco-Use Prevention Education, and Unlawful Pupil Fees are considered Uniform Complaint Program (UCP) complaints. UCP complaints are filed with the District Superintendent or their designee.

Contacts for programs and subjects covered under the UCP can be found on the UCP Contacts Web page <https://www.cde.ca.gov/re/cp/uc/ucpcontacts.asp>.

2.2.2 Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: \*For all licensed child care providers in California (regardless of CCDF provider status) the CDSS, Child Care Licensing Program has specified processes for screening, substantiating and responding to complaints. Upon receipt of a complaint, the CDSS conducts a preliminary review. The CDSS will conduct an onsite inspection within 10 calendar days after receiving the complaint, except only where the visit would adversely affect the licensing investigation or the investigation by other agencies including, but not limited to, law enforcement agencies. In either event, the complainant shall be promptly informed of the CDSS's proposed

course of action. During an investigation, the CDSS has the authority to inspect, audit, and copy child or facility records, as well as the authority to interview children (including observing their physical condition which could indicate child abuse, neglect or inappropriate placement) or interview staff without prior consent. For licensed child care facilities, a complaint that is “substantiated” means that the allegation is valid because the preponderance of the evidence standard has been met.

All UCP complaints received by CDE are logged and tracked on a data base. Complaints pertaining to CCDF funded programs are investigated, which includes interviews with complainant and contractors. Evidentiary documents are collected and reviewed and a final determination on whether the allegations have merit or not is made. The final letter will include whether the CDE determined the agency to be compliant or non-compliant. If the agency is determined to be non-compliant, the CDE will notify complainants and the contractors in writing. The contractor may also be required to submit a corrective action plan that will be monitored by assigned consultant.

**2.2.3 Describe the Lead Agency’s process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:** All licensed child care providers in California (regardless of CCDF provider status) are subject to the same process described in the response to Section 2.2.2.

All UCP complaints received by CDE are logged and tracked on a data base. Complaints pertaining to CCDF funded programs are investigated, which includes interviews with complainant and contractors. Evidentiary documents are collected and reviewed and a final determination on whether the allegations have merit or not is made. The final letter will include whether the CDE determined the agency to be compliant or non-compliant. If the agency is determined to be non-compliant, the CDE will notify complainants and the contractors in writing. The contractor may also be required to submit a corrective action plan that will be monitored by assigned consultant.

**2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:** \*For licensed child care providers, the CDSS, Child Care Licensing Program maintains records of substantiated complaints for at least the previous five years in hard copy and electronic formats.

In programs operated by school districts, if a parent has a complaint regarding program operations not covered by licensing requirements, the parent must utilize the uniform complaint procedures established by the school district. Records of substantiated complaints are kept by the school district.

UCP complaint records are maintained in a database maintained by the CDE.

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: \*For licensed child care facilities, the CDSS, CCL Division makes information about substantiated complaints (which may be made to the CDSS by anyone concerned, including parents) available to the public for at least the previous five years in the following formats:

- i. Online by visiting the CDSS, Community Care Licensing Division, Child Care Facility Search Website (CDSS Facility Search Website) or by downloading the CDSS Facility Search Mobile Application
- ii. Over-the-phone by calling to request a file review from the local licensing regional office
- iii. In-person by visiting the local licensing regional office

All information regarding UCP complaints can be requested through a PRA request.

## **2.3 Consumer Education Website**

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

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

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: \*For licensed providers, the CDSS, Community Care Licensing Website has been updated to restructure the Homepage to display Webpage resources organized for

“Parents”, “Providers”, “How to become licensed” and “Public information”. The Child Care Licensing Website Homepage also includes “Quick Links” to the most commonly sought information (e.g. Provider Information Notices, Forms, Laws and Regulations, Quarterly Updates, etc.) as well as access to 25 easy-to-watch child care videos that explain licensing topics relevant to families and licensed child care providers. The Website has icon buttons directly linking to the CDSS Facility Search Website and online payments for annual licensing fees. The CDSS Facility Search Website and Facility Search Mobile Application (which may be downloaded on phones and tablets for ease of navigation) displays searchable provider information categorized by facility type and is organized using easy-to-navigate tabs to show information summaries and reports.

The CDE has funded the CA R&R Network to develop a statewide child care data collection and efficiency project that will eventually result in a consumer-friendly and accessible website with a feature providing a tailored referral named, My Child Care Plan. This plan will result in a referral specific to family need and link provider databases Statewide.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): \*For licensed facilities, the CDSS Child Care Licensing Program Website supports Google translations (at the top right-side of each Webpage) which converts *Webpage text* so the Website may be navigated in over 90 different languages. Also, the CDSS will provide language services over-the-phone to help clarify documents or provide translations for families that speak languages other than English.

Though currently under construction, the statewide child care data collection website will be accessible in both English and Spanish.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: \*For licensed providers, the CDSS is committed to accessibility. CDSS Websites have many features that are intended to make the experience of interacting with our website positive and productive for all users, including those with disabilities, including meeting “AA” compliance of the World Wide Web Consortium (W3C), [Web Content Accessibility Guidelines 2.0](#); in addition, this site satisfies [Section 508](#), Subpart B, Subsection 1194.22, Guidelines A-P of the Rehabilitation Act of 1973 as revised in 1998.

The statewide child care data collection website will be 508 compliant, ensuring full accessibility for persons with disabilities.

2.3.4 Lead Agency processes related to child care.

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

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: \*The CDSS, Child Care Licensing Program Website contains information on how California licenses child care providers: <http://www.cdss.ca.gov/inforesources/Child-Care-Licensing>.

California H&SC, sections 1596.792 and 1596.793 provide the legislative rationale for exempting certain providers from licensing requirements. The CDSS, Child Care Licensing Program Webpage for “Do I Need A License” contains consumer-friendly resources including an easy-to-watch video “Understanding Licensed Care and License-exempt Care” and a one-page document “What Is Licensed-exempt Care” which outlines exemptions from licensing requirements for certain providers:

<http://www.cdss.ca.gov/inforesources/Child-Care-Licensing/How-to-Become-Licensed/Do-I-Need-a-License>.

- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: \*The CDSS Child Care Licensing Program Webpage for “Public Information and Resources” provides a written overview for licensing prevention, compliance and enforcement. Also the Webpage has links to relevant information (e.g. laws and regulations) and an easy-to-watch video “An Overview of Community Care Licensing” at: <http://www.cdss.ca.gov/inforesources/Child-Care-Licensing/Public-Information-and-Resources>.

Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6: \*California Health and Safety (H&S) Code sections 1596.60 – 1596.68 provides the requirements for criminal background checks for license-exempt providers. H&S Code, Section 1596.871 addresses fingerprint checks for personnel in licensed child care facilities. The CDSS Caregiver Background Check Bureau Webpage for “Background Check Process” provides a [list of Non-exemptible Crimes](#) at:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Background-Check-Process>.

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

- a) Provide the website link to the searchable list of child care providers: \*For licensed providers, the CDSS Facility Search Webpage for child care is at: <https://secure.dss.ca.gov/CareFacilitySearch/Search/ChildCare>
- b) Which providers are included in the searchable list of child care providers:
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt center-based CCDF providers
  - License-exempt family child care (FCC) CCDF providers
  - License-exempt non-CCDF providers
  - Relative CCDF child care providers
  - Other. Describe: N/A
- c) Describe what information is available in the search results. Specify if the information is different for different types of providers: \*For licensed providers, Child Care Centers are searchable by facility name, address number, street name, city, zip code, county, or by license number. A complete listing of all licensed Centers in operation statewide is accessible. In order to protect the privacy of their home residence, listings for all Family Child Care Home facilities do not display the home street addresses. Large Family Child Care Homes (up to 14 children with at least 2 caregivers) may be searched by facility name, city, zip code, county or by license number. Small Family Child Care Homes (up to 8 children with 1 caregiver) are searchable by entering the correct facility name or license number (provided by the facility or R&R agency).

Once a provider is selected, facility information is displayed using easy to navigate tabs that provide a summary of citations, complaints, inspection or visit type, and dates for each occurrence. In addition, consumers may access complete reports for inspections and complaints. Also consumers may sign-up for email notifications that will send automatic alerts to the recipient when information for a selected facility has been updated or changed.

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

- a) How does the Lead Agency determine quality ratings or other quality information to include on the website?
- Quality rating and improvement system
  - National accreditation
  - Enhanced licensing system
  - Meeting Head Start/Early Head Start requirements
  - Meeting prekindergarten quality requirements
  - Other. Describe: N/A
- b) For what types of providers are quality ratings or other indicators of quality available?
- Licensed CCDF providers. Describe the quality information: \*Rating elements include Child Observation, Developmental and Health Screenings, Minimum Qualifications for Lead Teacher / Family Child Care Home Provider, Effective Teacher-Child Interactions, Ratios and Group Size, Program Environment, and Director Qualifications.
  - Licensed non-CCDF providers. Describe the quality information: \*Rating elements include Child Observation, Developmental and Health Screenings, Minimum Qualifications for Lead Teacher / Family Child Care Home Provider, Effective Teacher-Child Interactions, Ratios and Group Size, Program Environment, and Director Qualifications.
  - License-exempt center-based CCDF providers. Describe the quality information: \*Military, tribal, and exempted school site centers can participate in QC-CA.
  - License-exempt FCC CCDF providers. Describe the quality information: \*License exempt Family Friend and Neighbor care are not rated, but can participate in the QC-CA and receive quality supports and professional learning opportunities.
  - License-exempt non-CCDF providers. Describe the quality information: \*License-exempt Family Friend and Neighbor care are not rated, but can participate in the QC-CA and receive quality supports and professional learning opportunities.
  - Relative child care providers. Describe the quality information: \*License-exempt Family Friend and Neighbor care are not rated, but can participate in the QC-CA and receive quality supports and professional learning opportunities.
  - Other. Describe: \*Military and Tribal

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

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

Certify by describing:

- a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary.

\*For licensed providers, the CDSS Facility Search Website displays copies of the full inspection and substantiated complaint reports written in language such that both the parents and providers may clearly understand the content. A sample of a full report may be seen here:

<https://secure.dss.ca.gov/ccld/TransparencyAPI/api/FacilityReports?facNum=343616877&inx=2>.

- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries.

\*For licensed providers, the CDSS Facility Search Website displays summaries and dates for all monitoring and inspection visits, violations, and complaints. The consumer may view the full reports for more details about the violations and complaints displayed by the summaries, including any fatalities or serious injuries that may have occurred. The site includes a link to Frequently Asked Questions<sup>9</sup> (FAQs) and a glossary of terms.

- c) The process for correcting inaccuracies in reports.

\*For licensed providers, a provider may contact their licensing regional office to report inaccuracies and request a process to amend the report.

- d) The process for providers to appeal the findings in the reports, including the time requirements.

\*For licensed providers, the complete process for appeals and time requirements is given to a licensee at the time of citation and is organized in an easy-to-read document (LIC 9058) "Applicant/Licensee Rights and Appeal Procedures For Applicants/Licensees" which also is located on the CDSS Webpage for "Forms" at:

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9058.pdf>

- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe.

\*For licensed providers, once reports are completed (and the licensee has read and reviewed it), reports are uploaded to an internal database



system which then automatically updates the CDSS Facility Search Website accordingly, on a weekly basis, each Sunday.

- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)). \*For licensed providers, reports are posted for 5 years from the date the report was taken.
- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years). \*For licensed providers, the CDSS Facility Search Website automatically removes reports after 5 years (from the date the report was taken) when it updates the system on a weekly basis.
- h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
  - License-exempt non-CCDF providers
  - Relative child care providers
  - Other. Describe: N/A

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

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

\*For licensed providers, the designated entity is the Child Care Licensing Regional Office that provides licensing oversight for the respective facility. The aggregate data will be posted to the Child Care Licensing Program Website for public information.
- b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement.

\*For licensed providers, the definition of “substantiated child abuse” used is defined by California H&SC, Section 1548(f)(2) to include physical injury inflicted upon a child by another person by other than accidental means and sexual abuse (as defined in [Penal Code Section 11165.1](#)) and neglect (as defined in [Penal Code Section 11165.2](#)) and unlawful corporal punishment or injury (as defined in [Penal Code Section 11165.4](#)).

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

\*For licensed providers, the definition of “serious injury” used is defined in by California *H&SC* , Section [1596.8865\(d\)](#) to include serious impairment of physical condition, including, but not limited to, the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of function of any bodily member or organ; a wound requiring extensive suturing; and serious disfigurement.

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

\*For licensed providers, the CDSS Child Care Licensing Program Webpage link is currently under development.

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

\*The CDE has provided funding for the CA Child Care Resource & Referral Network to develop a data efficiency website take includes all of the local Resource & Referral child care data. This database, <https://www.mychildcareplan.org/> has been piloted. Database feasibility and additional funds are needed for this site to be operational. The website will provide a link for inquirers to their local R&R.

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

\*For licensed providers, the CDSS Child Care Licensing Program Website Homepage makes contact information (that can help parents understand the information on the website) available at the ‘top right-side of the page’ for all licensing regional offices (and two county licensing offices), the Child Care Licensing Program Office and the Child Care Advocate Program Office at: <http://www.cdss.ca.gov/inforesources/Child-Care-Licensing>

The My Child Care Plan database will include this function, referring parents to their local R&R. It is currently in staging.

2.3.11 Provide the website link to the Lead Agency’s consumer education website. \*For licensed providers, the website link is:

<http://www.cdss.ca.gov/inforesources/Child-Care-Licensing> The My Child Care Plan database is currently in staging; it will be <https://www.mychildcareplan.org/>.

## 2.4 National Website and Hotline

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

2.4.1 Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers.

\*For licensed providers, the Central Complaint and Information Bureau will intake hotline calls or emails regarding complaints and send them to the appropriate licensing regional office for investigation and response.

2.4.2 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

\*For licensed providers, the Central Complaint and Information Bureau is available by calling 1-844-LET-US-NO (538-8776) or by emailing [LetUsNo@dss.ca.gov](mailto:LetUsNo@dss.ca.gov) ; and is the designee responsible for receiving and processing complaints submitted to the national website and hotline.

## 2.5 Additional Consumer and Provider Education

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

In questions 2.5.1 through 2.5.4, certify by describing:

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

Families in search of care contact a local R&R phone counselor and share information regarding need and location. The phone counselor will search for

child care options that meet the family's needs and share information with regard to quality and availability of resources utilizing strength based communication process.

Parents are also provided information of the best practices in child development through a parent-friendly web site, All About Young Children: Information for Families on Children's Early Development, which can be found at: <https://allaboutyoungchildren.org/>. This web site provides information in eight languages about what skills help children learn how they learn language, how they learn about feelings and relationships, how they learn about numbers, and how they become skillful at moving their bodies.

The CDE Web page at: <https://www.cde.ca.gov/sp/cd/re/caqintro.asp>, Care About Quality: Your Guide to Child Care, includes information on defining quality child care and how to choose child care.

CDE contracts with R&Rs and organizations in each of the 58 counties in California to include information on child care programs and CDE publications. This information is provided by local R&R Phone Counselor staff who talk to child care consumers directly and explain in further detail and answer questions about availability, child care programs, relevant resources, and quality indicators in the appropriate language for that family. Phone counselors are intentional about approaching the referral process with respect for the family and the information they possess and providing written information and brochures judiciously and following up with further opportunities as required.

California's Quality Rating and Improvement System and the QCC includes a total of 5,835 participating sites, of which 3,664 have been rated. Of the total 3,489 are Child Care Centers and 1,977 are Family Child Care Homes. California's QRIS system is based on the Quality Continuum Framework- Rating Matrix with elements and points set statewide who share common tiers 1, 3 and 4. Some Consortia have chosen to elevate their systems to a 5 point scale to include quality elements that reflect the needs and services of their community. A total of 2,305 sites have been rated at a 4 or 5 in California's Quality Continuum Framework Rating Matrix that extends from a Tier 1 to a Tier 5 level. More information can be found on the following Web page (under resources) at: <https://www.cde.ca.gov/sp/cd/op/csppqrisblockgrant.asp>. The latter data is from California's Annual Performance Report.

As stated above, each of the QRIS counties have posted QRIS information on their respective web sites, examples of these are the same links provided in the section for parents. The CDE, together with First 5 California, is working to create a common QRIS Web site which aims to provide resources and support in order to connect parents and families with the local QRIS Web sites and R&R agencies. Currently parents can find a list of the counties participating in a QRIS and the contacts at: <https://www.cde.ca.gov/sp/cd/op/csppqrisbgcontacts.asp>. Each individual participating county has information online and in individual

participating programs that fit the families in the county they serve. For example, Contra Costa County: <https://www.first5coco.org/funded-programs/child-care-quality/qrisc/>, Sacramento County: <http://www.scoe.net/services/id521/Pages/default.aspx>, San Joaquin County: <http://www.raisingqualitysjc.org/Resources>.

It is anticipated that the statewide QRIS Web site will go live in April 2018. The newly branded name and tagline, QCC, Raising the Quality of Early Learning and Care, will represent the statewide QRIS effort.

## 2) Providers

The CDE has extensive research-based publications, online modules, and DVDs for providers on quality early learning services. The *California Infant/Toddler Learning and Development Program Guidelines (Infant/Toddler Program Guidelines)*, the *California Preschool Program Guidelines (Preschool Program Guidelines)*, and the *Guidelines for Early Learning in Child Care Home Settings* provide guidance about delivering high-quality early learning. Providers have received information about participating in their local QRIS via the local consortia that participate and administer these systems at the local level with State level. The QRIS opportunities for providers has grown from the initial 17 participating Regional Leadership Consortia under the 2012–16 Race to the Top-Early Learning Challenge (RTT-ELC) grant to all 58 California counties working to improve the quality of their local system. With the addition of the annual \$50 million CSPP QRIS Block grant, the Infant/Toddler QRIS Block Grant and First 5 California's IMPACT (Improve and Maximize Programs so All Children Thrive) initiative, providers can become a participant of their local QRIS. The process for providers to participate is different and administered at the local level by each county.

## 3) The general public

The general public are provided information of the best practices in child development through a parent-friendly web site, All About Young Children: Information for Families on Children's Early Development, which can be found at: <http://allaboutyoungchildren.org/english/>. This web site provides information in eight languages about what skills help children learn, how they learn language, how they learn about feelings and relationships, how they learn about numbers, and how they become skillful at moving their bodies.

The CDE Web page, <https://www.cde.ca.gov/sp/cd/re/caqintro.asp>, Care About Quality: Your Guide to Child Care, includes information on defining quality child care and how to choose child care.

As stated above, each of the QRIS counties have posted QRIS information on their respective Web sites, examples of these are the same links provided in the section for parents. The CDE, together with First 5 California, is working to create

a common QRIS Website which aims to provide resources and support to connect parents and families, early learning and care providers, as well as policymakers with the QRIS efforts within California. In addition, the Web site will have a section for users to subscribe to the QCC newsletter.

General information about quality is provided at the CDE web site at the following location: <https://www.cde.ca.gov/sp/cd/re/cagintro.asp>. This is an on-line resource guide published by the California Department of Education to provide parents and family seeking child care with key indicators of quality child care settings, information on the types of child care available, and tips for interviewing potential child care providers.

The CDE provides parent-friendly information about recent research in child development in All About Young Children. This web site includes printable downloads. See <http://allaboutyoungchildren.org/>. Information is provided in the eight most utilized languages in California.

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

\*The CDE partners with the California R&R Network, who in turn partner locally with local CWDs. The R&R programs provide information to all parents and the community about the availability of child care in their area. This includes State and federally Funded Child Care Programs such as the California State Preschool Program and Head Start and Early Head Start programs. The Network will also be providing Trauma Informed Care and associated referral services for foster care parents and providers. These trainings will take place in partnership with the California Child Care Initiative licensed care training project for consistency of messaging.

The California Child Care Resource and Referral Network provides similar information at its Web page: [http://www.rnnetwork.org/choosing\\_child\\_care](http://www.rnnetwork.org/choosing_child_care). An example is the Contra Costa Child Care Council information at: <http://www.cocokids.org/resource-referral/choosing-quality-child-care/>. California R&Rs are required to provide information to parents and the public about the quality of child care services. Many R&R agencies provide written materials including a check list for reviewing potential child care providers and programs. All R&Rs provide direct communication and support in choosing childcare that meets the needs of the family.

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

\*The local CWD and front line workers utilize the Online California Work Opportunity and Responsibility to Kids (CalWORKs) Appraisal Tool (OCAT) to connect clients to supportive services including Supplemental Nutrition Assistance Program (SNAP), Women Infant and Children (WIC), Children's Health Insurance Program (CHIP) and Medicaid. OCAT is a web-based appraisal tool used statewide to assess clients for needs, barriers, strengths and capacity to work.

California's Welfare to Work (WTW) program is designed to assist welfare recipients to obtain or prepare for employment. The welfare to work program serves all 58 counties in the state and is operated locally by each CWD or its contractors.

CWDs provide information to clients during the initial intake process via a universal application. Counties collect this data in various forms such as the CalWORKs Information Network (CalWIN). CalWIN is an online web-based resource for eligible clients and providers to obtain a collection of services such as health care, food programs, energy assistance/housing programs, TANF and child care services. This resource also allows clients to directly apply for TANF, SNAP and Medicaid. The system stores Welfare Client Data that allows workers to process online benefit requests from clients.  
<http://www.mybenefitscalwin.org/#>

CWDs may also refer clients to their local Child Care Resource & Referral (R&R) and APPs. The R&R programs provide information to all parents and the community about the availability of child care in their area. This includes State and federally Funded Child Care Programs such as the California State Preschool Program and Head Start and Early Head Start programs.

The (CDSS) is committed to improving service delivery to the CDSS clients by facilitating, coordination, communication and interaction between and among programs, projects, and departments. The CDSS has created the Office of Horizontal Integration who strives to help break down silos, assist with collaboration, and seek out opportunities to better serve our common clients. Their core principal is to view, serve and treat the client/customer holistically.

The State of California is committed to promoting technologies that improve and expand services through communication, data sharing and interdepartmental collaboration. California's Statewide Automated Welfare System (SAWS) is made up of multiple systems which support such functions as eligibility and benefit determination, enrollment, and case maintenance at the county level for some of the State's major health and human services programs. The consortia include, LA Eligibility Automated Determination, Evaluation and Reporting System (LEADER), CalWIN and Consortium IV (C-IV).

☒ Temporary Assistance for Needy Families program:

\*Local R&Rs collaborate with CWDs, sometimes this requires a Memorandum of Understanding between the agencies.

☒ Head Start and Early Head Start programs:

\*Local R&Rs connect with Head Start (HS), Early Head Start (EHS), and Early Head Start – Child Care Partnerships to assist parents to access their services.

☒ Low Income Home Energy Assistance Program (LIHEAP):

\* Local R&Rs assist low income families to assess the LIHEAP.

☒ Supplemental Nutrition Assistance Programs (SNAP) Program:

\*Local R&Rs collaborate with CWDs to assist families to enroll in SNAP.

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

\*Local R&Rs assist low income families to access WIC.

☒ Child and Adult Care Food Program (CACFP): \*CDE -contracted direct service providers utilize the CACFP. Families need to be income eligible for these services, but families do not need to apply for CACFP to be provided with information about healthy nutrition.

☒ Medicaid and Children’s Health Insurance Program (CHIP): \*Local R&Rs, APPs, and CDE-contracted providers assist families in accessing Medicaid (CalWORKs), as well as accessing subsidized health care coverage via the Covered California program. A letter from the State Superintendent of Public Instruction, Tom Torlakson, about Covered California can be found at: <https://www.cde.ca.gov/nr/el/le/yr15ltr0810.asp>. The School Educator Partner Toolkit for schools along with other information for schools can be found online at: <http://hbex.coveredca.com/toolkit/school-educator/>.

☒ Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA): \*Local R&Rs, APPs, CDE-contracted providers, Regional Centers, and LEAs assist families to access IDEA Part B and Part C by ensuring that all eligible children receive an Individualized Education Plan (IEP) or Individualized Family Support Plan (IFSP).

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

1) Parents and Families



\*The CDE contracts with R&R and organizations in each of the 58 counties in California to include information on child care programs and CDE publications. This information is provided by local R&R Phone Counselor staff who talk to child care consumers directly and explain in further detail and answer questions about local availability, child care programs, relevant resources, and quality indicators in the appropriate language for that family. Phone counselors are intentional about approaching the referral process with respect for the family and the information they possess and providing written information and brochures judiciously and following up with further opportunities as required. The phone counselor will search for child care options that meet the family's needs and share information with regard to quality and availability of resources utilizing strength based communication process.

The CDE, together with First 5 California, is working to create a common quality rating and improvement system (QRIS) Web site which aims to provide resources and support in order to connect parents and families with the local QRIS Web sites and R&R agencies. It is anticipated that the statewide QRIS Web site will go live in April 2018, with the newly branded name and tagline QCC, Raising the Quality of Early Learning and Care. This Web site will represent the statewide QRIS effort. California's QRIS and QCC includes a total of 5,835 participating sites, of which 3,664 have been rated. Of the total 3,489 are Child Care Centers and 1,977 are Family Child Care Homes. California's QRIS system is based on the Quality Continuum Framework Rating Matrix with elements and points set statewide who share common Tiers 1, 3 and 4. Some Consortia have chosen to elevate their systems to a 5 point scale to include quality elements that reflect the needs and services of their community. A total of 2,305 sites have been rated at a 4 or 5 in California's Quality Continuum Framework Rating Matrix that extends from a Tier 1 to a Tier 5 level. More information can be found on the following Web page (under resources) at: <https://www.cde.ca.gov/sp/cd/op/csppqrisblockgrant.asp>. The latter data is from California's Annual Performance Report.

Parents are provided information of the best practices in child development through a parent-friendly web site, All About Young Children: Information for Families on Children's Early Development, which can be found at: <http://allaboutyoungchildren.org/>. This web site provides information in eight languages about what skills help children learn how they learn language, how they learn about feelings and relationships, how they learn about numbers, and how they become skillful at moving their bodies.

The CDE Web page at: <https://www.cde.ca.gov/sp/cd/re/caqintro.asp>, Care About Quality: Your Guide to Child Care, includes information on defining quality child care and how to choose child care.

## 2) The general public

\*As mentioned within the Parents and Families section, the general public are provided information of the best practices in child development through the parent-friendly Web site, All About Young Children: Information for Families on Children’s Early Development. An additional Web page, Care About Quality: Your Guide to Child Care, provides an on-line resource guide published by the CDE to provide parents and family seeking child care with key indicators of quality child care settings, information on the types of child care available, and tips for interviewing potential child care providers.

The general public can find a list of the counties participating in a QRIS and the contacts at: <https://www.cde.ca.gov/sp/cd/op/csppqrisbgcontacts.asp>. Each participating county has information online and in individual participating programs that reflect the needs of the county they serve. For example, Contra Costa County: <http://www.first5coco.org/funded-programs/child-care-quality/gris/>, Sacramento County: <http://www.scoe.net/services/id521/Pages/default.aspx>, San Joaquin County: <http://www.raisingqualitysjc.org/Resources>.

Once launched, the common QCC Web site will link to each of the county Web sites. The QCC Web site aims to provide resources and support to connect parents and families, early learning and care providers, as well as policymakers with the QRIS efforts within California. In addition, the Web site will have a section for users to subscribe to the QCC newsletter.

### 3) Providers

\*The CDE has extensive research-based publications, online modules, and DVDs for providers on quality early learning services. The *Infant/Toddler Program Guidelines*, the *Preschool Program Guidelines*, and the *Guidelines for Early Learning in Child Care Home Settings* provide guidance about delivering high-quality early learning. Providers have received information about participating in their local QRIS via the local consortia that participate and administer these systems at the local level with State level. The QRIS opportunities for providers has grown from the initial 17 participating Regional Leadership Consortia under the 2012–16 Race to the Top-Early Learning Challenge (RTT-ELC) grant to all 58 California counties working to improve the quality of their local system. With the addition of the annual \$50 million CSPP QRIS Block grant, the Infant/Toddler QRIS Block Grant and First 5 California’s IMPACT (Improve and Maximize Programs so All Children Thrive) initiative, providers can become a participant of their local QRIS. The process for providers to participate is different and administered at the local level by each county.

2.5.5 Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the

general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

1) Parents

\*All about Young Children and local R&Rs are the vehicle for the CDE's primary contact with parents.

2) Providers

\*California Collaborative for Social-Emotional Foundations for Early Learning (CSEFFEL) provides training and coaching regarding the teaching pyramid with its focus on positive social-emotional interactions between young children and providers. The California Inclusion and Behavior Consultation Network provides support for Child Care Providers regarding children with challenging behaviors and inclusion issues. Family Child Care at its Best has two training modules on the CSEFFEL Teaching Pyramid for family child care providers.

<http://www.cainclusion.org/camap/>. In addition, QC-CA addressed social-emotional supports through its local QRIS implementation and training and technical assistance.

3) General public

\*All about Young Children and local R&Rs are the CDE's primary contact.

The rating matrix in QCC, California's QRIS, includes an element regarding developmental screening. At the highest level tier, programs work with families to screen all children using the Ages and Stages Questionnaire (ASQ) & ASQ-SE (Social Emotional), if indicated, at program entry, then as indicated by results thereafter. Initially, Race to the Top – Early Learning Challenge funding allowed for Training of Trainers to be conducted throughout the state for the ASQ and the ASQ-SE. The CDE has continued to support ASQ training through the CCDF Quality set-aside. These trainings will not only increase access to screening, but include a component on providing follow-up and appropriate referrals specific to the resources in each participating county.

California uses its Quality set-aside funding to enhance state capacity to promote and deliver effective and well-coordinated health, developmental and early mental health screenings throughout California. For more information, visit <http://www.ceitan-earlystart.org/collaborations/statewide-screening-collaborative/>.

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

## 2.6 Procedures for Providing Information on Developmental Screenings

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

### 2.6.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)). \*The CDE provides this through the R&R agencies located in every county. Local CCR&Rs gather information on resources and share them with parents, child care providers, and the broader public through their websites, trainings, collaborative meetings, and direct conversations through phone and email.
  - The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

\*The CDE provides this through the California Child Care R&R agencies located in every county. The CCR&Rs gather information on these topics and share them with parents, child care providers, and the broader public through their websites, trainings, collaborative meetings, and direct conversations through phone and email.
  - How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

\*The CDE provides this through the California Child Care R&R agencies located in every county through their websites, trainings, collaborative meetings, and direct conversations through phone and email.

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

\*Programs participating in their local QRIS receive points on a tiered Rating Matrix for conducting or facilitating developmental screening. At the highest level tier, programs work with families to screen all children using the Ages and Stages Questionnaire (ASQ) and ASQ-SE (Social Emotional), if indicated, at program entry, then as indicated by results thereafter. Local QRIS consortia actively work to make developmental screenings accessible to all families and child care programs.

- How child care providers receive this information through training and professional development. \*The Developmental Screening Network (DSN) provides training to QRIS trainers to promote local use of developmental screening tools such as ASQ. The DSN offers ongoing training, technical assistance, and networking opportunities for trainers to enhance their ability to teach child care providers across the state. Funding terms and conditions and programs requirements can be located at: <https://www.cde.ca.gov/fg/aa/cd/index.asp>
- Provide the citation for this policy and procedure related to providing information on developmental screenings. \*Pending regulatory development.

## **2.7 Consumer Statement for Parents Receiving CCDF Funds**

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

2.7.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. \*Phone counselors at every R&R statewide provide walk in, phone, and e-mail counseling for families in search of care. The results of this tailored search assist the family to determine quality child care indicators. The session concludes with a statement clarifying that the information provided is a referral not a recommendation and also provides instructions on how to link to CCLD to check on posted reports for all providers the family is considering for the provision of care.
- b) What is included in the statement, including when the consumer statement is provided to families. \*The statement is provided at the end of all communication with families in search of child care as well as in written consumer education materials on the topic of choosing childcare that are mailed.
- c) Provide a link to a sample consumer statement or a description if a link is not available. <http://wp.childaction.org/find-child-care/>

### 3 Provide Stable Child Care Financial Assistance to Families

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

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

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

#### 3.1 Eligible Children and Families

At the time when eligibility is determined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the

State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

- a) The CCDF program serves children from \*0 (weeks/months/years) to \*13 years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

No

Yes, and the upper age is 19 (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity:

\*The child who is physically or mentally incapable of self-care is a child who has exceptional needs as defined in California EC, Section 8208(l) and needs adult supervision in a child care setting.

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

No

Yes, and the upper age is N/A (may not equal or exceed age 19).

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

\* "residing with": Living in the same household, (5 CCR Section 18078 [f]).

\* "in loco parentis": Any adult living with the child who has responsibility for the care and welfare of the child, (5 CCR Section 18078 [m]).

3.1.2 Eligibility criteria based on reason for care

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

\* "Working": Work is defined as employment, self-employment or seeking employment. Travel time is included in the approved schedule of services-California Code of Regulations, Title 5 (5CCR), Section 18086[e][1])

"Job training": Vocational training leading directly to a recognized trade, paraprofession or profession (5 CCR Section 18087)

“Education”: Vocational training leading directly to a recognized trade, paraprofession or profession (5 CCR Section 18087), and includes those enrolled in an English Language Learner program or a program to complete a High School Equivalency exam

“Attending job training or education” (e.g. number of hours, travel time): Includes the hours attending class, study time and travel time as necessary. California 5 CCR, Section 18086[e][1]

Attending Education: Vocational training leading directly to a recognized trade, paraprofession or profession (5 CCR, Section 18087)

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

No. If no, describe the additional work requirements: N/A

Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity: \*no less than 12 months

- c) Does the Lea

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

No.

Yes. If yes, describe the policy or procedure. \*A family certified as seeking employment is currently eligible for no less than 12 months at both initial eligibility and redetermination (recertification). The CDE is soliciting input on regulatory requirements for implementing 12-month eligibility pursuant to the Budget Act of 2017. To view full information to the field please visit the Management Bulletin Webpage at: <https://www.cde.ca.gov/sp/cd/ci/allmbs.asp>

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

No.

Yes. If yes:

Please provide the Lead Agency’s definition of “protective services”: \*Definition of protective services – Neglected or abused children who are recipients of child protective services (EC, Section 8263(b)(1)(A) or “children identified as at risk of abuse, neglect, or exploitation” upon written referral from a medical, or social service agency, or emergency shelter



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

- i. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
  - No
  - Yes
- ii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))? *\*citation just in case: EC, 8273.1, 5CCR, Section 18110(a)*
  - No
  - Yes
- iii. Does the Lead Agency provide respite care to custodial parents of children in protective services?
  - No
  - Yes

### 3.1.3 Eligibility criteria based on family income

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

*\*Adjusted monthly income includes all sources of income to the family, minus verified child support payments paid by the parent whose child is receiving child development services, excluding the non-countable income listed below:*

- (1) Earning of a child under age 18 years;
- (2) Loans;
- (3) Grants or scholarships to students for educational purposes
- (4) Food stamps or other food assistance
- (5) Earned Income Tax Credit or tax refund
- (6) GI Bill entitlements, hardships duty pay, hazardous duty pay, hostile fire pay, or imminent danger pay
- (7) Adoption assistance payments received pursuant to Welfare and Institutions Code Section 16115 et seq.
- (8) (8) Non-cash assistance or gifts

- (9) All income of any individual counted in the family size who is collecting federal SSI or SSP benefits
- (10) Insurance or court settlements including pain and suffering and excluding lost wages and punitive damages
- (11) Reimbursements for work-required expenses such as uniforms, mileage, or per diem expenses for food and lodging
- (12) Business expenses for self-employed family members
- (13) When there is no cash value to the employee, the portion of medical and/or dental insurance documented as paid by the employer and included in gross pay; and
- (14) Disaster relieve grants or payment, except any portion for rental assistance or unemployment

In accordance with *EC*, Section 8263.1 a family is initially income eligible if a family’s adjusted monthly income is at or below 70 percent of the state median income (SMI), adjusted for family size. A family is ongoing eligible if a family’s adjusted monthly income is at or below 85 percent of the SMI, adjusted for family size.

Per legislative directions, the SMI to be used is that calculated by the DOF pursuant to *EC*, Section 8263.1(c), for more information on the SMI and how it is currently used, please visit our website here:

<https://www.cde.ca.gov/sp/cd/ci/mb1708.asp>.

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).

	(a)	(b)	(c)	(d)
<b>Family Size</b>	<b>100% of SMI (\$/Month)</b>	<b>85% of SMI (\$/Month) [Multiply (a) by 0.85]</b>	<b>(IF APPLICABLE) (\$/Month) Maximum “Entry” Income Level if Lower Than 85% of Current SMI</b>	<b>(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI</b>
1	\$5,757	\$4,893	\$4,030	70%
2	\$5,757	\$4,893	\$4,030	70%
3	\$6,200	\$5,270	\$4,340	70%

	(a)	(b)	(c)	(d)
<b>Family Size</b>	<b>100% of SMI (\$/Month)</b>	<b>85% of SMI (\$/Month) [Multiply (a) by 0.85]</b>	<b>(IF APPLICABLE) (\$/Month) Maximum "Entry" Income Level if Lower Than 85% of Current SMI</b>	<b>(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI</b>
4	\$6,967	\$5,922	\$4,877	70%
5	\$8,082	\$6,870	\$5,657	70%

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

<http://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)). \*San Francisco, San Mateo, Alameda, and Santa Clara counties (nine additional counties, upon approval from CDE)
- d) SMI source and year: \*California Department of Finance, 2017, based on 2015 American Community survey (2015ACS)
- e) What was the date that these eligibility limits in column (c) became effective? \*July 1, 2011. The information in the table above reflects the eligibility limits established on July 1, 2011 by the Legislature and Governor
- f) Provide the citation or link, if available, for the income eligibility limits. \*California EC, Section 8263.1

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

- a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). \*Self-certification under penalty of perjury on the application for services.
- b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes. If yes, please identify the policy or procedure: N/A

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

Budget Act of 2017 permitted the CDE to implement “12-month eligibility” through issuance of a Management Bulletin or similar letter of instruction. The MB developed includes Guidance (Attachment A), which, pursuant to *EC*, Section 8263(j), has the same force and effect in law as regulations promulgated through the formal rulemaking process, it can be found on the CDE Website here: [\\*https://www.cde.ca.gov/sp/cd/ci/documents/twelvemonthguidance.doc](https://www.cde.ca.gov/sp/cd/ci/documents/twelvemonthguidance.doc).

3.1.6 Lead Agencies are required to take into consideration children’s development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent’s work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency’s policies and procedures that take into consideration children’s development and learning and that promote continuity of care when authorizing child care services. \*To promote the continuity of services, a family that no longer meets a particular program’s income, eligibility or need criteria may have their services continued if the contractor is able to transfer that family’s enrollment to another program for which the family continues to be eligible prior to the date of termination of services. The transfer of enrollment may be to another program within the same contracting agency or to another agency that administers state or federally funded child care and development programs.

3.1.7 Graduated phase-out of assistance.

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

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

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

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

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

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

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

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

- a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
  - N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
  - The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
    - Describe the policies and procedures. \*Statute sets the income eligibility threshold for newly enrolling families at 70 percent of State Median Income (SMI). For families that are being recertified the income eligibility threshold is set at 85 percent of SMI.
    - Provide the citation for this policy or procedure. \*California EC, Section 8263.1
  - The Lead Agency sets the second eligibility threshold at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
    - Provide the second eligibility level for a family of three. N/A
    - Describe how the second eligibility threshold:
      - i. Takes into account the typical household budget of a low-income family: N/A

- ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: N/A
  - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption: N/A
  - iv. Provide the citation for this policy or procedure: N/A
- b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

\*If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out. N/A

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

No.

Yes. Describe: N/A

### 3.1.8 Fluctuation in earnings.

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

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments. Budget Act of 2017, provides that once determined eligible for services, a family remains eligible and must receive services for not less than 12 months, unless there income exceeds 85 percent of SMI. California 5CCR, Section 18096 provides provisions for calculating fluctuations such as Agricultural work, intermittent or unpredictable income.

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

Applicant identity. Describe: N/A

Applicant's relationship to the child. Describe: \*A parent provides the names of parents and names, gender, and birthdates of the children identified in the family. The number of children is documented by providing at least one of the following documents, as applicable: birth certificates; court orders regarding child custody; adoption documents; records of foster care placements; school or medical records; CWD record; or other reliable documentation indicating the relationship of the child to the parent. These documents are reviewed by the agency and included in family data file.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: \*Documents reviewed by agency and included in family data file such as birth certificates/vital records, immunization records, and health records.

Work. Describe: \*Letters of employment, self-employment bookkeeping records, work schedules, and paystubs. Independent verification of employment. Agency can either call or send form for employer to complete.

Job training or educational program. Describe: \*Class schedules or progress reports submitted for documentation education. Documents reviewed by agency and included in family data file.

Family income. Describe: \*Pay stubs, child support enforcement records, and profit and loss statements. Documents reviewed by agency and included in family data file.

Household composition. Describe: \*A parent provides the names of parents and names, gender, and birthdates of the children identified in the family. The number of children is documented by providing at least one of the following documents, as applicable: birth certificates; court orders regarding child custody; adoption documents; records of foster care placements; school or medical records; CWD records; or other reliable documentation indicating the relationship of the child to the parent. Documents are reviewed by agency and included in the family data file.

Applicant residence. Describe: N/A

Other. Describe: N/A

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

Time limit for making eligibility determinations. Describe length of time \*30 days

Track and monitor the eligibility determination process

Other. Describe N/A

None

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

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

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

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

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

a) Identify the TANF agency that established these criteria or definitions:

\*The CDSS establishes the following criteria or definitions.

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

- \* “Appropriate child care”: Appropriate child care is defined as child care chosen by the parent that meets the needs of the child and parents and is either licensed for the appropriate age group, or special needs category, or is license-exempt and the parents and providers have completed the Health and Safety Self-Certification form and the provider meets TrustLine requirements, unless the child care arrangement is exempt from the TrustLine requirements. The following individuals are exempt from TrustLine:
  - Aunts, uncles, grandparents of the child(ren) in care by blood, marriage or court decree (adoptions or other court orders impacting family relationships)
  - A school or recreation program exempt from TrustLine. A public recreation program as defined in California *H&SC*, Section 1596.792 for a public or private school. *H&SC* 1596.792 states the following:

This chapter, Chapter 3.5 (commencing with Section 1596.90), and Chapter 3.6 (commencing with Section 1597.30) do not apply to any of the following:

- (a) Any health facility, as defined by Section 1250.
- (b) Any clinic, as defined by Section 1202.
- (c) Any community care facility, as defined by Section 1502.



(d) Any family day care home providing care for the children of only one family in addition to the operator's own children.

(e) Any cooperative arrangement between parents for the care of their children when no payment is involved and the arrangement meets all of the following conditions:

(1) In a cooperative arrangement, parents shall combine their efforts so that each parent, or set of parents, rotates as the responsible caregiver with respect to all the children in the cooperative.

(2) Any person caring for children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative.

(3) There can be no payment of money or receipt of in-kind income in exchange for the provision of care. This does not prohibit in-kind contributions of snacks, games, toys, blankets for napping, pillows, and other materials parents deem appropriate for their children. It is not the intent of this paragraph to prohibit payment for outside activities, the amount of which may not exceed the actual cost of the activity.

(4) No more than 12 children are receiving care in the same place at the same time.

(f) Any arrangement for the receiving and care of children by a relative.

(g) Any public recreation program. "Public recreation program" means a program operated by the state, city, county, special district, school district, community college district, chartered city, or chartered city and county that meets either of the following criteria:

(1) The program is operated only during hours other than normal school hours for kindergarten and grades 1 to 12, inclusive, in the public school district where the program is located, or operated only during periods when students in kindergarten and grades 1 to 12, inclusive, are normally not in session in the public school district where the program is located, for either of the following periods:

(A) For under 20 hours per week.

(B) For a total of 14 weeks or less during a 12-month period. This total applies to any 14 weeks within any 12-month period, without regard to whether the weeks are consecutive.

In determining "normal school hours" or periods when students are "normally not in session," the CDSS shall, when appropriate, consider the normal school hours or periods when students are normally not in session for students attending a year-round school.

(2) The program is provided to children who are over the age of four years and nine months and not yet enrolled in school and the program is operated during either of the following periods:

(A) For under 16 hours per week.

(B) For a total of 12 weeks or less during a 12-month period. This total applies to any 12 weeks within any 12-month period, without regard to whether the weeks are consecutive.

(3) The program is provided to children under the age of four years and nine months with sessions that run 12 hours per week or less and are 12 weeks or less in duration. A program subject to this paragraph may permit children to be enrolled in consecutive sessions throughout the year. However, the program shall not permit children to be enrolled in a combination of sessions that total more than 12 hours per week for each child.

(h) Extended day care programs operated by public or private schools.

(i) Any school parenting program or adult education child care program that satisfies both of the following:

(1) Is operated by a public school district or operated by an individual or organization pursuant to a contract with a public school district.

(2) Is not operated by an organization specified in Section 1596.793.

(j) Any child day care program that operates only one day per week for no more than four hours on that one day.

(k) Any child day care program that offers temporary child care services to parents and that satisfies both of the following:

(1) The services are only provided to parents and guardians who are on the same premises as the site of the child day care program.

(2) The child day care program is not operated on the site of a ski facility, shopping mall, department store, or any other similar site identified by the department by regulation.

(l) Any program that provides activities for children of an instructional nature in a classroom-like setting and satisfies both of the following:

(1) Is operated only during periods of the year when students in kindergarten and grades 1 to 12, inclusive, are normally not in session in the public school district where the program is located due to regularly scheduled vacations.

(2) Offers any number of sessions during the period specified in paragraph (1) that when added together do not exceed a total of 30 days when only school age children are enrolled in the program or 15 days when children younger than school age are enrolled in the program.

(m) A program facility administered by the Department of Corrections and Rehabilitation that (1) houses both women and their children, and (2) is specifically designated for the purpose of providing substance

abuse treatment and maintaining and strengthening the family unit pursuant to Chapter 4 (commencing with Section 3410) of Title 2 of Part 3 of the Penal Code, or Chapter 4.8 (commencing with Section 1174) of Title 7 of Part 2 of that code.

(n) Any crisis nursery, as defined in paragraph (17) of subdivision (a) of Section 1502.

(Amended by Stats. 2014, Ch. 735, Sec. 4. Effective January 1, 2015.)

- “Reasonable distance”: Reasonable distance is defined as the distance customarily traveled by working families in accessing child care in the community.
  - “Unsuitability of informal child care”: Informal child care is unsuitable when the caregiver cannot be Trustlined in accordance with the Trustline regulations or would otherwise be denied payment for child care services that are exempt from licensure because of a violent felony conviction.
  - “Affordable child care arrangements”: Affordable child care is child care where the total cost to the family does not exceed the regional market rate plus family fees established by the state in accordance with the family fee schedule.
- c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- In writing \*Parents who receive TANF benefits are informed about the exception to individual penalties associated with the TANF work requirements in writing through a Notice of Action.
  - Verbally
  - Other. Describe:
- d) Provide the citation for the TANF policy or procedure: \*The TANF policy can be found in the California Manual of Policy and Procedures, (MPP) Sections 42-711.11 through 42-721.3.

### 3.2 Increasing Access for Vulnerable Children and Families

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

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

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

- e) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized: \*Pursuant to California *EC*, Section 8208  
"Children with exceptional needs" means either of the following:

(1) Infants and toddlers under three years of age who have been determined to be eligible for early intervention services pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) and its implementing regulations. These children include an infant or toddler with a developmental delay or established risk condition, or who is at high risk of having a substantial developmental disability, as defined in subdivision (a) of Section 95014 of the Government Code. These children shall have active individualized family service plans, shall be receiving early intervention services, and shall be children who require the special attention of adults in a child care setting.

(2) Children 3 to 21 years of age, inclusive, who have been determined to be eligible for special education and related services by an individualized education program team according to the special education requirements contained in Part 30 (commencing with Section 56000) of Division 4 of Title 2, and who meet eligibility criteria described in Section 56026 and, Article 2.5 (commencing with Section 56333) of Chapter 4 of Part 30 of Division 4 of Title 2, and Sections 3030 and 3031 of Title 5 of the California *Code of Regulations*. These children shall have an active individualized education program, shall be receiving early intervention services or appropriate special education and related services, and shall be children who require the special attention of adults in a child care setting. These children include children with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional

disturbance (also referred to as emotional disturbance), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, who need special education and related services consistent with Section 1401(3)(A) of Title 20 of the United States Code.

"Severely disabled children" are children with exceptional needs from birth to 21 years of age, inclusive, who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, or severe intellectual disabilities. "Severely disabled children" also include those individuals who would have been eligible for enrollment in a developmental center for handicapped pupils under Chapter 6 (commencing with Section 56800) of Part 30 of Division 4 of Title 2 as it read on January 1, 1980.

First priority is given to neglected or abused children who are recipients of child protective services or children who are at risk of being neglected or abused. Services are not prioritized for children with exceptional needs. Effective July 1, 2017, contractors may enroll age-eligible children with exceptional needs whose family's income is above the income eligibility threshold after all otherwise eligible children, as listed below, have been enrolled:

Age-eligible children who are recipients of CPS, or who are identified as at-risk of abuse, neglect, or exploitation

Four-year-old children who are not enrolled in transitional kindergarten and whose families meet the eligibility criteria in accordance with *EC*, Section 8263(a)(1)

Three-year old children whose families meet the eligibility criteria in accordance with *EC*, Section 8263(a)(1)

Children in families whose income is no more than 15 percent above the income eligibility threshold. Up to 10-percent of enrolled children may be over the income eligibility threshold pursuant to this provision.

- f) How does the Lead Agency define of "families with very low incomes" and include a description of how services are prioritized: The state of California does not have a definition for families as "families with very low incomes." Services are prioritized as described in *EC*, Section 8263.
- g) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF: Subsidized child care programs administered by the CDE, including those supported by the CCDF, follow the eligibility and need criteria described in California *EC*, Section 8263 (partial citation included below), including homeless children and families.

Pursuant to California *EC*, Section 8263:

(a) The Superintendent shall adopt rules and regulations on eligibility, enrollment, and priority of services needed to implement this chapter. In order to be eligible for federal and state subsidized child development services, families shall meet at least one requirement in each of the following areas:

(1) A family is: (A) a current aid recipient, (B) income eligible, (C) homeless, or (D) one whose children are recipients of protective services, or whose children have been identified as being abused, neglected, or exploited, or at risk of being abused, neglected, or exploited.

(2) A family needs the child care services: (A) because the child is identified by a legal, medical, or social services agency, or emergency shelter as (i) a recipient of protective services or (ii) being neglected, abused, or exploited, or at risk of neglect, abuse, or exploitation, or (B) because the parents are (i) engaged in vocational training leading directly to a recognized trade, paraprofession, or profession, (ii) employed or seeking employment, (iii) seeking permanent housing for family stability, or (iv) incapacitated.

(b) Except as provided in Article 15.5 (commencing with Section 8350), priority for federal and state subsidized child development services is as follows:

(1) (A) First priority shall be given to neglected or abused children who are recipients of child protective services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency. If an agency is unable to enroll a child in the first priority category, the agency shall refer the family to local R&R services to locate services for the child.

(B) A family who is receiving child care on the basis of being a child at risk of abuse, neglect, or exploitation, as defined in subdivision (k) of Section 8208, is eligible to receive services pursuant to subparagraph (A) for up to three months, unless the family becomes eligible pursuant to subparagraph (C).

(C) A family may receive child care services for up to 12 months on the basis of a certification by the county child welfare agency that child care services continue to be necessary or, if the child is receiving child protective services during that period of time, and the family requires child care and remains otherwise eligible. This time limit does not apply if the family's child care referral is recertified by the county child welfare agency.

(2) Second priority shall be given equally to eligible families, regardless of the number of parents in the home, who are income eligible. Within this priority, families with the lowest gross monthly income in relation to family size, as determined by a schedule adopted by the Superintendent, shall be admitted first. If two or more families are in the same priority in relation

to income, the family that has a child with exceptional needs shall be admitted first. If there is no family of the same priority with a child with exceptional needs, the same priority family that has been on the waiting list for the longest time shall be admitted first. For purposes of determining order of admission, the grants of public assistance recipients shall be counted as income.

- h) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)): \*Families receiving TANF, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are guaranteed subsidy eligibility because they categorically qualify for services.

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

- a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. \*The CDE recently released MB 18-03 providing directives on the definition for homeless (EC, 8208(ak)) and processes for enrolling families experiencing homelessness while required documentation is obtained. The directive provides 30 days from the time of enrollment to provide documentation enabling certification of enrollment. Additionally the MB provides resources available for working with children experiencing homelessness including contact information for Consultant and State Homeless Coordinators as well as the website information for LEAs homeless liaison at: <https://www.cde.ca.gov/sp/hs/index.asp>.

The CDE website, <https://www.cde.ca.gov/sp/hs/cyl/>, also provides many resources including links to related homeless legislation, sample documents, an enrollment poster, and a listserve the public can subscribe to in order to receive ongoing information about supporting homeless children and youths in local communities.

- b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families.

\*The CDE and the State Superintendent of Public Education goals for improving access for homeless families are to ensure that their children have full access to early learning and care services. Outreach is provided in the following means:

- The CDE and R&R agencies provide child care information and homeless rights to all parents, providers, early learning programs, agencies, LEAs, and other agencies in a user-friendly format. Outreach can be done in person, through poster dissemination, newsletters, and other means of communication in the language necessary to meet local need.
- The CDE and R&R agencies provide training to LEAs and other families regarding child care policies, procedures, and collaboration with the child care programs in their areas. This may include the LEA homeless liaisons identifying homeless children eligible for child care and providing outreach to child care providers.
- The CDE and R&R agencies provide resources and phone counselor staff training on the definition of homelessness (according to McKinney-Vento), identification of need, and best practices for serving children who are homeless or about to be homeless.
- The CDE will continue the collaboration and coordination between the early learning and care and the homeless education program within the Department.

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

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

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

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

Children experiencing homelessness (as defined by CCDF). \*Families may receive services for up to 30 days from the date the parent signs the



application for services, and the date that all supporting documentation is received for certification purposes. (MB 18-03)

Provide the citation for this policy and procedure. *California 5CCR, Section 18118*

Children who are in foster care. N/A Provide the citation for this policy and procedure. N/A

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

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

No.

Yes. Describe: N/A

### 3.3 Protection for Working Families

#### 3.3.1 12-Month eligibility.

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

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

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. \*The Budget Act of 2017 established 12-month eligibility. Except when a family's income exceeds 85 percent of the SMI. Once certified for child care services, a family shall be considered to meet eligibility and need requirements for those services for not less than 12 months, shall receive those services for not less than 12 months before having their eligibility or need recertified, and shall not be required to report changes for at least 12 months. Families may voluntarily report changes, however this information can only be used to reduce family fees, increase service level, or extend the period of the family's eligibility.
  - b) How does the Lead Agency define "temporary change?" \*no definition for temporary change.
  - c) Provide the citation for this policy and/or procedure. \*The Budget Act of 2017 established 12-month eligibility and authorized the CDE to implement through issuance of a Management Bulletin or similar letter of instruction. The MB developed includes Guidance (Attachment A), which, pursuant to *EC*, Section 8263(j), has the same force and effect in law as regulations promulgated through the formal rulemaking process, it can be found on the CDE Website here:  
<https://www.cde.ca.gov/sp/cd/ci/documents/twelvemonthguidance.doc>.
- 3.3.2 Option to discontinue assistance during the 12-month eligibility period. Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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

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

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

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

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

\*Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: N/A

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

How long is the job-search period (must be at least 3 months)?  
N/A

Provide the citation for this policy or procedure. N/A

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

\*Not applicable.

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

\*Define the number of unexplained absences identified as excessive: N/A

Provide the citation for this policy or procedure: N/A

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

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

### 3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families,

which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

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

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

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

\*No

Yes

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

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

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

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

Describe: \*Families are required to report a change of address. Families will be contacted for delinquent payment of family fees. Sub grantees may set attendance policies which include abandonment of care.

Changes that impact the Lead Agency's ability to pay child care providers. Describe: \*Sub grantees may set policies (e.g. attendance) and may discontinue care for non-attendance.

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

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

- Phone
- E-mail
- Online forms
- Extended submission hours
- Other. Describe: N/A

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

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

- i. Describe any other changes that the Lead Agency allows families to report. *A family may at any time voluntarily report income or other changes. This information shall be used, as applicable, to reduce the family's fees, increase the family's services, or extend the period of the family's eligibility before recertification.*
- ii. Provide the citation for this policy or procedure. *EC, Section 8263(h)*

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

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

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

categorically eligible for services and pay no family fees. A CalWORKs cash aid family does not need to report changes in income or family size while they receive cash aid, and cannot be terminated for failure to do so. A contractor's policies **must not** supersede the categorical eligibility of a family receiving CalWORKs cash aid. In the event a categorically eligible family would otherwise have their child care terminated due to the family's violation of a child care contractor's policies, the contractor **must** notify the CWD of the actions by the family that violated the contractor's policy in order to determine what action(s) may be taken, including referring the family back to the Stage 1 Program.

List relevant policy citations. \*California *EC*, sections 8350.5 and 8273.1 5, and 5 CCR sections 18408[b] and [c][1][2].

- b) How are families allowed to submit documentation for redetermination?  
Check all that apply.

- Mail
- E-mail
- Online forms
- Fax
- In-person
- Extended submission hours
- Other. Describe: \*Varies and is based on each local agency.

### 3.4 Family Contribution to Payments

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

*Note:* To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest “Entry” Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)</b>	<b>What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?</b>	<b>The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?</b>	<b>Highest “Entry” Income Level Before a Family Is No Longer Eligible</b>	<b>What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?</b>	<b>The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?</b>
1	\$2245.00	\$52 Full-time monthly fee	2.32%	\$4894.00	\$489.00	10.00%
2	\$2245.00	\$52 Full-time monthly fee	2.32%	\$4894.00	\$489.00	10.00%
3	\$2418.00	\$52 Full-time monthly fee	2.15%	\$5270.00	\$527.00	10.00%
4	\$2717.00	\$52 Full-time monthly fee	1.91%	\$5922.00	\$592.00	10.00%
5	\$3152.00	\$52 Full-time monthly fee	1.65%	\$6870.00	\$592.00	8.62%

- a) What is the effective date of the sliding-fee scale(s)? July 1, 2017
- b) Provide the link to the sliding-fee scale:  
[\\*http://www.cde.ca.gov/sp/cd/ci/documents/famfeeschedjuly2017.xls](http://www.cde.ca.gov/sp/cd/ci/documents/famfeeschedjuly2017.xls)
- c) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

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

- The fee is a dollar amount and:
  - The fee is per child, with the same fee for each child.
  - The fee is per child and is discounted for two or more children.
  - The fee is per child up to a maximum per family.
  - No additional fee is charged after certain number of children.
  - The fee is per family.

- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: N/A
- Other. Describe: N/A

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

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

- No.
- Yes, check and describe those additional factors below.
  - Number of hours the child is in care. Describe:
  - Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: N/A
  - Other. Describe: \*Families will be assessed either a flat monthly full-time fee or part-time fee, based on hours of care certified for the month, income, and family size. Families with a certified need of less than 130 hours per month will be assessed a part-time fee while families with a certified need of 130 hours or more per month will be assessed a full-time fee.

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

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



Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is below \$2418.

Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. \*When the CPS plan indicates that fees shall be waived.

Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation. \*Families who are receiving TANF Cash Aid.

3.4.5 Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))? Pursuant to 5CCR, Section 18076.1, contractors must reimburse fees charged by providers such as registration, material, and insurance, either in a single payment or prorated over a 12-month period, as long as the provider document the contractual terms used for services to unsubsidized families require payment for such fee; and the fees or prorated portion, plus the providers normal a customary rate, do not exceed the regional market rate ceiling. If the provider normal and customary rate or rate plus reimburseable free exceed the regional market rate ceiling the parent is responsible for paying the difference. The regional market rate ceiling is set at the 75<sup>th</sup> percentile of the market rate survey for each county and provider type.

No.

Yes. If yes:

- a) Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families? \*Provider are independent contractors, so agencies cannot regulate the rates providers charge subsidized families.
- b) Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. \*The CDE does not collect information on payments made directly to the provider.
- c) Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees. \*The regional market rate ceiling is set at the 75th percentile of the regional market rate survey which provide families with access to about 75% of the child care market. Parents have the choice of selecting a provider that charges above the RMR ceiling however the parent is responsible for payment of the difference between the RMR ceiling and the normal and customary rate of the provider.

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

Limit the maximum co-payment per family. Describe: N/A

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

N/A

Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe: N/A

Other. Describe: \*Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

No Additional Payments or Costs/Exceptions (EC, Section 8273.3 and 5 CCR 18111)

Except as provided below, neither a contractor nor a provider of services shall require or solicit, in cash or in kind, additional payments from the recipients of service. The prohibition includes activities or services that would increase the family's cost of participation including meals and recreation.

Pursuant to California EC, Section 8273.3.

(a) The family fee schedule shall provide, among other things, that a contractor or provider may require parents to provide diapers. A contractor or provider offering field trips either may include the cost of the field trips within the service rate charged to the parent or may charge parents an additional fee. Federal or state money shall not be used to reimburse parents for the costs of field trips if those costs are charged as an additional fee. A contractor or provider that charges parents an additional fee for field trips shall inform parents, before enrolling the child, that a fee may be charged and that no reimbursement will be available.

(b) A contractor or provider may require parents to provide diapers or charge parents for field trips, subject to all of the following conditions:

(1) The contractor or provider has a written policy adopted by the agency's governing board that includes parents in the decision-making process regarding both of the following:

(A) Whether or not, and how much, to charge for field trip expenses.

(B) Whether or not to require parents to provide diapers.

(2) The contractor or provider does not charge fees in excess of twenty-five dollars (\$25) per child in a contract year.

- (3) The contractor or provider does not deny participation in a field trip due to a parent's inability or refusal to pay the fee.
- (4) The contractor or provider does not take adverse action against a parent for the parent's inability or refusal to pay the fee.
- (c) A contractor or provider shall establish a payment system that prevents the identification of children based on whether or not a child's family has paid field trip fees.
- (d) The contractor or provider shall report expenses incurred and income received for field trips to the department. Income received shall be reported as restricted income.

Families are charged a flat monthly fee based on the families income, family size, and certified need.

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

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

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

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

care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). \*The state has several ways to ensure parents are informed about the full array of child care options. When a parent calls or visits an R&R agency seeking information about child care choices, he/she is counseled about how to select the most appropriate care to meet the family's needs. At that time, he/she is given a list of several child care providers of the types and in the locations (whether near home, work, or place of training) in which he/she has indicated an interest. The APPs also offer and explain the full array of child care setting options to parents who are eligible for child care subsidy and assist them with finding the appropriate care to meet their needs.

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

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

4.1.3 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.4.

Yes. If yes, describe:

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

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

Consistent with statutory requirement, each fiscal year the budget identifies the amount of funding available for distribution in each program (for a summary of Child Care and Development programs, see:

<https://www.cde.ca.gov/sp/cd/op/cdprograms.asp>).

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

APP and Direct Service receive contracts for services. The R&R agencies are supported through contracts. The LPCs provide allocation needs for each of the counties.

The process for accessing grants or contracts: When there is new funding available, the CDE initiates the Request for Application (RFA) process and the availability of funding is announced. The RFA for an award of new funding for child care and development services or expansion of existing level of services, is posted on the Funding Web page at: <https://www.cde.ca.gov/fg/fo>.

The CDE also provides training and technical assistance for applicants via webinar and other formats. For new and renewing contractors, a training session/webinar was held to train them on program, fiscal, and reporting. The CDE held these in September and October 2017.

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

The range of providers depends on the type of contract. For Alternative Payment/Voucher Contracts, parents may choose the following provider types: license-exempt (Family, Friend, or Neighbor Care), Family Child Care Home, or Center-Based Child Care. For Direct Service contracts, services are provided in centers and family child care settings.

How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: For Alternative Payment/Voucher Contracts, providers are reimbursed according to the Regional Market Rate. For Direct Service Contracts, contractors are reimbursed according to the Standard Reimbursement Rate. These rates are established in the annual state budget process, and outlined in California *EC*, Section 8265.

If contracts are offered statewide and/or locally: The CDE has contracts to provide child care services with local entities statewide, which may include LEAs.

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

\*Consistent with statutory requirement, each fiscal year the budget identifies the amount of funding available for distribution in each program (for a summary of Child Care and Development programs, see <https://www.cde.ca.gov/sp/cd/op/cdprograms.asp>).

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

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). Licensing requirements require providers to inform parents that they have unlimited access to children in care. Written materials given to parents and providers at redetermination contain the same information CDE monitors to ensure that the requirement is met. The FSO consultants ensure agencies are providing this service as part of the monitoring and review process. The agencies include this information in both the parent and provider files.

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

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: N/A
- Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: N/A
- Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: N/A
- Restricted to care by relatives. Describe:
- Restricted to care for children with special needs or a medical condition. Describe: N/A
- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: N/A
- Other. Describe: *\*Any individual other than a grandparent, aunt, or uncle, providing care must be checked with TrustLine registry.*

## 4.2 Assessing Market Rates and Child Care Costs

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

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

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

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

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

MRS

Alternative methodology. Describe: N/A

Both. Describe: N/A

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

Describe how the Lead Agency consulted with the: This has been recognized as a need, the CDE is working with child care advocacy organizations and legislators to identify possible approaches to addressing child care rate reform in California. The CDE is sponsoring legislation in the 2016/2017 session to reform the rate structure for subsidized child care by modifying the MRS.

- a) State Advisory Council or other state-designated cross-agency body:  
\*Through the CCELP stakeholders, members of the SAC and partnering state agencies, including the CDE mentions ensuring that even as it raises expectations for the workforce through the Early Childhood Educator



(ECE) Competencies, career pathways, and staff qualifications California will need to simultaneously take steps to ensure that the workforce is diverse and reflects the population of the State. Early childhood professionals with academic degrees that are comparable to those of K–12 teachers earn only about half of what K–teachers earn, leading to very high turnover. Better compensation will help programs recruit and retain qualified staff (CCELP, page 15).

- b) Local child care program administrators: N/A
- c) Local child care resource and referral agencies: N/A
- d) Organizations representing caregivers, teachers, and directors: N/A
- e) Other. Describe: \*The Market Rate Survey (MRS) methodology currently being used was approved by the California State Legislature in 2004, and has been the only authorized methodology used in the 2005, 2007, 2009, 2012 and 2014 MRS. Prior to each MRS the local child care R&R agencies are notified that the MRS will soon commence. The R&R's notify and encourage their providers to participate in the MRS.

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. The 2014 MRS was completed using the same California Legislature approved methodology that has been utilized since the 2005 iteration. In general, the 2014 Market Rate Survey's methodological approach can be summarized as follows:

- i. Definition of the Population: The 2014 MRS defined the survey
- ii. Populations as all Licensed Child Care Centers (LCCs) and Licensed Family Child Care Homes (LFFCHs), including those that contracted directly with the CDE (as many of these serve families who pay the full market rate without subsidies). LCCs and LFFCHs that only served subsidized children were excluded from the survey population.
- iii. Sample Frame Development: \* A list, or "frame", is created of the population universe using both the Resource & Referral (R&R) lists of child care providers and the State's Community Care Licensing Database (CCL). In creating the frame, individual providers who appeared on either list were included – and duplicate listings were removed.

- iv. Market Profile Approach for Sampling and Estimating: \* “Market Profiles” are groupings of ZIP Codes with similar socioeconomic characteristics (i.e., similar housing costs, population density, employment rates, and so forth); the ZIP Code groupings are determined by statistical analysis of Census data.

The 2014 MRS used the same sampling and analysis methods developed, for and utilized in previous survey iterations, including, calculating reimbursement ceilings at a Market Profile level for the following:

- a. Type of Care – Licensed Child Care Center, Licensed Family Care Home, and License – Exempt Providers.
- b. Age of Child – Infant (under two years of age), preschooler (between the ages of two through five), and school – age (age six and older).
- c. Time Categories – Hourly, daily, part – time weekly, full – time weekly, part – time monthly, and full – time monthly.

County and sub-county estimates become the weighted averages of the Market Profiles within their jurisdictions. This approach is based on statistical practices for small areas that may not have a sufficient number of responding providers.

- v. Mixed – Mode Data Collection Strategy: A multi-contact approach is used to collect the data, using both mail and telephone modes. The 2014 MRS included a web survey option.

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

- a) Geographic area (e.g., statewide or local markets). Describe: \* All 58 counties of the State of California were included in the MRS sampling frame.
- b) Type of provider. Describe: \*All LCCs and LFCHs including those that contracted directly with the CDE. LCCs and LFCHs that only served subsidized children were excluded from the survey population.
- c) Age of child. Describe: \*Infant (under two years of age), preschooler (between the ages of two through five), and school-age (age six and older).
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. N/A

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of

provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). The CDE has not made the market rate survey report available to the public at large. However, we provided the report to the State's Department of Finance, the CDSS, and the Legislative Analyst's Office.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). The *\*2016 MRS was completed April 14, 2017.*
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. *\*The 2016 Regional Market Rate Survey report has not been made available widely.*
- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. *\*N/A*
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. *\*The CDE did not consider stakeholder views and comments in the detailed report.*

### 4.3 Setting Payment Rates

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

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

- a) Infant (6 months), full-time licensed center care in the most populous geographic region  
Rate \*\$1,594.48 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: \*75<sup>th</sup> percentile
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region  
Rate \*\$927.25 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: \*between the 75<sup>th</sup> (\$925.32) and the 76<sup>th</sup> (\$939.92)
- c) Toddler (18 months), full-time licensed center care in the most populous geographic region  
Rate \*\$1,594.48 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: \*75<sup>th</sup>;
- d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region  
Rate \*\$927.25 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: \*between the 75<sup>th</sup> (\$925.32) and the 76<sup>th</sup> (\$939.92)
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region  
Rate \*\$1,124.28 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: \*75<sup>th</sup>
- f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region  
Rate \*\$866.57 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: 75<sup>th</sup>
- g) School-age child (6 years), full-time licensed center care in most populous geographic region  
Rate \*\$904.68 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)  
Percentile of most recent MRS: 75<sup>th</sup>

- h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region  
Rate \*\$657.27 per \*Full-time Monthly unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: \*between the 76<sup>th</sup> (\$656.32) and the 77<sup>th</sup> (\$659.69)
- i) Describe how part-time and full-time care were defined and calculated. \*Part-time care is generally defined as the need for care being less than 30 hours while full-time care is defined as the need for care being 30 hours or more. Providers are surveyed on the children in care on a full-time or part-time basis and the related rates are compiled using the same criteria.
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). \*January 1, 2018.
- k) Provide the citation or link, if available, to the payment rates.  
<https://www3.cde.ca.gov/rcscc/index.aspx>
- l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). \*Child care providers submit their rates to a contracting agency which may reimburse the provider for services up to the reimbursement ceiling established in the annual budget act. Commencing on January 1, 2018 the posted RMR ceilings for licensed providers have been established at the greater of the 75 percentile of the 2016 RMR survey for that county; or the RMR ceiling for that county as it existed as of December 31, 2017.

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

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

Differential rate for *non-traditional hours*. Describe: \*When the licensed provider is meeting the certified need for child care that includes hours during the period from 6:00 p.m. to 6:00 a.m. on any day of the week or from 6:00 a.m. Saturday to 6:00 a.m. Monday, the contractors shall multiply the regional market rate ceiling for the applicable rate category by the appropriate adjustment factor as follows: 1) by 1.25 when 50 percent or more of the certified need for child care occurs during this period 2) by 1.125 when

at least ten percent, but less than 50 percent of the certified need for child care occurs during this period.

Differential rate for *children with special needs*, as defined by the state/territory. Describe: \*When child care and development services are provided to a child with exceptional needs, the contractor shall multiply the lesser of the RMR ceiling or the provider rate, whichever is lower, by only one of the following: 1) 1.2, when the child has an exceptional need as defined in *EC*, Section 8208(l), 2) 1.5 when the child is severely disabled as defined in *EC*, 8208 (y).

Differential rate for *infants and toddlers*. Describe: \*For providers being reimbursed using the standard reimbursement rate (SRR), the contractor shall multiply the SRR by only one of the following: 1) 1.7 for infants, 2) 1.4 for toddlers.

Differential rate for *school-age programs*. Describe: N/A

Differential rate for *higher quality*, as defined by the state/territory. Describe: N/A

Other differential rates or tiered rates. Describe: N/A

Tiered or differential rates are not implemented.

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

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

- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices: \*The RMS surveys providers in various regions to determine the normal and customary rates being charged by licensed providers by setting type and age groups in the region. Based on the information received, the RMR ceilings are set at the 75<sup>th</sup> percentile in order to allow subsidized families access to 75% of the provider market in the region. Additionally, families may choose licensed exempt providers. The CDE has not collected information regarding the extent of provider participation in the CCDF, nor has it collected information regarding barriers related to payment rates and practices. The CDE will be collecting this information during the 2018 Market Rate Survey (MRS).
- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology: \*California's budget act for 2017-18 established the regional market rate ceilings, effective January 1, 2018, as the greater of the ceilings established in the 2016 MRS or the ceilings in effect prior to January 1, 2018.

- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF: \*The regional market rate survey collects information from licensed providers that must meet the requirements for health, safety, supervision and staffing ratios set forth in 22CCR.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality: \*At this time, not all sites receiving CCDF subsidy funds are participating in QCC although early learning and care programs contracted with the CDE for services or receiving subsidy vouchers are prioritized for participation. The CDE's contracted early learning and care programs who participate in QCC and receive a tier rating designating them to be high-quality (tier 4 or 5) are eligible for a local block grant.
- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable: \*Response provided in 3.4.6
- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers: \*The CDE provides payment to all child care and development contractors prospectively. Contractors include those that directly provide services to children and those that provide vouchers for care to families through licensed child care centers, licensed family child care homes, and license-exempt family child care homes.
- g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.
  - Geographic area. Describe: \*The reimbursement ceilings determined in the biennial MRS and approved by the Legislature are differentiated by county.
  - Type of provider. Describe: \*The reimbursement ceilings determined in the biennial MRS are differentiated by setting, including licensed child care centers, licensed family child care homes, and license-exempt family child care homes
  - Age of child. Describe: \*Both the reimbursement ceilings determined in the biennial MRS and the standard reimbursement rate used by direct-service contractors provide different reimbursement rates based on the age of the child. The MRS provides market rates for children birth through age 2, 2 through age 5, and school age; the standard reimbursement rate is adjusted to different degrees based on a child being either an infant (0-18 months), a toddler (18-36 months), or a preschool or older child (3 years and up).
  - Quality level. Describe: N/A
  - Other.

- h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:
- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe: \*The 2017-18 budget act includes a provision to ensure provider rates in 2017-18 are no less than they were in 2016-17, regardless of the outcome of the 2016 MRS.
  - Feedback from parents, including parent surveys or parental complaints. Describe: N/A
  - Other. Describe: N/A

#### 4.5 Payment Practices and the Timeliness of Payments

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

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

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

4.5.1 Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,



Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following): \*Current regulations require subgrantees to develop and implement a plan for timely payment to providers (5CCR, Section 18226)

Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure. N/A

Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. N/A

- a) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:

Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure. \*Providers are reimbursed based upon the hours of service provided that are broadly consistent with the certified hours of need, for variable schedules, the actual days and hours of attendance, up to the maximum certified hours, and for license-exempt providers, the actual days and hours of attendance, up to the maximum certified hours. For purposes of reimbursement to providers, contractors shall not be required to track attendance. (EC, Section 8221.5)

Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. N/A

Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. N/A

Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. N/A

- b) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)). \*Contractors reimburse providers based on their published rate sheets by the rate categories as follows (5CCR, Section 18075.2):

- Hourly: when the certified need for care is less than 30 hours per week and less than six hours on any day or an unscheduled but documented need of less than six hours per occurrence, such as the parent's need to work overtime, that exceed the certified need for child care, or the portion of the certified need for child care that exceeds 52.5 hours per week and is not included in the provider's full-time weekly or full-time monthly rate.

- Daily: when the certified need for care of six hours or more per day; or an unscheduled but documented need of six hours or more per occurrence, such as the parent's need to work on a regularly scheduled day off, that exceeds the certified need for care.
- Part-time weekly: when the certified need for care is less than 30 hours per week.
- Full-time weekly: when the certified need for care is 30 hours or more per week.
- Part-time monthly: when the certified need for care is less than 30 hours per week and the need occurs in every week of the month; or the certified need averages less than 30 hours per week when calculated by dividing the total number of hours of need in the month by 4.33, and that need occurs in every week of the month.
- Full-time monthly: when the certified need for care is 30 hours or more per week and the need occurs in every week of the month or the certified need for care averages 30 hours or more per week when calculated by dividing the total number of hours of need in the month by 4.33 and the needs occurs in every week of the month.

Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).  
N/A

Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. Pursuant to 5CCR, Section 18076.1, contractors must reimburse fees charged by providers such as registration, material, and insurance, either in a single payment or prorated over a 12-month period, as long as the provider document the contractual terms used for services to unsubsidized families require payment for such fee; and the fees or prorated portion, plus the providers normal a customary rate, do not exceed the regional market rate ceiling.

- c) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe: \*As part of the monitoring review process, CDE insures that the requirements regarding timely payment, provider policies, including rates, schedules and dispute-resolution process set for in 5CCR are being met.
- d) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes

aware that such a change will occur. Describe: \*The CDE has provided guidance through management bulletin to contractors regarding insuring that providers are notified when there are changes to the family's certification. Contractors are strongly encouraged to provide a copy of any Notice of Action describing changes to certification to the providers.

- e) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: \*Contractors must set conflict resolution policies and provide to each provider and parent. As part of this process parents and provides are advised on the Uniform Complaint Process set forth in the EC which requires complaints received by the CDE to be investigated and resolved within 30 days.

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

- No, the practices do not vary across areas.
- f)  Yes, the practices vary across areas. Describe: \*CDE does not collect data regarding the payment practices of individual contractors, however, contractors are required to set policies regarding timely payments to providers to pay no less than once per month. The CDE has issued guidance encouraging contractors to set up payment systems that would allow multiple payment cycles within a month.

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

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

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

- g) Children in underserved areas: \*The LPCs use the data pursuant to California EC, Section 8499.5 to identify priority areas for subsidized child care funding. Request for Funding Applications for subsidized child care funding received from providers located in the LPC priority zip codes area receive priority for funding. The R&Rs support provider recruitment and training, including efforts to support license-exempt providers and encourage those interested to become licensed.
- h) Infants and toddlers: \*Infant and toddler center-based slots increased slightly, by seven percent, between 2014 and 2017.

- i) Children with disabilities (include the Lead Agency definition in the description): \*This data is provided locally as part of the local needs assessment for child care conducted by LPCs pursuant to EC, 8499.5.

Children with exceptional needs are defined as follows:

- Infants and Toddlers who have an Individualized Family Services Plan
- Children 3 to 21 years who have an Individualized Education Plan

- j) Children who received care during non-traditional hours: \* Three percent of center-based care and 41 percent of family child care homes offer evening, weekend or overnight care.

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

\*Between 2014 and 2017 California's supply of licensed child care has decreased, center-based decreased by three percent and family child care homes decreased by 10 percent. Only 23 percent of children (Birth to 12 years old) with parents in the labor force have a licensed child care slot available for them. (Data in this section is from the 2017 California Child Care Portfolio produced by the California Child Care R&R Network.) The CDE uses CCDF quality set-aside funds to support activities by both the LPCs and the local R&Rs to address community needs around areas of supporting providers and identifying and addressing the low supply of child care. Additional information about supply of licensed care is collected at the county level by the LPCs as well as the R&Rs. The LPCs use their data to identify priority areas for subsidized child care funding. Request for Funding Applications for subsidized child care funding received from providers located in the LPC priority zip codes area receive priority for funding. The R&Rs support provider recruitment and training, including efforts to support license-exempt providers and encourage those interested to become licensed.

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

- a) Infants and toddlers. Check all that apply.

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.3.2)

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

- Other. Describe:
- b) Children with disabilities. Check all that apply.
- Grants and contracts (as discussed in 4.1.3)
  - Family child care networks
  - Start-up funding
  - Technical assistance support
  - Recruitment of providers
  - Tiered payment rates (as discussed in 4.3.2)
  - Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
  - Other. Describe: \*The Budget Act of 2016 authorized the enrollment of 4-year olds with special needs regardless of income in the California State Preschool program.
- c) Children who receive care during non-traditional hours. Check all that apply.
- Grants and contracts (as discussed in 4.1.3)
  - Family child care networks
  - Start-up funding
  - Technical assistance support
  - Recruitment of providers
  - Tiered payment rates (as discussed in 4.3.2)
  - Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
  - Other. Describe: N/A
- d) Other. Check and describe:
- Grants and contracts (as discussed in 4.1.3). Describe: N/A
  - Family child care networks. Describe: N/A
  - Start-up funding. Describe: N/A
  - Technical assistance support. Describe: N/A
  - Recruitment of providers. Describe: N/A
  - Tiered payment rates (as discussed in 4.3.2)
  - Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe: N/A
  - Other. Describe: N/A

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

- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? \* Local Child Care and Development Councils are required to conduct an assessment of child care needs every 5 years. Because California has a large and diverse population and geographic structure, the definitions for significant concentrations of poverty and unemployment are determined locally.
- b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs.

\*EC, Section 8499.5 describes the responsibilities of Local Planning Councils to establish local priorities for the child care needs of the county.

(a) The department shall allocate child care funding pursuant to Chapter 2 (commencing with Section 8200) based on the amount of state and federal funding that is available.

(b) By May 30 of each year, upon approval by the county board of supervisors and the county superintendent of schools, a local planning council shall submit to the department the local priorities it has identified that reflect all child care needs in the county. To accomplish this, a local planning council shall do all of the following:

(1) Conduct an assessment of child care needs in the county no less frequently than once every five years. The department shall define and prescribe data elements to be included in the needs assessment and shall specify the format for the data reporting. The needs assessment shall also include all factors deemed appropriate by the local planning council in order to obtain an accurate picture of the comprehensive child care needs in the county. The factors include, but are not limited to, all of the following:

(A) The needs of families eligible for subsidized child care.

(B) The needs of families not eligible for subsidized child care.

(C) The waiting lists for programs funded by the CDE and the CDSS.

- (D) The need for child care for children determined by the child protective services agency to be neglected, abused, or exploited, or at risk of being neglected, abused, or exploited.
- (E) The number of children in families receiving public assistance, including CalFresh benefits, housing support, and Medi-Cal, and assistance from the Healthy Families Program and the Temporary Assistance for Needy Families (TANF) program.
- (F) Family income among families with preschool or school age children.
- (G) The number of children in migrant agricultural families who move from place to place for work or who are currently dependent for their income on agricultural employment in accordance with subdivision (a) of, and paragraphs (1) and (2) of subdivision (b) of, *EC*, Section 8231.
- (H) The number of children who have been determined by a regional center to require services pursuant to an individualized family service plan, or by a local educational agency to require services pursuant to an individualized education program or an individualized family service plan.
- (I) The number of children in the county by primary language spoken pursuant to the department's language survey.
- (J) Special needs based on geographic considerations, including rural areas.
- (K) The number of children needing child care services by age cohort.
- (L) Document information gathered during the needs assessment which shall include, but need not be limited to, data on supply, demand, cost, and market rates for each category of child care in the county.
- (M) Encourage public input in the development of the priorities. Opportunities for public input shall include at least one public hearing during which members of the public can comment on the proposed priorities.
- (N) Prepare a comprehensive countywide child care plan designed to mobilize public and private resources to address identified needs.

(O) Conduct a periodic review of child care programs funded by the CDE and the CDSS to determine if identified priorities are being met.

(P) Collaborate with subsidized and nonsubsidized child care providers, CWDs, human service agencies, regional centers, job training programs, employers, integrated child and family service councils, local and state children and families commissions, parent organizations, early start family resource centers, family empowerment centers on disability, local child care R&R programs, and other interested parties to foster partnerships designed to meet local child care needs.

(Q) Design a system to consolidate local child care waiting lists, if a centralized eligibility list is not already in existence.

(R) Coordinate part-day programs, including state preschool and Head Start, with other child care and development services to provide full-day child care.

(S) Submit the results of the needs assessment and the local priorities identified by the local planning council to the board of supervisors and the county superintendent of schools for approval before submitting them to the department.

(T) Identify at least one, but not more than two, members to serve as part of the department team that reviews and scores proposals for the provision of services funded through contracts with the department. Local planning council representatives may not review and score proposals from the geographic area covered by their own local planning council. The department shall notify each local planning council whenever this opportunity is available.

(c) The department shall, in conjunction with the CDSS and all appropriate statewide agencies and associations, develop guidelines for use by local planning councils to assist them in conducting needs assessments that are reliable and accurate. The guidelines shall include acceptable sources of demographic and child care data, and methodologies for assessing child care supply and demand.

(d) Except as otherwise required by subdivision (c) of Section 8236, the department shall allocate funding within each county in



accordance with the priorities identified by the local planning council of that county and submitted to the department pursuant to this section, unless the priorities do not meet the requirements of state or federal law.

## **Part 5: Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings**

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

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

### **5.1 Licensing Requirements**

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

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). A

current valid license is required to operate a “child day care facility” in California which is defined as providing nonmedical care to children under 18 years of age in need of personal services, supervision, or assistance essential for sustaining the activities of daily living of for the protection of the individual on a less than 24-hour basis.

\*License-exempt child care is a child care program that can legally operate without a license, and licensing standards do not apply to them. Types of providers who are license-exempt include:

- Relatives of a child/children being cared for (i.e., spouses, parents, adult siblings, aunts, uncles, first cousins, step-relatives and grandparents)
- Any arrangement providing care for children of only one family in addition to the operator’s own children.
- Cooperative arrangements (Co-Ops) between parents as defined by California *H&SC*, Section 1597.792(e)
- Public/private schools
- Before and after school programs/extended day care programs operated by public/private schools.
- Recreation programs operated by Boy and Girl Scouts, Boys and Girls Club, YMCA, Camp Fire USA and similar organizations
- Public recreation programs as defined by California *H&SC*, Section 1597.792(g)
- Organized Camps as defined in California *H&SC*, Section 18897
- California State Preschool Programs, operating in a school building under contract through a local educational agency that meets specific conditions, commencing with the adoption of emergency regulations promulgated by the California Department of Education no later than July 1, 2019

The State does not conduct on-site visits for license-exempt providers. However, license-exempt providers are investigated by Child Protective Services if there is any report of abuse, neglect or any situation that affects the safety of the child. As a result of these investigations, license-exempt providers may no longer qualify for reimbursement for care provided and funding would cease. License-exempt family home providers and in home providers who are not a grandparent, aunt, or uncle of the child are required to be TrustLine registered in order to receive subsidy payment. TrustLine fingerprinting includes: California Department of Justice (DOJ) background checks for criminal arrests and convictions, FBI fingerprint criminal background checks, and California Child Abuse Central Index reports at DOJ check. If subsequent disqualifying arrest or conviction information is received by DOJ then the CDSS is informed and TrustLine registration may be revoked.

Currently, providers are required to provide the certificate program (APPs, including CWDs) with evidence of licensure or, if the provider is exempt from licensure, he/she must become TrustLine registered and complete a Health and Safety Self-Certification form that is signed by both the parent

and the provider. Grandparents, aunts, and uncles are exempt from this requirement.

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

- Center-based child care. Provide a citation: \*For licensed providers, the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71
- Family child care. Provide a citation: \*For licensed providers, the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71
- In-home care. Provide a citation: N/A

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

Center-based child care. If checked, describe the exemptions.

\*Public/private schools

- Before and after school programs/extended day care programs operated by public/private schools.
- Recreation programs operated by Boy and Girl Scouts, Boys and Girls Club, YMCA, Camp Fire USA and similar organizations
- Public recreation programs as defined by California H&SC, Section 1597.792(g)
- Organized Camps as defined in California H&SC, Section 18897
- California State Preschool Programs, operating in a school building under contract through a local educational agency that meets specific conditions, commencing with the adoption of emergency regulations promulgated by the California Department of Education no later than July 1, 2019

Family child care. If checked, describe the exemptions.

- \*Any arrangement providing care for children of only one family in addition to the operator's own children.
- Cooperative arrangements (Co-Ops) between parents as defined by California H&SC, Section 1597.792(e)

In-home care. If checked, describe the exemptions. N/A

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

- a) Center-based child care if checked in 5.1.3. \*The State does not conduct on-site visits for license-exempt providers. However, license-exempt

providers are investigated by the Child Protective Services if there is a report of abuse, neglect or a situation that affects the safety of the child. As a result of these investigations, license-exempt providers may no longer qualify for reimbursement for care provided and funding would cease. License-exempt family home providers and in-home providers who are not a grandparent, aunt, or uncle of the child are required to be TrustLine registered in order to receive subsidy payment. TrustLine fingerprinting includes: California Department of Justice (DOJ) background checks for criminal arrests and convictions, FBI fingerprint criminal background checks, and California Child Abuse Central Index reports at DOJ check. If subsequent disqualifying arrest or conviction information is received by DOJ then CSS is informed and TrustLine registration may be revoked.

Currently, providers are required to provide the certificate program (APPs, including CWDs) with evidence of licensure or, if the provider is exempt from licensure, he/she must become TrustLine registered and complete a Health and Safety Self-Certification form that is signed by both the parent and the provider. Grandparents, aunts, and uncles are exempt from this requirement.

- b) Family child care if checked in 5.1.3e. Same as a) above
- c) In-home care if checked in 5.1.3. N/A

## **5.2 Health and Safety Standards and Requirements for CCDF Providers**

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

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

NOTE: Instead of group size requirements, California's licensed child care facilities have a maximum "capacity" that is directly associated with their license type and is based on the physical space and staffing levels of the provider.

- a) Licensed CCDF center-based care

\*NOTE: In addition to the required training listed below, at least one director or teacher at each day care center shall have 16 hours of health and safety training. This training includes pediatric first aid and pediatric CPR as well as a requirement that at least one staff member who has a current course completion card in pediatric first aid and pediatric CPR

shall be onsite at all times when children are present in the facility and shall be present with children when children are offsite for facility activities.

1. Infant

- How does the State/territory define infant (age range): \*birth to 2 years
- Ratio: \*4:1
- Group size: N/A
- Teacher/caregiver qualifications: \*Infant lead teacher qualifications require 12 core semester units in early childhood education/development semester units with 3 semester units in infant care, and 6 months experience with children under the age of 5. Assistant teacher qualifications require 6 completed units of early childhood education and 18 years old, high school graduate or enrolled in a Regional Occupation Program (ROP) at an accredited high school.

2. Toddler

- How does the State/territory define toddler (age range): \* “Toddler” means a child from 18 months up to 36 months (at age three)
- Ratio: \*6:1
- Group size: \*12:1
- Teacher/caregiver qualifications: \*N/A

3. Preschool

- How does the State/territory define preschool (age range): \* “Preschool-age Children” means children enrolled in a child care center licensed by the CDSS and who are not enrolled in either an infant center or a school age center
  - Ratio: \*12:1
  - Group size: \*12:1
  - Teacher/caregiver qualifications: \*Preschool lead teacher qualifications require 12 core semester units in early childhood education/development semester units and 6 months experience in a licensed child care center or comparable group child care program. Assistant teacher qualifications require 6 completed units of early childhood education and 18 years old, high school graduate or enrolled in an ROP at an accredited high school.

4. School-age

- How does the State/territory define school-age (age range): \* “School-age Child” means any child who has entered the first grade or above, or is a child in a child care program providing care and supervision to children enrolled in kindergarten and above.

- Ratio: \*14:1
  - Group size: \*N/A
  - Teacher/caregiver qualifications: \*School-age lead teacher qualifications require 2 core semester units in early childhood education/development semester units and 6 months experience in a licensed child care center or comparable group child care program.
5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. \*California does not monitor license exempt.
6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. \*N/A
7. Describe the director qualifications for licensed CCDF center-based care.
- \*Child care center directors shall have completed one of the following prior to employment:
- (1) High school graduation or GED; completion, with passing grades, of 15 semester or equivalent quarter units as specified in (h)(1)(A) and (h)(1)(B) below at an accredited or approved college or university; and at least four years of teaching experience in a licensed child care center or comparable group child care program
- (A) Three of the 15 units required in (h) (1) above shall be in administration or staff relations.
- (B) Twelve of the 15 units required in (h) (1) above shall include courses that cover the general areas of child growth and development, or human growth and development; child, family and community, or child and family; and program/curriculum.
- (2) An associate of arts degree from an accredited or approved college or university with a major or emphasis in early childhood education or child development; and at least two years of teaching experience in a licensed child care center or comparable group child care program
- (A) Three semester or equivalent quarter units shall be in administration or staff relations.
- (3) A bachelor's degree from an accredited or approved college or university with a major or emphasis in early childhood education or child development and at least one year of teaching experience in a licensed child care center or comparable group child care program
- (A) Three semester or equivalent quarter units shall be in administration or staff relations.
- (4) A Child Development Site Supervisor Permit or a Child Development Program Director Permit issued by the California Commission on Teacher Credentialing
- b) Licensed CCDF family child care provider

\*NOTE: California licenses “Small” or “Large” Family Child Care Homes – “Small” means a home that provides family child care for up to 6 children, or for up to 8 children if at least 2 children are school age. “Large” mean a home that providers family child care for up to 12 children, or for up to 14 children if at least 2 children are school age. Also, the capacities for Homes include children under age 10 who live in the provider’s home.

1. Infant

- How does the State/territory define infant (age range): \*birth to 2 years
- Ratio: \*4:1
- Group size: \*N/A
- Teacher/caregiver qualifications: \*See QUALIFICATIONS NOTE below

2. Toddler

- How does the State/territory define toddler (age range): \*N/A
- Ratio: \*N/A
- Group size: \*N/A
- Teacher/caregiver qualifications: \*N/A

3. Preschool

- How does the State/territory define preschool (age range): \*N/A
- Ratio: \*6:1
- Group size: \*N/A
- Teacher/caregiver qualifications: \*See QUALIFICATIONS NOTE below

4. School-age

- How does the State/territory define school-age (age range): \*N/A
- Ratio: \*8:1
- Group size: \*N/A
- Teacher/caregiver qualifications: \*See QUALIFICATIONS NOTE below

\*QUALIFICATIONS NOTE: All licensed Family Child Care Homes are required to have 16 hours of health and safety training. This training includes pediatric first aid and pediatric CPR as well as a requirement that at least one staff member who has a current course completion card in pediatric first aid and pediatric CPR shall be on site at all times when children are present in the facility and shall be present with children when children are offsite for facility activities.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes.  
\*California does not monitor license exempt providers.
- c) In-home CCDF providers: N/A
  1. Describe the ratios.
  2. Describe the group size. Up to six children, or for up to eight children if at least two children are school-age (including the provider's children who are present and under age 10)
  3. Describe the threshold for when licensing is required.
  4. Describe the maximum number of children that are allowed in the home at any one time.
  5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size
  6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day.

#### 5.2.2 Health and safety standards for CCDF providers.

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

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

1. Prevention and control of infectious diseases (including immunization)
  - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “prevention and control of infectious diseases” means standards, training, and practices that include: standard precautions, e.g. sanitation; hygiene for children and care givers, e.g. diapering and hand washing; childhood immunizations; infectious disease requirements, e.g. handling sick children and when to notify



local public health; community resources to include information on local resources for services that deal with children's health and the prevention of infectious disease; maintenance of health records and forms; and process for review of medical form information including immunizations, and health insurance.

- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \* Yes

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, "prevention of sudden infant death syndrome and the use of safe sleep practices" means required training that is ongoing, on the procedures to reduce the risks of Sudden Infant Death Syndrome and reinforcement of best practices through technical assistance provided by licensing staff in the field. Regulations for licensed providers to require specific procedures for safe sleep are under development and due for completion prior to 2019.
- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

3. Administration of medication, consistent with standards for parental consent

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required,

etc.) \*For licensed providers, “administration of medication, consistent with standards for parental consent” means provider standards for medication safety procedures and required practices for parent notification, as well as provider training on the following: process for review of medical form information; medication administration; allergies; immunizations; and health insurance.

- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “administration of medication, consistent with standards for parental consent” means standards, training, and practices that include: the process for review of medical form information including medication administration, allergies, immunizations, and health insurance.
- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “building and physical premises

safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic” means standards, training, and practices that include: child injury prevention; and process for review of medical form information including health insurance; and facility requirements regarding bodies of water, hazard free indoor and outdoor environments, and child supervision.

- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “prevention of shaken baby syndrome, abusive head trauma, and child maltreatment” means provider requirements that forbid child maltreatment, abuse, and corporal punishment, as well as required provider training to reduce the risks of Shaken Baby Syndrome.
- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. Yes

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include

procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “emergency preparedness and response” means training on reassuring parents and children in an emergency situation, how to talk to young children about emergencies, and instructing children in the emergency action plan; technical assistance with preparedness, e.g. establishing disaster plans during pre-licensure and orientation; standards for Earthquakes, e.g. Earthquake checklist; and requirements for facilities to have disaster plans and to regularly conduct emergency drills at the facility with the children.
  - List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
  - Describe any variations based on the age of the children in care. \* N/A
  - Describe if relatives are exempt from this requirement. \*Yes
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “handling and storage of hazardous materials and the appropriate disposal of bio-contaminants” means training in hygiene for children and care givers to include diapering; and requirements for handling and storage of hazardous materials and disposal of waste.
  - List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A

- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

9. Precautions in transporting children (if applicable)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “precautions in transporting children” means training in transportation of children during child care to include motor vehicle safety, child passenger safety, field trip safety, and school bus safety; and requirements for child passenger safety; and requirements for child passenger health and safety, e.g. use of child passenger restraint systems, no smoking in vehicles where children are present, etc.
- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “pediatric first aid and CPR certification” means required training and procedural requirements on: patient examination and injury assessment principles; orientation and access to the emergency medical services system; recognition and treatment of various conditions; assembly and use of first aid kits and supplies; understanding of standard precaution and personal safety in giving emergency care; first aid action planning; and injury reporting including how to reassure parents and children in an emergency situation. In addition there are licensing standards for incidental medical services performed by the child care provider.
- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California *H&SC*, sections 1596.70 - 1597.71.

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “recognition and reporting of child abuse and neglect” means required training on: the identification of child abuse and neglect including recognition of behavioral signs; reporting requirements; the legal responsibility for reporting; professional immunity and the consequences for those who impede reporting; childhood stages of development and recognizing risk factors to help identify signs of abuse and neglect apart from normal development; child safety and maltreatment prevention; protective factors that may help prevent abuse to include dangers of shaking a child and age appropriate forms of safe discipline; when to call for emergency medical attention to prevent further injury; and how a provider might communicate with a family before and after making a report. In addition, licensed providers are required to report abuse to the Child Care Licensing Program for investigation and enforcement action purposes.
- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe any variations based on the age of the children in care. \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “nutrition” means at least one

hour of required training in nutrition and required practices regarding standards for healthy food and beverages.

- List the citation for these requirements. \*For licensed providers, the standards, training, and practices required for this topic are cited throughout the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

2. Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*For licensed providers, “access to physical activity” means requirements for child access to outdoor activity space.
- List the citation for these requirements. \*For licensed providers, the standards and practices required for this topic are cited throughout the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). \*N/A
- Describe if relatives are exempt from this requirement. \*Yes

3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) \*N/A
- List the citation for these requirements. N/A
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe if relatives are exempt from this requirement. N/A

4. Any other areas determined necessary to promote child development or to protect children’s health and safety (98.44(b)(1)(iii)). Describe: \*N/A

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) N/A
- List the citation for these requirements. N/A
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe if relatives are exempt from this requirement.

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

**Pre-Service or Orientation Training Requirements**

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
  - 1. Licensed child care centers: \*At least one director or teacher shall have 16 hours of health and safety training (Topics 1-10). In addition, all providers and facility staff shall have mandated child abuse reporter training (Topic 11, and including Topic 2 and 6) averaging about 2 hours to complete (which is self-paced online and does not have a defined minimum for training hours.)
  - 2. Licensed FCC homes: \*At least one director or teacher shall have 16 hours of health and safety training (Topics 1-10). In addition all providers and facility staff shall have mandated child abuse reporter training (Topic 11, and including Topic 2 and 6) averaging about 2 hours to complete (which is self-paced online and does not have a defined minimum for training hours.)
  - 3. In-home care: \*N/A
  - 4. Variations for exempt provider settings: N/A
- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer) \*For licensed providers they must complete training as a precondition to licensure and new facility employees must complete training within 90 days
- c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).
  - 1. Prevention and control of infectious diseases (including immunizations)



- Provide the citation for this training requirement. \*For licensed providers, California H&SC, Section 1596.866
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

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

- Provide the citation for this training requirement. \*For licensed providers, California H&SC, sections 1596.866 and 1596.8662
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement. \*For licensed providers, California H&SC, section 1596.866.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

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

- Provide the citation for this training requirement. \*For licensed providers, California H&SC, Section 1596.866.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement. \*For licensed providers, California H&SC, Section 1596.866.

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

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

- Provide the citation for this training requirement. *\*For licensed providers, California H&SC, Section 1596.866.*
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. *\*For licensed providers, California H&SC, Section 1596.866.*
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

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

- Provide the citation for this training requirement. *\*For licensed providers, California H&SC, Section 1596.866.*
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. *\*For licensed providers, California H&SC, Section 1596.866.*
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

10. Pediatric first aid and Cardiopulmonary Resuscitation (CPR) certification

- Provide the citation for this training requirement. \*For licensed providers, California H&SC, Section 1596.866.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. \*For licensed providers, California H&SC, Section 1596.866.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. \*N/A
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

13. Describe other requirements

- Provide the citation for other training requirements. N/A
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

## Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- a) Licensed child care centers: \*At least one director or teacher shall have 8 hours of CPR and First Aid training every two years. In addition all providers and facility staff shall have mandated child abuse reporter

training every two years, averaging about 2 hours to complete (which is self-paced online and does not have a defined minimum for training hours.)

- b) Licensed FCC homes: \*At least one home provider shall have 8 hours of CPR and First Aid training every two years. In addition all providers and facility staff shall have mandated child abuse reporter training every two years, averaging about 2 hours to complete (which is self-paced online and does not have a defined minimum for training hours.)
- c) In-home care: \*N/A
- d) Variations for exempt provider settings: N/A

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

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

- Provide the citation for this training requirement. \*For licensed child care center providers and licensed family child care home providers - California H&SC, Section 1596.8662
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe \*For licensed providers, at least once every two years

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

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

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

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

- Provide the citation for this training requirement. \*For licensed child care center providers and licensed family child care home providers - California H&SC, Section 1596.8662
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe For licensed providers, at least once every two years

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

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

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. \* N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe N/A

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. \*For licensed child care center providers and licensed family child care home providers - California H&SC, Section 1596.8662.
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe \*For licensed providers, at least once every two years

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. \*For licensed child care center providers and licensed family child care home providers - California H&SC, Section 1596.8662.
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe \*For licensed providers, at least once every two years

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. \*N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

13. Describe other requirements. N/A

- Provide the citation for other training requirements. N/A
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe N/A

### 5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

#### 5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. For licensed providers see the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71 or see regulations and procedures on the Child Care Licensing Program Webpage for “Laws and Regulations” at:

<http://www.cdss.ca.gov/inforesources/Child-Care-Licensing/Resources-for-Providers/Laws-and-Regulations>

#### 5.3.2. Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. \*Currently, the CDSS conducts a pre-licensing visit to all Child Care Center applicant facilities to ensure the facility meets licensing requirements.
2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers. \* As specified in California law, licensed Child Care Centers receive unannounced inspections for compliance with health, safety and fire standards. Some facilities are inspected annually due to non-compliance, however all child care facilities are inspected at least once every three years.
3. Identify the frequency of unannounced inspections:
  - Once a year. \*As specified in California law, certain licensed Child Care Centers are inspected annually (due to non-compliance). All other child care facilities are inspected at least once every three years. Legislative change and new funding appropriations would be necessary to conduct annual inspections for all licensed facilities
  - More than once a year. Describe N/A
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. \*Community Care Licensing Program has implemented a "differential monitoring" system, known as the Key Indicator Tool (K.I.T.s), which has allowed the CDSS to maximize efficiencies and enable inspections to exceed the current mandate where possible without additional resources. The K.I.T.s have been proven to be an asset helping to ensure the health and safety of children in care through robust and frequent monitoring and enforcement; however the K.I.T.s implementation has extended the CDSS's current resources to their full potential
5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers \*For licensed providers, see the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71

b) Licensed CCDF family child care home



1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. \*Currently, the CDSS conducts a pre-licensing visit to all Family Child Care Home applicant facilities to ensure the facility meets licensing requirements.
  2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. \*As specified in law, licensed Family Child Care Homes receive unannounced inspections for compliance with health, safety and fire standards. Some facilities are inspected annually due to non-compliance, however all child care facilities are inspected at least once every three years.
  3. Identify the frequency of unannounced inspections:
    - Once a year. \*As specified in law, certain licensed Family Child Care Homes are inspected annually (due to non-compliance). All other child care facilities are inspected at least once every three years. Legislative change and new funding appropriations would be necessary to perform annual inspections for all licensed facilities
    - More than once a year. Describe N/A
  4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. \*Community Care Licensing Program has implemented a "differential monitoring" system, known as the Key Indicator Tool (K.I.T.s), which has allowed the CDSS to maximize efficiencies and enable inspections to exceed the current mandate where possible without additional resources. The K.I.T.s have been proven to be an asset helping to ensure the health and safety of children in care through robust and frequent monitoring and enforcement; however the K.I.T.s implementation has extended the CDSS's current resources to their full potential.
  5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers. \*For licensed providers, see the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71.
- c) Licensed in-home CCDF child care
- N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to
  - 1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards. N/A

2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers. N/A
  3. Identify the frequency of unannounced inspections:
    - Once a year
    - More than once a year. Describe N/A
  4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards. N/A
  5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers N/A
- d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. \*The CDSS Community Care Licensing Division, Child Care Licensing Program.

5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. \*Center-based providers with a CDE-direct service contract, including, licensed exempt, are reviewed at the local level by the CDE using the following procedures:
- Agency annual self-review
  - Categorical Program Monitoring (CPM)/Contract Monitoring Reviews (CMRs) of each school or program under contract
  - Sampling and review of individual agencies to estimate and reduce error rates.
  - Enforcement of requirements

License-exempt center-based CCDF providers who accept vouchers but are not CDE-direct service contractors are subject to annual fire inspections; LEAs also have sufficient oversight to cover health and safety compliance. Currently, analysis is being conducted to determine the additional oversight that is needed for non-LEAs. A monitoring protocol will be developed, if needed.

Provide the citation(s) for this policy or procedure. \*5 CCR, sections 18023 and 18270 - 18308

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. \*The CDE does not monitor non-relative providers although the providers may choose to participate in quality improvement efforts including training and other supports offered by QCC, the QRIS. The CDE is working on how to best monitor license-exempt home-based providers. Using CCDF quality set-aside, the Child Care Initiative Project will be expanded in July 2018 to increase its inclusion of license-exempt providers. The CDE also will be developing a license-exempt monitoring pilot to determine how to most effectively monitor license-exempt providers. The pilot will be launched using 2018-19 quality set-aside funds.

Provide the citation(s) for this policy or procedure. N/A

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. \*The CDE does not monitor in-home providers although the providers may choose to participate in quality improvement efforts including training and other supports offered by QCC, the QRIS. The CDE is working on how to best monitor license-exempt home-based providers. Using CCDF quality set-aside, the Child Care Initiative Project will be expanded in July 2018 to increase its inclusion of license-exempt providers. The CDE also will be developing a license-exempt monitoring pilot to determine how to most effectively monitor license-exempt providers. The pilot will be launched using 2018-19 quality set-aside funds.

Provide the citation(s) for this policy or procedure. N/A

5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c) (2) (K) (i) (IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P (6) (B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. \*Center-based providers with a CDE-direct service contract, including, licensed exempt, are reviewed at the local level by the CDE using the following procedures:
- Agency annual self-review

- Categorical Program Monitoring (CPMs)/Contract Monitoring Reviews (CMRs) of each school or program under contract
- Sampling and review of individual agencies to estimate and reduce error rates.
- Enforcement of requirements

License-exempt center-based CCDF providers who accept vouchers but are not CDE-direct service contractors are subject to annual fire inspections; LEAs also have sufficient oversight to cover health and safety compliance. Currently, analysis is being conducted to determine if additional oversight is needed for non-LEAs. A monitoring protocol will be developed, if needed.

Provide the citation(s) for this policy or procedure. *5 CCR, sections 18023 and 18270 - 18308*

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. \*The CDE does not monitor non-relative providers however, these providers may choose to participate in quality improvement efforts including training and other supports offered by QCC, the QRIS. The CDE is working on how to best monitor license-exempt home-based providers. Using CCDF quality set-aside, the Child Care Initiative Project will be expanded in July 2018 to increase its inclusion of license-exempt providers. The CDE also will be developing a license-exempt monitoring pilot to determine how to most effectively monitor license-exempt providers. The pilot will be launched using 2018-19 quality set-aside funds.

Provide the citation(s) for this policy or procedure. N/A

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. \*The CDE does not monitor in-home providers however these providers may choose to participate in quality improvement efforts including training and other supports offered by QCC, the QRIS. The CDE is working on how to best monitor license-exempt home-based providers. Using CCDF quality set-aside, the Child Care Initiative Project will be expanded in July 2018 to increase its inclusion of license-exempt providers. The CDE also will be developing a license-exempt monitoring pilot to determine how to most effectively monitor license-exempt providers. The pilot will be launched using 2018-19 quality set-aside funds.

- d) Provide the citation(s) for this policy or procedure. N/A

#### 5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider

setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)). \*The CDSS is mandated to make efforts to recruit Licensing Program Analysts (LPAs) with child care experience, training and education. The LPAs begin their training with a four-week long academy of coursework that includes: health and safety requirements and language and cultural diversity of the providers. In addition LPAs are required to take 40 hours of Early Childhood Education training which addresses the developmental needs of children in care and type of provider setting. Lastly, the LPAs are required to complete 36 hours of training each year that include regulation administration as well as communication, writing and human relations skills
- b) Provide the citation(s) for this policy or procedure. \*For licensed providers, see the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71

**5.3.6** The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. \*The CDSS Licensing Program has approximately 43,500 licensed facilities statewide. The LPA to provider standard is approximately one LPA for every 127 Centers and 216 Homes. In order to reach and maintain a ratio at this level, the CDSS has sought to maximize the efficiencies of the LPA caseloads by implementing the following initiatives:
  - Differential monitoring (Key Indicator Tool or K.I.T.) inspections were implemented to maximize the efficiency of time spent on inspection visits.
  - An online format for new provider orientations was implemented to reduce the amount of in-office time the LPAs would spend scheduling and conducting in-person orientations for providers; thus increasing the amount of field-time available for LPAs to conduct inspection visits.

- A centralized complaint and information hotline was implemented to reduce the amount of in-office time the LPAs would spend taking and responding to phone calls; thus increasing the amount of field-time available for LPAs to conduct inspection visits.
- These initiatives have enabled the CDSS to reach the full potential for inspections. However, the ratios in place are based on California's current inspection mandate. Additional federal or state funding and legislative change is needed to establish a ratio sufficient to reach the annual inspection goal of the CCDBG.

- b) Provide the policy citation and state/territory ratio of licensing inspectors.  
\*For licensed providers, see the Child Day Care Act per California H&SC, sections 1596.70 - 1597.71.

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care. \*The State does not conduct on-site visits for license-exempt providers. However, license-exempt providers are investigated by Child Protective Services if there is any report of abuse, neglect or any situation that affects the safety of the child. As a result of these investigations, license-exempt providers may no longer qualify for reimbursement for care provided and funding would cease. License-exempt in home providers who are not a grandparent, aunt, or uncle of the child are required to have TrustLine fingerprinting. TrustLine fingerprinting includes: state criminal background checks, Federal Bureau of Investigation (FBI) criminal background checks, and the child abuse and sex offender registries. If a felony is committed by an individual actively providing care as a license-exempt provider their TrustLine and fingerprint clearance will be revoked

Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care. N/A

No, relatives are not exempt from inspection requirements.

## 5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States

applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

**Milestone Prerequisites for Time-Limited Waivers**

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check;
  - state-based child abuse and neglect registry and database

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

<b>Background Check Components</b>	<b>If milestone is met, time-limited waiver allowed for:</b>
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff AND/OR
7) Inter-state state sex offender registry	Conducting background checks on backlog of current (existing) staff
8) Inter-state child abuse and neglect registry	



States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act):  
September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act):  
September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.


- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides. \*California has one of the most robust and comprehensive background check processes in the nation. State law requires a criminal record clearance prior to working or being present in licensed facilities. This reflects collaboration between the individuals, associated facility licensees, the California Department of Justice (DOJ), the FBI and the CDSS. Utilizing LiveScan technology, the individual submits fingerprints to the DOJ and the FBI. Additionally, the individual submits information for a name-based check of California's Child Abuse Registry, the Child Abuse Index. California received and processed approximately 190,000 fingerprint submissions for all licensed programs during state fiscal year 2014-15.

Historically, 90% of these submissions result in a prompt and direct criminal record clearance from the DOJ, which is electronically transmitted to the CDSS.

For licensed care, the DOJ sends clearance notification to the licensee and the CDSS in approximately five days from fingerprint submission. For license-

exempt child care (TrustLine Registry), the DOJ sends the clearance notification to the CDSS and then CDSS notifies the TrustLine applicant that she/he is on the Registry. Based upon the fingerprint submissions, the DOJ transmits all subsequent arrest and conviction information to the CDSS as authorized by statute. The DOJ also provides subsequent child abuse information to the CDSS. Individuals with criminal history undergo an additional criminal record exemption process as outlined below in section 5.4.7.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
  
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility
  
- iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?  
 Yes.  
 No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. N/A Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A

- iv. List the citation: [Health and Safety Code Section 1596.871](#)
- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. \*All staff members of licensed care facilities are required to undergo a criminal record check. This check includes the state criminal background checks, FBI criminal background checks, and the child abuse and sex offender registries
  - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
  - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
  - iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?
    - Yes
    - No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. N/A Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:  

- iv. List the citation: [Health and Safety Code Section 1596.871](#)

- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides. \*All staff members of licensed care facilities are required to undergo a criminal record check. This check includes the state criminal background checks, FBI criminal background checks, and the child abuse and sex offender registries.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
  - ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
  - iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?
    - Yes
    - No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. N/A Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A
  - iv. List the citation: [Health and Safety Code Section 1596.871](#)
- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance

with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
- iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. N/A Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A

- iv. List the citation: [Health and Safety Code Section 1596.871](#)

- e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). \*These

requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.
- iii. List the citation: [Health and Safety Code Section 1596.871](#)

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. N/A Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A

- f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.

Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional

offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). \*These requirements, policies, and procedures fully apply to all licensed, regulated, or registered child care providers. Regional offices monitor compliance with these requirements, policies, and procedures. Failure to fully comply with these requirements, policies, and procedures may result in decertification, removal from registry, or exclusion from the facility.

- iii. List the citation: [Health and Safety Code Section 1596.871](#)

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. N/A Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A

- g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.

Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). N/A

- ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o). N/A
- iii. List the citation: N/A

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. The requirements that are not fully complete or implemented are: Conducting criminal record background checks every five years, conducting searches of state criminal record and sex offender registries in states where the individual resided in the preceding five years, checks of out-of-state child abuse registries for child care where the individual resided for the preceding five years, and a check of the National Sex Offender Registry (NSOR).

\*California's current Criminal Background check system is effective and comprehensive and we believe that it meets or exceeds the intent of federal requirements (658)(a)(H).

The requirements that are not fully complete or implemented are: Conducting criminal record background checks every five years, conducting searches of state criminal record and sex offender registries in states where the individual resided in the preceding five years, checks of out-of-state child abuse registries for child care where the individual resided for the preceding five years, and a check of the National Sex Offender Registry (NSOR). Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A

- h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.

\*There are currently no requirements, and this would require a statutory change.

Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.



- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). N/A
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). N/A
- iii. List the citation: N/A

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: N/A

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)). California's current Criminal Background check system requires that all licensed providers and staff receive clearance prior to issuance of a license or prior to employment.

\*A family may select a provisional child care provider if there is an immediate need for child care. The family may use a provisional child care provider during a single 30 calendar day period and receive reimbursement for services. The provisional provider will receive CCDF reimbursement only if TrustLine registration is received within the 30 days. A provisional provider is defined as an individual, exempt from licensure (such as a friend or neighbor) in accordance with California H&SC, Section 1596.792 (d) or (f).

5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint

check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

No.

Yes. Describe: N/A

The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member. \*There seems to be a question missing so there is no response.

- 5.4.4 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). Upon request, the CDSS provides a confirmation of an individual's background check clearance or exemption and the facility the individual is associated with.
- 5.4.5 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

There seems to be a question missing so there is no response.

- 5.4.6 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?
- No.
- Yes. Describe: \*The State has a criminal record exemption process to determine if the individual is eligible and suitable for employment as a child care worker and this process is required for all criminal convictions other than minor traffic violations. Current State law requires child care providers

and their employees to have a cleared criminal record prior to working or being present in a licensed facility or providing child care services.

If an individual has a criminal record that requires an exemption, notices are sent to both the individual and the facility. Individuals and their facilities have 45 days to submit all required documentation when the CDSS receives criminal offender record information that a criminal record exemption is required. When a criminal record exemption is requested, it can take up to 75 days to process, oftentimes due to delays in receipt of arrest reports from law enforcement agencies.

Once the background check is conducted at the California DOJ, the information is transmitted electronically to the CDSS database. The database currently contains over one million clearance and criminal offender records of individuals associated with all community care licensed facilities or the TrustLine Registry. In state fiscal year 2014-15, the CDSS received more than 57,000 criminal offender records. This includes both criminal offender records resulting from initial fingerprinting as well as subsequent criminal offender record information received from the DOJ. The CDSS may take any of the following actions based on criminal record information received: issue a simplified exemption, process a criminal record exemption, issue a CDSS clearance after investigation of an arrest, exclude an individual, or deny cases with non-exemptible convictions.

When a criminal record exemption is granted, the facility is notified of the decision and then may allow the individual to begin providing care. If an exemption is denied, both the facility and the individual are notified. The denial letter explains the reasons for the denial and provides the individual with appeal rights.

State laws define non-exemptible crimes in addition to those specified within the current federal law, which will automatically disqualify a child care staff member from being employed as a child care provider. These non-exemptible crimes are statutorily specified within California *H&SC*, Section 1596.871, including convictions for crimes such as robbery and child abuse.

- 5.4.7 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e) (2–4)). Prior to prohibiting an individual's presence or employment at a licensed child care facility based on criminal history information, the DOJ provides the subject of the background check with notice of any criminal history received by the CDSS and the process by which the subject may present any rehabilitative evidence relevant to the background check evaluation. Anyone who is issued a denial, either due to a conviction or based on

conduct related to an arrest entry, has the right to appeal and request an administrative hearing with an Administrative Law Judge. Denial letters issued by the CDSS include information on appeal rights and how to request a hearing. These due process protections are clearly established in state law.

\*Felony drug offenders are included in the standard exemption process used for any prospective child care licensee/employee with criminal convictions. The CDSS reviews the conviction(s) and, with the exception of certain serious offenses, provides the individual to an opportunity to present rehabilitative evidence to determine if he/she is of present good character necessary to operate or work at a licensed child care facility. This process allows the CDSS to take all available information into consideration including, but not limited to, the number of convictions, character references, participation in any drug/alcohol treatment programs, and how much time has passed since the individual's most recent conviction. For example, an individual who has been convicted of a single nonviolent felony that is over four years old would be more likely to demonstrate "present good character" than someone who has been convicted of two felonies within the past year, absent additional facts.

- 5.4.8 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)). Currently, child care providers are responsible for paying fingerprint fees for the state DOJ check, the FBI check, and the Child Abuse Central Index check in addition to the LiveScan vendor's rolling fees.

For license-exempt TrustLine providers, there is an additional \$43 application fee. Subsidized license-exempt TrustLine providers are exempt from paying any fees. These costs are paid by the CDSS or the California Department of Education. The only fee that an applicant may have to pay is the scanning of his/her fingerprints, for which they may be reimbursed.

- 5.4.9 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?
- No, relatives are not exempt from background check requirements.
  - Yes, relatives are exempt from *all* background check requirements.
  - Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements,

describe which background check requirements do not apply to relative providers.

\*For license-exempt care, grandparents, aunts, and uncles of the child in care are exempt from all background check requirements.

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G (b) (1)).

### 6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development. Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe:  
\*The *California Early Childhood Educator Competencies (ECE Competencies)* describe the knowledge, skills and dispositions that early childhood educators need in order to provide high-quality care and education to young children and their families. The *ECE Competencies* are aligned with the *California Preschool Learning Foundations* and the *California Infant/Toddler Learning & Development Foundations* to guide

professional development and related quality improvement activities. The *ECE Competencies* are organized into twelve overlapping areas: (1) Child Development and Learning; (2) Culture, Diversity and Equity; (3) Relationships, Interactions, and Guidance; (4) Family and Community Engagement; (5) Dual-Language Development; (6) Observation, Screening, Assessment, and Documentation; (7) Special Needs and Inclusion; (8) Learning Environments and Curriculum; (9) Health, Safety, and Nutrition; (10) Leadership in Early Childhood Education; (11) Professionalism; and (12) Administration and Supervision. The term *early childhood educator* includes everyone responsible for the care and education of young children.

The *ECE Competencies* also *competency contexts*: Supporting Early Learning and Development; Planning and Guiding Early Learning and Development; Creating and Maintaining Program Policies and Practices; and Advancing the Early Childhood Profession. More information can be found at: <https://www.cde.ca.gov/sp/cd/re/ececomps.asp>

Included in Administration and Supervision Performance Area 2 (Human Resources) competencies, the *ECE Competencies* include expectations regarding adult learning and coaching. The specific competency requires that personnel in in these positions “support ongoing adult learning, coaching, and mentoring” by “understand[ing] that adults learn differently from children and that adults have different approaches to learning. [Individuals in these positions] understand that adult learning opportunities outside the classroom enhance the work [of the classroom personnel] with children”.

- Career pathways. Describe:

- \*California has a career ladder for staff in CDE-contracted state preschool programs and child care and development programs.

- Levels of the Child Development Permit are:

1. Child Development Assistant Permit
2. Child Development Associate Teacher Permit
3. Child Development Teacher Permit
4. Child Development Master Teacher Permit
5. Child Development Site Supervisor Permit
6. Child Development Program Director Permit
7. And there is also a School-Age Emphasis Authorization

- A revised career lattice was presented to the State Advisory Council on October 25, 2017. Additional information on stakeholder input will be provided at the February 28, 2018 meeting and finalized at the UPDATE PENDING JUNE MTG.

- Advisory structure. Describe:

\*California has an Early Childhood Education Professional Learning Team (CA ECE PL Team) that reports regularly to the State Advisory Council for Early Learning and Care. The Team, working within the parameters of a newly formed organizational “constellation map” based on the recommendations of *Transforming the Workforce Birth to Eight* (TWB8), is comprised of members representing virtually all California ECE entities. The ECE PL Team works hand-in-hand with the CA TWB8 Stewardship Group to ensure meaningful input from all stakeholder groups.

- **Articulation. Describe:**

\*The CDE supported an alignment of the core Early Childhood Education/Child Development (ECE/CD) courses for its Community Colleges through a Curriculum Alignment Project (CAP). For more information, please go to: <http://cccece.net/curriculum-alignment-project>. 103 Community Colleges in California have agreed to participate in CAP. Of these colleges, 91 are officially aligned and 2 others are in the revision process to align their courses. The CAP courses have been accepted as the required core for the Associate in Science for Transfer (ADT) in Early Childhood Education.

The CAP also developed Transitional Kindergarten (TK) teacher preparation courses that could be adopted by California community colleges. As one option for professional learning, TK teachers and administrators in LEAs (public schools) as well as early childhood education professionals may enroll in unit-bearing community college courses designed to address the specific developmental needs of children in TK. The modules were developed to respond to Senate Bill 837.

For information on the courses and the degree, go to: <http://www.c-id.net> The CAP courses are the foundation for the ADT in ECE. To view a list of California State Universities who have a program similar to the ADT in ECE visit: (<http://www.calstate.edu/transfer/adt-search/search.shtml>)

- **Workforce information. Describe:**

\*The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. The Registry is funded by First 5 California and several local First 5's. More information can be found at: <http://www.caregistry.org/>

California also utilizes the Registry for a “participant profile” for individuals in the workforce who are accessing CDE ECE Quality Improvement professional development services. The most recent data can be found at: <https://www.cde.ca.gov/sp/cd/re/qipdprofilereport2015.pdf>

Additionally, the CDE has contracted with UC Berkeley to plan and prepare to conduct a survey of the California early care and education workforce. The 2019 California Early Care and Education Workforce Study will collect information about the wages, demographic characteristics, and educational qualifications of the California early care and education (ECE) workforce serving children from birth to five years old. The survey will be completed by a statewide representative sample of approximately 3,600 early educators in center and family child care homes. The survey results will provide a source of statewide data that can assess progress in addressing long-standing challenges facing the California ECE workforce related to their educational attainment, compensation, stability, and stratification by race, ethnicity, and language. This will allow for the assessment of the impact of funding and policy changes on the composition and characteristics of the workforce. The survey will also provide current data that will allow for appropriate projections and planning in response to emerging issues in ECE.

The objectives of this project are to: 1) identify implementation partners and consultants and develop agreements with them; 2) conduct community outreach and engagement to inform stakeholders and providers about the study; 3) develop child care center and family child care provider surveys; 4) develop the sample, sampling plan, and research design; 5) program and pretest the surveys for CATI (Computer Assisted Telephone Interview) and/or web implementation; and 6) pilot the surveys with child care center and family child care provider respondents.

- **Financing. Describe:** \*CCDF quality funds are the primary source of financing for State child care training and professional development. First Five IMPACT and CDE State Preschool QRIS Block grant funds are utilized by QRIS consortia to provide training, coaching, and professional development.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

\*Academic units for the Program for Infant/Toddler Care (PITC) are available through a local community college or state university. Continuing Education Units are offered through the University of California at the Davis Extension for Family Child Care at Its Best trainings.



Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

\*Academic units for the PITC are available through a local community college or state university.

Other. Describe:

\*California's Early Childhood Educator Self-Assessment Toolkit (ECE CompSAT) is an online, comprehensive professional development web site with interactive and self-reflective activities and videos highlighting research-based guidance on the ECE *Competencies*. <http://www.ececompsat.org/>

6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. California has health and safety training requirements which predate the SAC. Title 5 (education) programs require Child Development Permits, which have educational requirements. The state's Transforming the Workforce: Birth to Age Eight team has a higher education workgroup that is exploring how to best support academic achievement in the workforce. The State Advisory Council (SAC) is reviewing a Career Lattice for approval. The state's ECE Professional Learning Team reports to the SAC and meets regularly to examine the state's training and professional development system. First 5 California has a project, in collaboration with the CDE, exploring how to improve the state's training and technical assistance system. Part of this project will create a training approval process and a coaching certification process.

6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

Financial assistance to attain credentials and post-secondary degrees. Describe:

\***The Career Incentive Grant (CIG):** reimburses eligible students the cost of their tuition, books, and other required enrollment fees. Career Incentive Grants are available (in priority order) to students who are:

- Recipients of permit waivers issued by the CDE
- Employed in low API service areas (as defined by CDE) through employment at a CDE funded program
- Attending 4-year colleges or universities or 4-year extension programs

Financial incentives linked to educational attainment and retention. Describe:

\***AB 212 Child Development Staff Retention Funds:** are provided to Child Care and Local Development Planning Councils (LPCs) for child care staff retention activities to retain qualified staffs who work directly with children in CDE-contracted centers or family child care home education networks. The LPCs develop countywide plans in accordance with approved guidelines and submit these plans to the CDE for review and approval. The funds are intended to supplement, not supplant, existing efforts and investments to retain qualified child care staff at the local level. There are currently LPCs representing each county in California. (See *California EC*, Chapter 2.3, Article 1, Section 8499 and Article 2, sections 8499.3, 8499.5 and 8499.7.)

**The Child Development Permit Funds Project:** is available to applicants statewide. The Child Development Training Consortium, funded by CDE pays the permit application fee (if eligible) and Live Scan fingerprint processing reimbursement (if applicable) for the Child Development Permit levels listed below, including permits with a School-Age Emphasis.

1. First Time Permits: Assistant, Associate Teacher, and Teacher
2. Permit Renewals: Assistant, Associate Teacher, and Teacher (Valid and expired permits are eligible to submit for renewal)
3. Permit Upgrade to any Higher Level Permit from these Permit Levels: Assistant, Associate Teacher, and Teacher (Valid and expired permits are eligible to submit for upgrade)
4. Teacher Permit Online Renewal: CDTC can reimburse \$100 of the renewal fee for Teacher Permit only (applicant will need to pay the fees by MasterCard, Visa, debit or credit card). Follow the instructions in the Online Teacher Renewal Application for how to renew online and the reimbursement requirements.

Financial incentives and compensation improvements. Describe: N/A

Registered apprenticeship programs. Describe: N/A

Outreach to high school (including career and technical) students. Describe: N/A

Policies for paid sick leave. Describe: N/A

Policies for paid annual leave. Describe: N/A

Policies for health care benefits. Describe: N/A

Policies for retirement benefits. Describe: N/A

☒Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: \*California Inclusion and Behavior Consultation Network, the Child Care Initiative Project, and R&Rs training on Strengthening Families use reflective practices to support early educators in addressing stress and burnout.

☒Other. Describe:

**\*ECE Student Career and Education Program:** is available to fund specific educational costs at 105 community colleges throughout California. Access to this program is available to eligible students who are pursuing careers in child care/development through the Child Development Training Consortium (CDTC) Campus Coordinator designated at each of the colleges. Each CDTC Consortium member community college works with a local advisory committee to develop plans for the use of CDTC funds. Therefore, the use of CDTC funding can vary from college to college.

CDTC funds are commonly used for the following purposes:

- Reimbursing students for enrollment fees, tuition, and/or textbooks;
- Establishing a lending library of textbooks and other resources for use by eligible students;
- Paying the costs (instructor salary and fringe benefits) of providing classes that the college will not fund out of its general fund;
- Paying for tutorial assistance and/or translation services.

**TrustLine Registry Subsidized Application:** Supported by the TrustLine Registration process of State and federally subsidized license-exempt providers. Fees associated with the TrustLine process are paid for license exempt providers serving families who are eligible for subsidized child care or as participants in Stages 2 and 3 of the California Work Opportunities and Responsibility to Kids (CalWORKs) child care system.

**Health and Safety Training Stipends:** up to \$50.00 are available to child care center staff, family child care providers, license-exempt child care providers, and in-home providers toward the cost of authorized health and safety training are made available through the R&R Network.

**California Transitional Kindergarten Stipends:** The Budget Act of 2014 allocated funding to the California Department of Education to fund professional development stipends for teachers, to be administered by local planning councils established pursuant to Chapter 2.3 (commencing with Section 8499) of the California *EC*. The funds were to be allocated as follows:

First priority was/is professional development stipends for transitional kindergarten Teachers.

For purposes of this paragraph, professional development stipends shall include, but shall not be limited to, all of the following: stipends for credentialed teachers to complete at least 24 units in early childhood education or childhood development, or a combination of both; Strengthening teacher knowledge of the *Preschool Learning Foundations*, as developed by the department.

Second priority was/is for professional development stipends for teachers in the California state preschool program, for the costs of credit bearing coursework in early childhood education, child development, or both.

## 6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b) (2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)).

\*The CDE has a comprehensive system for ensuring that training and professional learning incorporates early learning guidelines, health and safety standards and social-emotional/behavior intervention models. The CDE incorporates knowledge and application of the State's early learning and developmental guidelines in all of its professional development opportunities outlined in Section 6.1.2.

California supports health and safety standards in-depth training through contracts to the California Resource and Referral agencies and through a network of regional preventive health and safety trainers. California incorporates and supports social-emotional behavior intervention models, which include positive behavior interventions and supports through the CACSEFEL, which provides in-depth training and coaching and are provided through a resource web site called MAP to Inclusion and Belonging [www.cainclusion.org](http://www.cainclusion.org). California has a state CSEFEL Leadership Team with representation from professional development systems to ensure that the teaching pyramid principles are

incorporated into training and consistent across systems. The California Inclusion and Behavior Consultation Network (CIBC) provides intervention supports to early childhood teachers as they teach children with special needs or challenging behaviors <http://www.cibc-ca.org/>.

CCDF Quality funds support the Faculty Initiative Project (<http://facultyinitiative.wested.org/>) which develops instructional guides for faculty on the *Preschool Learning Foundations* and *California Preschool Curriculum Framework* Work will include the *Infant/Toddler Learning and Development Foundations and Framework*. California Early childhood Online (CECO) is an accessible web site (<http://www.caearlychildhoodonline.org>) for foundational online modules on the *Preschool Learning Foundations* and *Preschool Curriculum Framework* and CSEFEL; Health and Safety modules will be developed or secured for this site. The PITC is funded to provide in-person training of the *Infant/Toddler Learning and Development Foundations* and *California Infant/Toddler Curriculum Framework*. CPIN is the system for training on the *Preschool Learning Foundations* and *Preschool Curriculum Framework*.

6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

\*All training and resources are available to California Indian Tribes and tribal organizations who receive CCDF funds. Communication with California Indian Tribes is facilitated through quarterly Tribal Roundtable meetings. Staff persons from the CDE are regular participants and contributors to the meetings, and communication is facilitated the CDE Tribal Liaison. Additionally, all licensees have access to California Emergency Services Authority (EMSA) approved health and safety program training for child care providers, and the trainings must be taught by Child Preventative Health and Safety Instructors training which requires instructors including strategies which include issues of cultural awareness and sensitivity, per California H&SC, Section 1596. The CDE plans to use additional QRIS funds to support the TCCAC to support their Quality Rating and Improvement System work.

6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

\*The CDE contracts with all of its Resource and Referral agencies (R&Rs) for the California Child Care Initiative Project (CCIP). The CCIP recruits potential child care providers from the local communities and provides training and technical assistance in the languages of that community. Most of the other professional development providers offer training is Spanish; several like Family Child Care at Its Best provide training in multiple languages.

6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

\*In addition to the English versions of the *California Infant/Toddler Learning and Development Foundations (Infant/Toddler Foundations)* and *Infant/Toddler Curriculum Framework (Infant/Toddler Frameworks)*

<https://www.cde.ca.gov/sp/cd/re/itfoundations.asp> and the *California Preschool Learning Foundations (Preschool Foundations)* and *Preschool Curriculum Frameworks (Preschool Frameworks)*

<https://www.cde.ca.gov/sp/cd/re/psfoundations.asp> these *Foundations and Frameworks* have been translated into Spanish. Translations are in the process of final editing before publication.

The local R&Rs organizations conduct language cohort outreach and training for the CCIP and Health and Safety Training. The online resources at CECO are accessible in English and Spanish.

To the extent feasible, the CDE provides all of its resources available in both English and Spanish.

6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii-iv)).

\*California has a comprehensive system for ensuring that training and professional learning incorporate early learning guidelines, health and safety standards and social-emotional/behavior intervention models. All State professional development providers need to know the *Preschool Learning Foundations* and *Preschool Curriculum Framework* and are encouraged to map their trainings to the ECE competencies. CA R&Rs provide training that is responsive to their community. The PITC provides in-person training of the *Infant/Toddler Learning and Development Foundations* and *Infant/Toddler Curriculum Framework* and the PITC philosophy of infant-toddler care. CPIN is the system for training on the *Preschool Learning Foundations* and *Preschool Curriculum Framework*. CPIN's English Learner leads provide training on *The Preschool English Learner (PEL) Guide* to assist early childhood teachers in supporting English language development of children

<https://www.cde.ca.gov/sp/cd/re/documents/psenglearnersed2.pdf> . *Inclusion Works!* It provides strategies and guidance for inclusive practices.

<https://www.cde.ca.gov/sp/cd/re/documents/inclusionworks.pdf>.

Individuals working in Infant/Toddler centers are required to have 6 units of Infant/Toddler coursework. The child development permit offers specialization in school-age care known as the School-Age Emphasis Authorization.

6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).

- a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2). \*The CDE is currently developing a best practices document on serving children and families who are homeless, with a focus on trauma-informed care. Once published, work will begin on training modules.
- b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). \*The CDE staff focused on the McKinney-Vento definition to provide technical assistance. A Best Practices resource on serving children and families who are homeless (currently in development) will provide the source content for training modules that will be created and posted on CA Early Childhood Online.

6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- Issue policy change notices  
\*The CDE issues Management Bulletins to inform contractors of policy change
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies
- The type of check-ins, including the frequency. Describe: N/A
- Other. Describe: N/A

\*The CDE, FSO, provides series of trainings for contractors. Some of the trainings are in the form of webinars; others are in-person trainings held in many regions across the state.

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve

the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a) Identify the strategies that the state/territory is developing and implementing for training and TA. \*The CCIP in-person training includes a module on "Building a Strong Family Child Care Business. Online "Business Practices" modules will be posted on the CECO website June 2018.
- b) Check the topics addressed in the state/territory's strategies. Check all that apply.
  - Fiscal management
  - Budgeting
  - Recordkeeping
  - Hiring, developing, and retaining qualified staff
  - Risk management
  - Community relationships
  - Marketing and public relations
  - Parent-provider communications, including who delivers the training, education, and/or technical assistance
  - Other. Describe: \*Strength-based parent communication

### 6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry.



\*California has developed research-based early learning guidelines (ELG); these are the *Infant/Toddler Learning and Development Foundations* and the *Preschool Foundations*. This has been an intentional systematic process. Documents are revised and updated on a systematic basis generally between every 10 to 15 years. The *Preschool Program Guidelines* were updated and released in spring 2015.

- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. \*The state's Early Learning Guidelines (ELG's), i.e., Foundations, express children's knowledge and skills at: 8, 18, 36, 48, and 60 months of age.
- c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

Cognition, including language arts and mathematics

Social development

Emotional development

Physical development

Approaches toward learning

Other. Describe: \*History-social science, visual and performing arts, and science

- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. \*The state's ELGs, i.e., foundations, are aligned to the CDE's kindergarten standards.

- e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. \*The CDE generally updates its publications on a ten-year cycle. This process entails examination of the current research and updating of the content, as necessary, with the assistance of an expert advisory panel and stakeholder input. The *Infant/Toddler Foundations* was released in 2010, the *Preschool Learning Foundations*, volume 1 in 2010, volume 2 in 2011, and volume 3 in 2013.

Provide the Web link to the state/territory's early learning and developmental guidelines.

- <https://www.cde.ca.gov/sp/cd/re/itfoundations.asp>
- <https://www.cde.ca.gov/sp/cd/re/psfoundations.asp>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. \*The state's EGGs, i.e., foundations, inform all of the state's training and technical assistance activities. Basic overviews of the *Infant/Toddler and Preschool Foundations and Frameworks* are available for all providers at the CECO website. The foundations are the basis for the state's child observational assessment, the Desired Results Developmental Profile. The *Infant/Toddler Foundations* are source content for training provided by the PITC. The *Preschool Foundations* are the source content for the California Preschool Instructional Network's CPIN training and technical assistance. These foundations are embedded in the California *Early Childhood Educator Competencies*. The state foundations inform the curriculum frameworks and program guidelines.

- 6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

\*California measures progress on meeting its early learning guidelines by use of its Desired Results Developmental Profile (DRDP) child assessment system. The CDE is in the process of establishing criterion zones boundaries for the DRDP that match with the *Infant/Toddler and Preschool Learning Foundations*. These will be used to identify to extent to which children using the DRDP are approaching, reaching, or exceeding the boundaries that correspond to the Foundations age groupings. The CDE is planning to have baseline data fall of 2018 and will annually track children's progress.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a

statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G (b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G (d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G (d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators

of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## **7.1 Quality Activities Needs Assessment for Child Care Services**

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G (a)(1); 98.53(a)).

\*The LPCs conduct a needs assessment for the workforce accessing the AB212 Retention funds. This information is collated to inform the CDE of professional development needs and trends. The CDE co-chairs the state Early Childhood Education Professional Learning (ECE PL) Team with First 5 California. The ECE PL Team is working to support the implementation of the state's Transforming the Workforce: Birth to Age Eight. This team provides guidance of workforce initiatives. The CDE also uses the annual quality budget input sessions to inform and make adjustments. As of 2012-13, the CDE has been conducting evaluations of its quality activities on an annual basis, initiating an evaluation of one of the projects each year, to the extent feasible, eventually cycling through all of the projects. An evaluation of the Child Care R&R agencies professional development activities and the Child Care Initiative Project, implemented by local R&Rs, began in 2012-13, concluding in 2014. An evaluation of the CPIN began in 2013-14, concluding in 2015. In 2014-15, an evaluation of the California Collaborative for the Social-Emotional Foundations of Early Learning's Teaching Pyramid was initiated. In 2015-16, an evaluation of the LPCs and AB 212 Retention Project, implemented by LPCs, was initiated. Completed evaluations can be found at: Due to contracting negotiations, no evaluation could be initiated in 2016-17. An evaluation of the PITC is being initiation in 2017-18 and an evaluation of the Child Development Training Consortium is planned for 2018-19. The results of the evaluation are used for project improvement.

- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

\*The most recent quality improvement activities input use was conducted on October 5, 2017. All of the existing CDE quality improvement professional development (PD) systems received positive comments during the input session. Focused input regarding the state quality rating improvement system, QCC requested support for the entire continuum of early learning and care and for improved alignment between the CDE PD systems and the local QCC consortia.

## **7.2 Use of Quality Funds**

7.2.1 Check the quality improvement activities in which the state/territory is investing.

Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds \*Infant/Toddler QRIS Block Grant (\$10.4 million) and Migrant QRIS Block Grant (\$800,000)

Other funds \*State Preschool QRIS Block Grant (\$50 million a year in State Education Funds),

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds \*Infant/Toddler Quality set aside

Other funds

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds.

Other funds \*State General Fund

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds \*CCDF quality set-aside. Through an interagency agreement, the CDE provides \$8 million per year to the CDSS, CCL to support the costs of licensing CCDF providers.

Other funds State General Fund.

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds \*Quality set-aside.

Other funds.

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds \*CCDF quality set-aside.

Other funds

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds \*CCDF quality set-aside.

Other funds \*State General Fund

### **7.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds**

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe: \*The CDE quality funds support the

following: The Child Care Initiative Project (CCIP) provides training on these domains for prospective and new family child care home providers. The PITC provides training on these domains for providers serving infants and toddlers. The CPIN provides training on these domains for providers serving preschool-aged children. Family Child Care at Its Best (FCCIB) provides training on these domains to providers serving mixed-aged groups of children. The (CECO) provides online training modules on these domains to all. The content is built on or aligned with the *Infant/Toddler and Preschool Foundations and Frameworks*.

☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.)

Describe: \*The CDE quality funds support the following: The California Collaborative for the Social-Emotional Foundations of Early Learning (CCSEFEL)'s Teaching Pyramid, which support a cadre of CCSEFEL-certified trainers and coaches, the California Inclusion and Behavior Consultation (CIBC) Network deploys mental health consultants and inclusion specialist to provide on-site technical assistance, The CCIP, PITC, CPIN, and FCCIB provide strategies to support these needs. A Best Practices document on serving boys of color, with a focused section on suspension and expulsion is in development; this document will serve as a source document for development of professional development module(s).

☒ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe: \*CCIP, PITC, CPIN, and FCCIB have been developed to support parents and families in culturally and linguistically appropriate ways. The *Infant/Toddler and Preschool Frameworks*, *Infant/Toddler and Preschool Program Guidelines*, and the *Guidelines for Early Learning in Child Care Home Settings* each have sections that address engaging parents and families in culturally and linguistically appropriate ways.

☒ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe: \*The *Infant/Toddler and Preschool Frameworks*, *Infant/Toddler and Preschool Program Guidelines*, and the *Guidelines for Early Learning in Child Care Home Settings* provide guidance on implementing developmentally appropriate, culturally and linguistically responsive instruction that is aligned to the

*Infant/Toddler and Preschool Foundations.* The PITC trains on the *Infant/Toddler Framework* and *Infant/Toddler Program Guidelines*, the CPIN trains on the *Preschool Framework* and *Preschool Program Guidelines*. Family Child Care at Its Best and the local R&Rs use the foundations and the *Guidelines for Early Learning in Child Care Home Settings*.

☒ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: \*County R&R agencies provide information to child care providers regarding comprehensive services and assist with making connections to those services within their respective service areas.

☒ Using data to guide program evaluation to ensure continuous improvement. Describe: \*Desired Results Training and Technical Assistance assists sites in using their Desired Results Developmental Profile results, their Environment Rating Scale results, and their parent survey results to inform their quality improvement plans.

☒ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: \*Professional development services are prioritized to those programs serving children in high needs areas and to those participating in their local QRIS. A Best Practices document is under development on serving children and families who are homeless; this document will serve as the source document for the development on professional development modules.

☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe: \*The CIBC Network provides on-site TA, the CSEFEL Teaching Pyramid and Beginning Together train trainers and coaching inclusive practices, and the MAP to Inclusion and Belonging website support providers to link to resources for serving children with disabilities and developmental delays.

☒ Supporting the positive development of school-age children. Describe: \*CCDF funds were used to develop online training modules for staff serving school-aged children.

☒ Other. Describe: \*Strengthening Families (SF) Network supports local R&Rs to be SF trainers for their local communities in family engagement strategies and best practices.

- b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.



- Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- Other. Describe: \*Coordination for the above is provided by the Child Development Training Consortium, in conjunction with the Workforce Registry, and LPCs.

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The QCC rating matrix measures academic achievement and professional development hours. The September 2017 submission of the QCC common data file will provide a baseline moving forward. Each year progress will be checked. Take up with the Workforce Registry is currently limited. With additional funding from F5CA, it is planned that over time the Registry will provide sufficient data to track progress.

#### 7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

7.4.1 Does your state/territory have a quality rating and improvement system?

Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. \*The QCC is administered locally, through county or regional consortia. Core membership of each QRIS consortium includes: County First 5 Commission, County Office of Education, County LPC, CCR&R(s), and institutions of Higher Education.

Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. N/A

If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and

the data on the extent to which the state or territory has met these measures.

\*Each September QCC consortia submit their common data file indicating participating sites, their tier rating, their funding sources, and other pertinent data. The September 2017 submission will serve as the baseline moving forward, demonstrating the increase in number of participating sites, the changes in tier ratings, and other pertinent information.

No, but the state/territory is in the QRIS development phase.

No, the state/territory has no plans for QRIS development.

#### 7.4.2 QRIS participation.

a) Are providers required to participate in the QRIS?

Participation is voluntary.

Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). N/A

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

Licensed child care centers

Licensed family child care homes

License-exempt providers

Early Head Start programs

Head Start programs

State prekindergarten or preschool programs

Local district-supported prekindergarten programs

Programs serving infants and toddlers

Programs serving school-age children

Faith-based settings

Tribally operated programs

Other. Describe: \*Military, and other programs exempt from licensure that meet the licensing health and safety standards. License-exempt individuals can participate in quality improvement activities, but are not subject to rating.

#### 7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No.

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).

Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

Other. Describe: N/A

None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No.

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

Embeds licensing into the QRIS.

State/territory license is a "rated" license.

Other. Describe: \*License exempt and family, friend, and neighbor can participate in the quality improvement part of the QRIS; however, will not be rated.

Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

No.

Yes. If yes, check all that apply.

One time grants, awards, or bonuses

Ongoing or periodic quality stipends

Higher subsidy payments

Training or technical assistance related to QRIS

Coaching/mentoring

Scholarships, bonuses, or increased compensation for degrees/certificates

Materials and supplies

Priority access for other grants or programs

Tax credits (providers or parents)

Payment of fees (e.g., licensing, accreditation)

Other: Note: \* All of the above are locally determined though the majority of the funding for these is provided by state funds.

None

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Use 2017 data submission as the benchmark, compare the increase in the number of participating sites over time and the number of programs that increase their tier rating.

## **7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: \*The CDE has a contracting process that allows the state to contract with public and private agencies to provide high-quality early care and education services. LPCs in each county provide priority data so that new funds can be directed to high priority communities.

Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: \*The CDE has a contracting process that allows the state to contract with public and private agencies to establish family child care home education networks, provide high-quality early care, and education services. LPCs in each county provide priority data so that new funds can be directed to high priority communities.

Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: \*The CCIP has a focus in assisting family child care providers to provide infant/toddler care. PITC offers four modules to enhance participants' abilities to provide training that supports providers in the care of infants and toddlers, including those with disabilities and special needs. *Beginning Together* (<https://cainclusion.org/bt/>) was created in collaboration with the CDE and WestEd, Center for Child and Family Studies as an inclusion support to the PITC.

Providing coaching, mentoring, and/or technical assistance (TA) on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: \*California utilizes the PITC Regional Partners for Quality to have a system of qualified infant-toddler specialists. These Partners have a system to extend their reach to the certification process for additional trainers that are part of their service, but who are not on their staff.

Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: \*The CDE engages with its Part C partners at the CDDS. A representative from its TA system is a member of the state ECE Professional Learning Team.

Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: \*The QCC has embedded CDE's *Infant/Toddler Learning and Development Foundations* and *Curriculum Framework* and its aligned child observational assessment, the DRDP into the QCC QRIS Pathways. Quality funds are used to support a \$10.4 million in Infant/Toddler QRIS Block Grant, with plans to increase the funding over time.

Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: \*Developed: The CDSS Community Care Licensing requires 6 units in Infant/Toddler course work to work as an Infant/Toddler teacher.

Developing infant and toddler components within the early learning and developmental guidelines. Describe: \*The CDE has developed *Infant/Toddler Learning and Development Foundations*, a *Curriculum Framework*, and *Infant/Toddler Program Guidelines* with companion DVDs and online modules.

Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: \*California has a robust system of R&Rs dedicated to provide consumer education, including QRIS information, about high-quality early care and education. To strengthen their work, consumer education modules for R&R phone counselors will be developed in the next fiscal year.

Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: \*California supports the PITC demonstration sites at several community colleges across the state to provide an opportunity to observe high-quality infant/toddler care. California has adopted the teaching pyramid principles of CSEFEL and provides training on the infant/toddler modules. Using RTT-ELC funds, the community colleges created three aligned infant/toddler courses for use across the system.

Other. Describe: N/A

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

QCC and each of the local QRIS consortia are making concerted efforts to reach out and engage providers serving infants and toddlers. The September 2017 QCC common data submission provides a baseline for the number of programs serving infants and toddlers and their tier rating. This baseline will be used to indicate both expansion of reach and engagement in QCC, but also an increase in the number of infants and toddlers served in high quality settings. The CDSS is able to track the number of infant centers that are licensed and identify if there is a growth in capacity. LPCs periodically conduct a needs assessment to determine the need for infant/toddler care; this information is used to guide the awarding of contracts to meet communities' need for infant/toddler care. Local R&Rs track the need for services by the age of the child. The California Child Care R&R Network periodically releases a state and county level Child Care Portfolio that describes the status of child care. Local QRIS track program improvement and increases in quality levels with information about the ages of the children served.

## 7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

\*R&R agencies are under contract with the CDE and subject to periodic monitoring to ensure compliance to statutory and regulatory requirements. The CDE engaged an independent evaluation of TA and professional development (PD) activities conducted by California's R&R which took place from May 1, 2013 through June 20, 2014. The research areas evaluated which TA and PD services were provided through local R&Rs and who was participating in these activities, and strived to determine the level of improvement in the quality of child care provided after receiving PD training.

## 7.7 Facilitating Compliance State Standards

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: \$8 million in CCDF quality funds are provided

from the CDE to CDSS to help meet inspection and monitoring of State licensing standards.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No.

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other. Describe: N/A

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

*\*As more counties adopt a QRIS and sites participate in their local QRIS, this will be used to measure improvement in child care quality.*

## 7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The CDE, has established the Desired Results System to improve program quality in its early care and education programs across the state. This system has several components to address all aspects of program quality: DRDP (2015) for child assessment, the ERS tool appropriate for the site/setting type, a Parent Survey, and a Program Self-Assessment which utilizes a Summary of Findings from the program's DRDP results, the ERS results, and the Parent Survey. For non-CDE-contracted programs, this is complimented by, its Rating Matrix, and Continuous Quality Improvement Pathways that is used by the CCQ Consortium. These are local consortia focused on QRIS and blending the various funding opportunities.

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

*\*The RTT-ELC evaluation and the semi-annual data submission provided data on the progress that has been made over the life of the RTT-ELC grant. In the subsequent grants, the State Preschool QRIS Block Grant and the F5CA IMPACT grant, similar data is being collected to demonstrate increased participation of early learning programs in these quality improvement efforts, as well as, increased numbers of children with high needs being served in higher*



quality programs over time. The CDE and First 5 California will continue to collect and analyze the data.

## 7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the state/territory has supports operating statewide or territory-wide.

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. N/A

Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: N/A

No, but the state/territory is in the accreditation development phase.

No, the state/territory has no plans for accreditation development.

\*Accreditation is an optional way to earn 5 points in Element 6 of the QRIS Rating Matrix.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

\*Progress in improving the quality of child care programs and services is described in Section 7.6 above. The CDE does not provide any additional support for accreditation, therefore there are no relevant measures to describe.

## 7.10 Program Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

Health. Describe the supports: \*The CDE provides guidance through the following program guidelines: (1) *Infant/Toddler Program Guidelines* (2006) – see Chapter 5, Guideline 3, pages 65 -72, (2) *Guidelines for Early Learning in Child Care Home Settings* (2010) – see Chapter 3, pages 68 – 79, and (3) *Preschool Program Guidelines* (2015) – see Chapter 8, Guideline 6, pages 155 – 160, to support children’s health. These are fully-aligned to the state’s early learning guidelines (i.e., Foundations) and provide guidance on providing developmentally appropriate early care and education. Online overview modules on these Guidelines are available on

[CAEarlyChildhoodOnline.org](http://CAEarlyChildhoodOnline.org) (CECO). The *Infant/Toddler and Preschool Guidelines* have companion DVDs to support understanding and utilization of the concepts.

Mental health. Describe the supports: \*The CDE provides guidance through the following program guidelines: (1) *Infant/Toddler Program Guidelines* – see Chapter 5, Guideline 3, pages 69 - 70 and Chapter 6, Guideline 7, page 92, (2) *Guidelines for Early Learning in Child Care Home Settings* – see Chapter 2, pages 36 – 46, and (3) *Preschool Program Guidelines* – see Chapter 8, Guideline 3, pages 158 – 159, to support children’s mental health. These are fully-aligned to the state’s early learning guidelines (i.e., Foundations) and provide guidance on providing developmentally appropriate early care and education. Online overview modules on these Guidelines are available on CECO. The *Infant/Toddler and Preschool Guidelines* have companion DVDs to support understanding and utilization of the concepts.

Nutrition. Describe the supports: \*The CDE provides guidance through the following program guidelines: (1) *Infant/Toddler Program Guidelines* – see Chapter 5, Guideline 3, pages 68 - 69, (2) *Guidelines for Early Learning in Child Care Home Settings* – see Chapter 2, pages 42 – 43, and (3) *Preschool Program Guidelines* – see Chapter 8, Guideline 6, pages 157 – 158, to support children’s nutrition. These are fully-aligned to the state’s early learning guidelines (i.e., Foundations) and provide guidance on providing developmentally appropriate early care and education. Online overview modules on these Guidelines are available on CECO. The *Infant/Toddler and Preschool Guidelines* have companion DVDs to support understanding and utilization of the concepts. Preschools Shaping Healthy Impressions through Nutrition and Exercise (SHINE) is a CDE program that gives recognition and coaching to child care programs that excel in promoting the health and well-being of children. Preschools SHINE sites feature optimal policies and health, nutrition, and physical activity practices that support children’s health and readiness to learn. The program consists of 10 elements that foster healthy habits during the early years of growth and development. The CDE funds sessions on meal planning and physical activities statewide. More information and details of the forums/trainings can be found at:

<https://cpin.us/content/child-care-npa-forums> and <https://cpin.us/content/child-care-meal-quality-forums-0>.

Physical activity. Describe the supports: \*The CDE provides guidance through the following program guidelines: (1) *Infant/Toddler Program Guidelines* – see Chapter 5, Guideline 4, pages 73 - 77, (2) *Guidelines for Early Learning in Child Care Home Settings* – see Chapter 3, pages 107 – 111, and (3) *Preschool Program Guidelines* – see Chapter 8, Guideline 6,

page 156, to support children’s physical activity. These are fully-aligned to the state’s early learning guidelines (i.e., Foundations) and provide guidance on providing developmentally appropriate early care and education. Online overview modules on these Guidelines are available on CECO. The Infant/Toddler and Preschool Guidelines have companion DVDs to support understanding and utilization of the concepts.

☒Physical development. Describe the supports: \*The CDE provides guidance through the following program guidelines: (1) *Infant/Toddler Program Guidelines* – see Chapter 6, Guideline 7, pages 91 - 92, (2) *Guidelines for Early Learning in Child Care Home Settings* – see Chapter 3, pages 107 – 111, and (3) *Preschool Program Guidelines* – see Chapter 2, pages 29 – 30, to support children’s physical development. These are fully-aligned to the state’s early learning guidelines (i.e., Foundations) and provide guidance on providing developmentally appropriate early care and education. Online overview modules on these Guidelines are available on CECO. The Infant/Toddler and Preschool Guidelines have companion DVDs to support understanding and utilization of the concepts.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The CDE has 18 FSO consultants who monitor direct-service programs under contract with the CDE statewide. These consultants review the programs annual performance documents as well as conduct onsite monitoring and Technical Assistance (TA). With guidance from the QCC state support team, local QRIS are transforming into sustainable systems, particularly with the annual Legislative infusion of \$50 million in State Preschool QRIS Block Grants and First 5 CA’s \$120 million in system funding. The CDE will be able to measure progress as more centers and child care homes move to higher rated levels of quality.

## 7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures.

\*a. Quality Improvement Activity 1: *Beginning Together: Inclusion of Infants and Toddlers with Disabilities*: The *Beginning Together* project ensures that

information about children with special needs is incorporated and appropriate inclusive practices are promoted in the training and TA provided by certified trainers for the PITC. *Beginning Together* is designed to move inclusive experiences for young children with disabilities or other special needs and their families from theory into practice. This is accomplished through a training-of-trainers institute, a seminar for community colleges, regional TA activities, support to institute graduates, and support of inclusive practices in other PITC activities, including a *Beginning Together* advanced TA institute.

The various institutes and academies offered continue to build a cadre of qualified trainers who are available to assist local child care providers in complying with the requirements of the Americans with Disabilities Act by creating inclusive environments. The PITC infant/toddler specialists and coordinators receive TA to support them in creating linkages with early interventionists and infant/toddler child care programs at the local level. Outreach sessions are conducted throughout the state each year to bring together PITC trainers, infant/toddler staff, family child care providers, early interventionists, and other professionals working with children with disabilities and other special needs and their families to discuss strategies for local coordination of services. The PITC college demonstration programs also receive training and TA.  
<http://www.cainclusion.org/bt>

**Measure to Evaluate:** \* More infants and toddlers with IFSPs will be served in community-based settings, improving their opportunities for development.

- b. Quality Improvement Activity 2: California Collaborative for Social and Emotional Foundations of Early Learning (CSEFEL): The CA CSEFEL Teaching Pyramid approach was built on the Positive Behavior Interventions and Support (PBIS) model with the incorporation of quality early childhood practices. WestEd Center for Child & Family Studies has further adapted the approach to incorporate the “facilitative administrative practices” as described in research documents. The power of the CA CSEFEL Teaching Pyramid is most clearly seen when it is implemented across an entire site, district, or agency (i.e., program-wide). There are six recommended components for achieving a program-wide approach: 1) planning by a group of leaders, 2) training in a systematic way, 3) coaching/TA to support implementation to fidelity, 4) incorporation of family engagement to strengthen the link between home and school, 5) identification and training of those responsible for the development of positive behavior support plans, and 6) follow-up for sustainability after training ends.  
<http://cainclusion.org/camap/cacsefel.html>

**Measure to Evaluate:** \*Sites implementing CSEFEL to fidelity will have reduced instances of expulsions, fewer children inappropriately referred for special education services, and more children confident

and ready to enter kindergarten. A CSEFEL evaluation is currently underway.

- c. Quality Improvement Activity 3: California Early Childhood Mentor Program: Mentor activities are provided at 100 community college campuses to support experienced teachers and directors and encourage them to remain in the field of early childhood education. Financial compensation and professional development support are provided to more than 640 child care and development teachers and 145 directors who have been selected as mentors. Mentor Teacher applicants must complete a self-assessment of their classroom, and their program director must agree to conditions of their participation. Candidates for Director Mentor attend an orientation webinar and a full-day training in mentoring techniques to qualify to apply. A local selection committee convened each academic year by the community college chooses mentor teachers and directors. The average stipend per classroom mentor is estimated to be approximately \$1,600 per year. More than 2,100 early childhood education students will be provided with alternative placements for practicum experiences and mentoring support to achieve their academic goals and over 90 director protégés will receive support in improving their program leadership and management skills.

<http://www.ecementor.org/>

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

- 8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

- Issue policy manual
- Issue policy change notices

Staff training. Describe: \*The CDE conducts a yearly comprehensive off-site training of three to five days for its staff members. The staff members also meet monthly to discuss issues regarding CCDF program administration, requirements, and integrity. They, conversely, provide on-going training and TA to contractors in regional sessions, in one-on-one sessions, and/or in clusters with webinars or during face-to-face presentations. These sessions address CCDF program administration, requirements, and integrity. The CDE will support the participation of the FSO staff at conferences outside the department to enable them to stay informed about current federal requirements.

Ongoing monitoring and assessment of policy implementation. Describe: \*The CDE reviews contractors using established risk factors. The reviews are conducted on-site and on-line. The CDE also conducts follow-up reviews to assess implementation of contract policies and understanding of program requirements. Contractors are also required to complete annual Program Self-Evaluation (PSE). The PSE provides contractors a formal avenue to reflect on their practices and to determine areas that need improvement.

Other. Describe:

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

Verifying and processing billing records to ensure timely payments to providers. Describe: \*The CDE's payment procedures include reporting deadlines and payment schedules to ensure timely payments to contractors. These procedures include reviewing and processing contractor reports to determine payment amounts and providing payments by the first of the month for which it is intended. Further, these procedures include review of attendance and fiscal data for reasonableness and to ensure they are free of material error. Department staff contact contractors with questions or concerns about reported data. The CDE schedules payments twice per month, to provide another payment opportunity for contractors who have submitted revised reports.

Fiscal oversight of grants and contracts. Describe: \*The CDE conducts fiscal reviews to ensure that contractors are accurately tracking and reporting their services, revenues, and expenditures. Further, each contracting agency is subject to an annual independent financial and compliance audit, which is conducted by a certified public accountant or a public accountant, licensed by

the State. The CDE provides training and TA to contractors to ensure that contractors are informed of the state and federal laws and regulations that pertain to child development contracts. The CDE provides training to both individual and large audiences of contractors as well as special training for new contractors.

Tracking systems to ensure reasonable and allowable costs. Describe: \*The CDE uses both manual and automated systems to ensure reported contractor costs are reasonable and necessary. Manual systems include the audit and fiscal review processes described above. The CDE will reduce payment to the contractor for any reported costs that are deemed to not be reasonable or necessary. Staff follow-up with contractors in the event the contractor has findings of non-compliance in the annual audit or during a fiscal review. Additionally, the CDE's payment system includes controls to prevent payment of administrative and other costs that exceed allowable thresholds. The CDE provides follow-up TA in instances of disallowed costs due to reporting.

Other. Describe: N/A

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

Conduct a risk assessment of policies and procedures. Describe: N/A

Establish checks and balances to ensure program integrity. Describe: N/A  
Use supervisory reviews to ensure accuracy in eligibility determination.  
Describe: N/A

Other. Describe: \* Review of each child care and development service contractor at the local level by the CDE or other authorized representative using the following procedures:

- Agency annual self-review
- Categorical Program Monitoring (CPMs)/Contract Monitoring Reviews (CMRs) of each school or program under contract
- Sampling and review of individual agencies to estimate and reduce error rates.
- Enforcement of requirements.

Review of contractors or grantees that provide quality improvement activities encompasses the following tasks:

- Review of monthly invoices and progress reports.
- For those producing materials, review and approval of materials during development and prior to final production.
- For those conducting training, review of training plan, observation of training activities, and review of client evaluations of training activities.

- Verification of periodic independent evaluations of the efficiency and effectiveness of all of the major quality improvement activities of the contractors and grantees.

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Run system reports that flag errors (include types). Describe: N/A

Review enrollment documents and attendance or billing records.

Conduct supervisory staff reviews or quality assurance reviews.

Audit provider records.

Train staff on policy and/or audits.

Other. Describe: \*The CDE has staff analysts working in teams, full-time, reviewing files, identifying administrative errors, and assisting sub-recipients in crafting and implementing error rate reduction plans. Agency specific error rate estimates have been successful in identifying issues that impact future statewide estimates and reducing the instance of error. For all sub-recipients, an annual independent audit is required and reviewed by the CDE.

Actions taken: on-site reviews of sub-recipients to estimate and reduce errors, follow-up reviews to assess effective implementation of error rate reduction plans, and review of annual agency audits and completion of on-site audits of high-risk contractor by CDE auditors.

- b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Run system reports that flag errors (include types). Describe: N/A

Review enrollment documents and attendance or billing records.



- Conduct supervisory staff reviews or quality assurance reviews.
- Audit provider records.
- Train staff on policy and/or audits.
- Other. Describe: N/A

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: N/A
- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Other. Describe: \*The CDE has two teams working full-time reviewing files, identifying administrative errors, and assisting sub-recipients in crafting and implementing error rate reduction plans. Agency specific error rate estimates have been successful in identifying issues that impact future statewide estimates and reducing the instance of error. For all sub-recipients, an annual independent audit is required and reviewed by the CDE.

Actions taken: on-site reviews of sub-recipients to estimate and reduce errors, follow-up reviews to assess effective implementation of error rate reduction plans, and review of annual agency audits and completion of on-site audits of high-risk contractor by CDE auditors.

b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations.

\*Improper authorizations for payment typically result from administrative errors, not fraud. The cost of further investigation would entail additional field work, generating billings and an appeals process. The expense of these additional steps would exceed any potential recovery. Given the

relatively insignificant amount of funds identified as improper authorizations for payment the CDE believes that its resources are more effectively expended on improving practices that will decrease future error rates.

- c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: N/A
- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments. Describe: N/A

Other. Describe:

\*Provide training/best practices in fraud prevention, as well as, identifying potential fraud cases. Increasing clarity of program rules and internal controls to prevent fraud.

- d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: N/A
- Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

- Other. Describe: \*None: The CDE has two teams working full-time reviewing files, identifying administrative errors, and assisting sub-recipients in crafting and implementing error rate reduction plans. Agency specific error rate estimates have been successful in identifying issues that impact future statewide estimates and reducing the instance of error.

For all sub-recipients, an annual independent audit is required and reviewed by the CDE.

Actions taken: on-site reviews of sub-recipients to estimate and reduce errors, follow-up reviews to assess effective implementation of error rate reduction plans, and review of annual agency audits and completion of on-site audits of high-risk contractors by CDE auditors.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

\*The parent is provided a Notice of Action (NOA), termination of services. The NOA informs the parent of the following: The parent may appeal the NOA to the contractor and, if necessary, to the CDE within a 14/19 day timeframe. Termination of service is suspended during the appeal process. The CDE reimburses the contractor for services provided to the family during the appeal process.

Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. No appeal.

Prosecute criminally.

Other. Describe: N/A