



Child Care and Development Fund (CCDF) Plan

For

State/Territory:

Idaho

FFY 2014-2015

This Plan describes the CCDF program to be administered by the State/Territory for the period 10/1/2013 – 9/30/2015. 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 printed herein of applicable laws and regulations are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Form ACF-118 Approved OMB Number expires

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PART 1

ADMINISTRATION

This section provides information on how the CCDF program is administered, including the designated Lead Agency, funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and emergency preparedness plans and procedures.

1.1 Contact Information

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/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), §98.10)

Name of Lead Agency: Idaho Department of Health and Welfare
Address of Lead Agency: 450 W. State Street, Boise, ID 83702
Name and Title of the Lead Agency's Chief Executive Officer: Richard M. Armstrong, Director, Russell S. Barron, Division Administrator
Phone Number: (208) 334-5696
Fax Number: (208) 334-5817
E-Mail Address: armstrongr@dhw.idaho.gov; barronr@dhw.idaho.gov

Web Address for Lead Agency (if any):
<http://www.healthandwelfare.idaho.gov>

1.1.2. Who is the CCDF administrator? Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/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 entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: Genie Sue Weppner
[Title of CCDF Administrator: Program Manager](#)

Address of CCDF Administrator: 450 W. State Street, Boise, ID 83702
Phone Number: (208) 334-5656
Fax Number: (208) 334-5817
E-Mail Address: weppnerg@dhw.idaho.gov
Phone Number for CCDF program information (for the public) (if any):
208-334-5656
Web Address for CCDF program (for the public) (if any):
<http://www.healthandwelfare.idaho.gov>
Web address for CCDF program policy manual: (if any):
http://dhwportalp1/portals/manuals/selfreliance/iccp/iccp_handbook.htm
Web address for CCDF program administrative rules: (if any):
<http://adm.idaho.gov/adminrules/rules/idapa16/0612.pdf>

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

Name of CCDF Co-Administrator: _____
Title of CCDF Co-Administrator: _____
Address of CCDF Co-Administrator: _____
Phone Number: _____
Fax Number: _____
E-Mail Address: _____
Description of the role of the Co-Administrator: _____

1.2 Estimated Funding

1.2.1. What is your expected level of funding for the first year of the FY 2014 – FY 2015 plan period? The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

FY 2014 Federal CCDF allocation (Discretionary, Mandatory and Matching):
\$13,244,639.00
Federal TANF Transfer to CCDF: \$7,831,235.00
Direct Federal TANF Spending on Child Care: \$4,000,000.00
State CCDF Maintenance-of-Effort Funds: \$4,043,398.00
State Matching Funds: \$20,000.00

Reminder – Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2. Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply. Territories not required to meet CCDF Matching and MOE requirements should mark N/A here.

Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

Public funds 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 source of funds: State General Revenue

If known, identify the estimated amount of public funds the Lead Agency will receive: \$ 1,175,820

Private donated funds 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 number of entities designated to receive private donated funds and provide name, address, contact, and type _____

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

State expenditures for pre-k programs to meet the CCDF Matching Funds requirement. If checked,

Provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%): _____

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services: _____

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement: \$ _____

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

State expenditures for pre-k programs to meet the CCDF Maintenance of Effort (MOE) 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 98.53(h)(1).

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%): _____

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

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement: \$ _____

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

1 **1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015. Note: Funding estimate is limited to FY 2014-2015. In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.**

| Estimated Amount of CCDF Quality Funds For FY 2014 | Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available) | Purpose | Projected Impact and Anticipated Results (if possible) |
|---|---|--|---|
| <u>Infant/Toddler Targeted Funds</u> \$685,346 | <u>Mentor Coaching, Child Care Health Consultation, Professional Development, Resource and Referral, Academic Scholarships, Training Scholarships, QRIS program</u> | <u>To provide individualized support for providers to implement Quality Practices, training to improve health, safety and nutrition practices. Entry level, career lattice, & incentives for providers caring for Infants and Toddlers. Engage, and provide technical assistance and support to local providers in each Region. Provide Training and Academic Scholarships for those enrolled in Professional Development. Provide support for improving quality in child care facilities caring for Infants and Toddlers.</u> | |

| Estimated Amount of CCDF Quality Funds For FY 2014 | Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available) | Purpose | Projected Impact and Anticipated Results (if possible) |
|---|---|---|---|
| <u>School-Age/Child Care Resource and Referral Targeted Funds \$115,733</u> | <u>Mentor Coaching, Child Care Health Consultation, Professional Development, Resource and Referral, Academic Scholarships, Training Scholarships, QRIS program</u> | <u>To provide individualized support for providers to implement Quality Practices, training to improve health, safety and nutrition practices. Entry level, career lattice, & incentives for providers caring for school age children. Engage, and provide technical assistance and support to local providers in each Region. Provide Training and Academic Scholarships for those enrolled in Professional Development. Provide support for improving quality in child care facilities caring for Infants and Toddlers.</u> | |

| Estimated Amount of CCDF Quality Funds For FY 2014 | Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available) | Purpose | Projected Impact and Anticipated Results (if possible) |
|---|---|---|---|
| <u>Quality Expansion Targeted Funds \$1,183,393</u> | <u>Mentor Coaching, Child Care Health Consultation, Professional Development, Resource and Referral, Academic Scholarships, Training Scholarships, QRIS program</u> | <u>To provide individualized support for providers to implement Quality Practices, training to improve health, safety and nutrition practices. Entry level, career lattice, & incentives for providers caring for children</u> <u>Engage, and provide technical assistance and support to local providers in each Region.</u> <u>Provide Training and Academic Scholarships for those enrolled in Professional Development.</u> <u>Provide support for improving quality in child care facilities caring for Infants and Toddlers.</u> | |

| Estimated Amount of CCDF Quality Funds For FY 2014 | Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available) | Purpose | Projected Impact and Anticipated Results (if possible) |
|---|---|--|---|
| <u>Quality Funds (not including Targeted Funds) \$400,000</u> | <u>Mentor Coaching, Child Care Health Consultation, Professional Development, Resource and Referral, Academic Scholarships, Training Scholarships, QRIS program</u> | <u>To provide individualized support for providers to implement Quality Practices, training to improve health, safety and nutrition practices. Entry level, career lattice, & incentives for providers caring for children. Engage, and provide technical assistance and support to local providers in each Region. Provide Training and Academic Scholarships for those enrolled in Professional Development. Provide support for improving quality in child care facilities caring for Infants and Toddlers.</u> | |

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities? Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds are distributed to local entities

Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

- No, the Lead Agency will not distribute any quality funds directly to local entities
- Yes, all quality funds will be distributed to local entities
- Yes, the Lead Agency will distribute a portion of quality funds directly to local entities. Estimated amount or percentage to be distributed to localities _____
- Other. Describe. _____

1.3. CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11 (b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

The State of Idaho follows Generally Accepted Accounting Practices, has regular A133 audits, internal audits, and separation of duties. Budget reviews are held on a quarterly basis on all program budgets and financial reports are submitted to Program Managers, Administrators, and Bureau Chiefs on a monthly basis for their review.

1.3.2 Describe the processes the Lead Agency will use to monitor all sub-recipients. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure

compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

Division of Welfare Benefit Programs Contract Monitoring Standards Overview

This document defines the process used by Division of Welfare's Contracts and External Resource Management (CERM) Team to ensure that the standards, techniques, and criteria are consistent and timely. This document attempts to define actions to be taken and the decisions to be made during the monitoring process and clear communication process to all stakeholders.

Objectives

An effective monitor will provide information to the contract manager (also known as the business lead) on the contractor's performance, the effectiveness of the contract, and the quality of the service being delivered. It will also inform the contractor as to their success in meeting the objectives of the contract, alert them to possible performance improvement, identify best practices, and possible corrective action needed as a result of the monitor.

Prepare for the Monitoring

In order to prepare for the monitoring, the CERM Team:

- Reviews for accuracy or creates a monitoring tool that aligns with the scope of work and performance metrics of the contract to be monitored.
- Schedules the monitor.
- Informs the contractor of the schedule and what will be monitored. (facility, documents, etc.)
- Shares the schedule with the contract manager.
- Makes a random selection of records /documents if applicable.

Conduct the Monitoring

The CERM Team conducts the monitoring on or off site. The monitor team must determine the following:

- Did the contractor meet performance requirements?
- Did the contractor perform the services defined in the contract?
- Did the contractor perform the services on time?
- Were the deliverables (reports, services, surveys, software, products, and outcomes) delivered or achieved on time and in the required format?
- Did the services meet the Department's expected (and defined) standard?
- Were the services billed on the invoice actually delivered?
- Did the contractor comply with the rules, regulations, and policies as outlined by the Department?

Analyze Potential Findings with the Contract Manager

If any of these items were found deficient, the monitor team meets with the contract manager to discuss possible adverse conditions and determine the severity of each.

Developing and organizing deficiencies is critical to the process. It will assist in determining whether all pertinent information was obtained during the monitor and facilitate discussions and decisions related to the potential findings. Each finding will be supported with specific examples and concrete details. The following steps should be utilized in order to identify possible adverse conditions, their severity, and communicate that to the contract manager.

Compare the Condition with the Criteria

Most findings originate with comparisons of "what is" (the condition) with "what should be" (the criteria). Criteria are the standard for measuring performance or the goals to be achieved. Examples of criteria include laws, regulations, policies, procedures, management principles, good business practices, contract scope of work, accurate and complete case files, system updates, and performance standards.

For example: If voucher payments are found to have no supporting documentation to support their use (condition) and our criteria (scope of work) require that all vouchers are supported by documentation to verify the voucher use and purpose, the condition does not support the criteria.

Another example may be that case management charges are being processed for cases (condition) but no documentation is found in the case to support the expense (criteria) as outlined in the scope of work, the condition does not support the criteria. Final example, the agency does not have written procedures in place to refer clients to Child Support Services (condition) as required by Federal Regulations (criteria).

Determine the Severity of a Deficiency

The adverse conditions should be identified, discussed, and documented in terms of the following attributes:

- **Cause:** Cause describes how or why the condition came about and is the reason for the difference between what is and what should be (why the condition happened). It is very important that each finding include an attempt to identify the underlying root causes of the conditions reported. Establishing cause and effect relationships is often the most difficult part the monitoring process, but is essential in order to identify the basic weakness that allowed a deviation to occur and to design a constructive recommendation. For example, the team may determine the cause relates to:
 - Lack of procedures or management controls.
 - Failure to follow established procedures or controls.
 - Misinterpretation of established procedures or controls.
 - Fraud, abuse or neglect.

- **Effect.** Effect tells what resulted from the condition, or the associated risk and its significance. It is important to identify the effect even though it might be difficult to identify the underlying root causes of the conditions identified. The teams must demonstrate whether an adverse condition found is an

isolated example or widespread and the rate or frequency of occurrence. The attention that a finding gets depends largely on its significance, as judged by effect. Where possible, the effect should be expressed in quantitative terms (dollars, units of production, resources, etc.)

Examples include unnecessary expenditures, inefficiencies because of duplication of effort, costs associated loss of goods or inventory, violation of federal regulations resulting in a penalties, and improper use of funds. If the actual effect cannot be determined, comments should be made on the potential effect.

When a difference is identified between the condition and the criteria and the severity of the deficiency is determined, the next step is to identify if the result is a finding, serious concern or warrants a comment/recommendation:

- **A Finding** is a serious performance or process error that is in violation of the contract or that puts the ability of the contractor to carry out the contract requirements at risk. Whether or not it is a finding depends on the cause and/or the effect. If the cause is such that its effect would be widespread and/or significant, then it is a finding. When there is a finding, the contractor is required to respond in some manner that will correct or prevent the finding from happening in the future.
- **Concern/Serious Concern** is a less serious performance or process error that is not in violation of the contract. However, the error is a concern because its cause and effect could be widespread and/or significant for potential non-compliance. When there is a serious concern noted, the contractor is required to respond in some manner the will correct or prevent the error from happening in the future.
- **FYI/comment/suggestion** may be suggestions for improvement, compliments, or comments regarding best practices. The contractor is not required to respond and is not required to comply with the suggestion.

Submit Initial Results Report

The team submits the initial results of the monitoring to the contractor within ten business days of the monitor.

If there are no deficiencies the process moves to Final Results. The contractor has ten business days to respond to any deficiencies with a clearance request. If there is no request, the process moves to Final Results.

Remedy the Deficiencies

Within ten days of receipt of contractor's response, the CERM Team collaborates with the contract manager to accomplish the following:

- Make decisions on any clearance requests made by contractor.
- Determine a remedy and/or penalty for any deficiency that still stands.
- Remedies include:
- Performance Improvement Plan

- Reimbursement
 - Penalties include:
 - Financial
 - Corrective Action
 - Termination of Contract
- Targeted monitoring may be performed as determined by the contract manager.

If consensus is not reached on these decisions, the contract manager has the final decision. However, if the Bureau Chief over Compliance and Support believes the risk to contract standards is too high, the decision is escalated to the Welfare Administrator.

Submit Final Results

The monitor team will submit final results to contractor, contract manager, Division of Welfare Administrator, and Bureau Chief over Compliance and Support.

If there were findings, the contractor will be given a date by which to submit reimbursement, performance improvement, or corrective action plan.

If the submission is approved by the CERM Team, appropriate follow-up will be scheduled.

If the submission is not approved, the CERM Team and contractor will negotiate a plan that sufficiently addresses the deficiency (ies) until a consensus is reached.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review process (98.100)**. Check which activities, if any, the Lead Agency has chosen to conduct.

| Type of Activity | Identify Program Violations | Identify Administrative Error |
|--|-------------------------------------|--------------------------------------|
| Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid)) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Run system reports that flag errors (include types) | <input type="checkbox"/> | <input type="checkbox"/> |
| Review of attendance or billing records | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Audit provider records | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Type of Activity | Identify Program Violations | Identify Administrative Error |
|--|-------------------------------------|-------------------------------------|
| Conduct quality control or quality assurance reviews | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct supervisory staff reviews | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Conduct data mining to identify trends | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Train staff on policy and/or audits | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other. Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| None | <input type="checkbox"/> | <input type="checkbox"/> |

For any option the Lead Agency checked in the chart above other than none, please describe

Child Care eligibility workers have access to the SNAP, Medicaid, and TANF eligibility system to verify income and household composition and other information contained in this system that is pertinent to Child Care Subsidy eligibility.

Child Care eligibility workers do not have access to data matched by other systems but SNAP, Medicaid and TANF staff do, so information has been verified through those systems for individuals receiving child care assistance and those other benefits. Fraud Investigation unit also utilizes PARIS when confirming child care eligibility information.

Fraud Investigation unit will conduct a review of attendance or billing records and audit other provider records when conducting a fraud investigation.

Supervisors conduct regular file reviews on new and veteran staff to insure that eligibility is calculated correctly.

Fraud Investigation unit runs reports from the Idaho Child Care Program eligibility system such as a report of all providers whose addresses coincide with parent recipient addresses.

Training is provided by a state wide training unit when there are changes in rule, policy or process.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error?

Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as

defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

| Strategy | UPV | IPV and/or Fraud | Administrative Error |
|---|-------------------------------------|-------------------------------------|--------------------------|
| Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount <u>\$1</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recover through repayment plans | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reduce payments in subsequent months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recover through State/Territory tax intercepts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recover through other means. Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establish a unit to investigate and collect improper payments. Describe composition of unit: _____ | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other. Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For any option the Lead Agency checked in the chart above other than none, please describe

Idaho has a fraud investigation unit that investigates fraud. The Division of Financial Services operates a collection unit that is responsible to collect overpayments and improper payments from benefit recipients. This unit negotiates a plan with the individual, tracks, and collects the payments until the over payment/improper payment is paid off.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

None

Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified

A client may be disqualified as a result of an intentional false or misleading action or statement, Intentional Program Violation (IPV). Failure to comply with a negotiated repayment agreement is also considered an IPV and will result in loss of the family's eligibility to receive child care benefits.

When the Department determines an IPV was committed, the party who committed the IPV loses eligibility for child care subsidy. The entire family is ineligible for child care benefits. The period of ineligibility for each offense, for clients is: 1st offense, 12

months or the length if time specified by the court. 2nd offense, 24 months or length specified by the court. 3rd offense, permanent ineligibility.

Clients may appeal Department decisions and are given contact information as part of the notice of decision. Clients must submit their request to appeal the decision within 28 days of the date the notice is mailed. Each notice has information on how to appeal.

Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified
The Department may disqualify providers if they commit an IPV which includes failure to repay an overpayment. Providers are subject to the same lengths of disqualification that are mentioned above.

Prosecute criminally
 Other. Describe. _____

1.3.6. Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark N/A here.

| Activities identified in ACF-402 | Cause/Type of Error (if known) | Actions Taken or Planned | Completion Date (Actual or planned) (if known) |
|---|--------------------------------|--|---|
| <p><u>Since errors were primarily in the basic eligibility processes, the quality improvement focuses on the eligibility processing.</u></p> <p><u>The improvement initiatives are:</u></p> <p><u>1. Rules: Modify rules to remove duplication and add clarity regarding computation of activity hours.</u></p> | | <p><u>1. Rule modification.</u></p> <p><u>2. Process Manual update and clarification.</u></p> <p><u>3. Back-to-basics training began 9-2010 and is ongoing with training on various elements of the eligibility process conducted each month.</u></p> <p><u>4. Target reviews on initial applications.</u></p> | <p><u>1. Rule modification completed 4-2011.</u></p> <p><u>2. Process Manual update and clarification completed 1-2011.</u></p> <p><u>3. Back-to-basics training began 9-2010 and is ongoing.</u></p> <p><u>4. Target initial application reviews</u></p> |

| | | | |
|---|--|--|-----------------------------|
| <p><u>2. Process Manual: Develop and implement an electronic Process Manual to set the processing, documentation, and verification standards and provide step-by-step instructions for staff to follow.</u></p> <p><u>3. Training: Provide back-to-basics training based on new processes and standards.</u></p> <p><u>4. Targeted Reviews: Develop and implement Child Care targeted reviews that will be completed on a monthly basis by supervisors and principal workers. The reviews will assure the staff is following the rules and processes and meeting the standards set in the Process Manual.</u></p> | | | <p><u>began 4-2011.</u></p> |
|---|--|--|-----------------------------|

1.4. Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1. Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

| | Agency/Entity | Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan |
|--|---|--|
| <input checked="" type="checkbox"/> | <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p> | <p><u>Representatives of these governmental organizations serve on the Idaho Child Care Program Advisory Panel. Central District Health Department City of Chubbuck Police Department, Tribal representatives, Idaho Voices for Children, Idaho Catholic Charities</u></p> |
| For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan. | | |
| <input checked="" type="checkbox"/> | <p>State/Territory agency responsible for public education</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p> | <p><u>Representatives of educational organizations serve on the Idaho Child Care Program Advisory Panel. The panel advised on the contents of the plan. University of Idaho Child Development, North Idaho College</u></p> |
| <input checked="" type="checkbox"/> | <p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p> | <p><u>Representatives serve on the Idaho Child Care Program Advisory Panel. The panel advised on the contents of the plan. University of Idaho Center on Disabilities and Human Development, Idaho Infant Toddler Program Idaho Head Start Association</u></p> |
| <input checked="" type="checkbox"/> | <p>State/Territory agency responsible for licensing (if separate from the Lead Agency)</p> | <p><u>State licensing staff are included in the Idaho Child Care program Advisory panel meetings as staff. The panel advised on the contents of the plan.</u></p> |
| <input checked="" type="checkbox"/> | <p>State/Territory agency with the Head Start Collaboration grant</p> | <p><u>The child care plan components are reviewed at the Head Start Collaboration Council since it is part of the Early Childhood</u></p> |

| | Agency/Entity | Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan |
|---|--|---|
| | | <u>Coordinating Council and the plan was reviewed by this council.</u> |
| ☒ | Statewide Advisory Council authorized by the Head Start Act | <u>The Early Childhood Coordinating council (SECCS) that also serves as the Council for the Infant Toddler/Head Start Collaboration programs. The child care plan components are reviewed by these councils.</u> |
| ☒ | Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services | <u>Representatives of these organizations serve on the Idaho Child Care Program Advisory Panel. The panel advised on the contents of the plan.</u> <u>Coeur d'Alene Tribe Early Childhood Learning Center and other Child Care Providers</u> |
| ☐ | State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) | |
| ☒ | State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant | <u>The State Child Care Administrator is on the Home Visiting Steering Committee.</u> |
| ☒ | State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health) | <u>Representatives of these organizations serve on the Idaho Child Care Program Advisory Panel. The panel advised on the contents of the plan.</u> <u>Central District Health Department</u> |
| ☒ | State/Territory agency responsible for child welfare | <u>Representatives of child welfare serve on the Idaho Child Care Program Advisory Panel as staff. The panel advised on the contents of the plan.</u> |
| ☐ | State/Territory liaison for military child care programs or other military child care representatives | |
| ☒ | State/Territory agency responsible for employment services/workforce development | <u>Child Care Administrator serves on the Work Force Development Council's working council.</u> |

| | Agency/Entity | Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan |
|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | State/Territory agency responsible for Temporary Assistance for Needy Families (TANF) | <u>The program manager serving as the State Child Care Administrator and the TANF program manager work in the same division and share a policy specialist.</u> |
| <input checked="" type="checkbox"/> | Indian Tribes/Tribal Organizations <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State | <u>Tribal representatives serve on the Idaho Child Care Program Advisory Panel. The panel advised on the contents of the plan.</u> <u>Coeur d'Alene Tribe Early Childhood Learning Center</u> |
| <input type="checkbox"/> | Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21 | |
| <input checked="" type="checkbox"/> | Provider groups, associations or labor organizations | <u>Providers serve on the Idaho Child Care Program Advisory Panel. The panel advised on the contents of the plan. There is a continuous effort to recruit family child care providers to serve on the Panel.</u> |
| <input type="checkbox"/> | Parent groups or organizations | |
| <input checked="" type="checkbox"/> | Local community organizations (child care resource and referral, Red Cross) | <u>Representatives of the Resource and Referral agency serve on the Idaho Child Care Program Advisory Panel as staff. The panel advised on the contents of the plan.</u> |
| <input checked="" type="checkbox"/> | Other | <u>Representatives from the Early Childhood Coordinating Council serve on the Idaho Child Care Advisory Panel. The panel advised on the contents of the plan.</u> |

1.4.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description should include:

- a) Date(s) of notice of public hearing: June 3, 4, 5, 2013 **Reminder** - Must be at least 20 days prior to the date of the public hearing.
- b) How was the public notified about the public hearing? Newspaper Public Notices in each region of the state
- c) Date(s) of public hearing(s): June 24, 3013 from 4:30 to 5:30 Pm Mountain Daylight Time **Reminder** - Must be no earlier than 9 months before effective date of Plan (October 1, 2013).
- d) Hearing site(s): Department of Health and Welfare P.T. Cenarrussa Building, 450 W. State St, 2nd floor conference room, Boise Idaho, 83702
- e) How was the content of the Plan made available to the public in advance of the public hearing(s)? Accessible on the State of Idaho Web site and in hard copy available upon request
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Please submit any written comments or requests to Genie Sue Weppner, 450 W. State Street 2nd floor, Boise Idaho, 83702 Any comments will be attached to the plan submission as an attachment or incorporated into the plan if appropriate.

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

Idaho will engage a number of advisory groups to gather input for the plan, and utilize print and web applications to notify the public and make the plan available for review.

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a), (b), §98.16(d)).

Definition - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

Note: Descriptions of how governments are organized for each State are provided at: http://www2.census.gov/govs/cog/all_ind_st_descr.pdf.

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

| <p>Agency/Entity (check all that apply)</p> | <p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p> | <p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p> | |
|--|--|---|--|
| <p><input checked="" type="checkbox"/></p> | <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local education representatives, or local public health agencies.</p> | <p><u>Idaho has a multi-faceted child care licensing system that includes City Licensing Ordinances. We continue to work with the Association of Cities to communicate and coordinate licensing efforts. Local Public Health Districts contract with the Department to conduct Health and Safety inspections. We meet on a bi-monthly basis to coordinate activities.</u></p> | <p><u>City and state licensing efforts are aligned. Effectively coordinate health and safety inspections with licensing activities and Idaho Child Care certification so that these processes are effective.</u></p> |
| <p><input checked="" type="checkbox"/></p> | <p>State/Territory agency responsible for public education (required)</p> | <p><u>Idaho Child Care Advisory Panel holds a</u></p> | <p><u>The Department of Education in Idaho defines its educational</u></p> |

| <p>Agency/Entity (check all that apply)</p> | <p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p> | <p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p> |
|---|--|---|
| | <p><u>seat for the Department of Education which is vacant at the moment. Efforts continue to be made to fill this position.</u></p> | <p><u>responsibilities to children grades kindergarten through 12th grade. Pre-school activities are limited to children with disabilities and an occasional school district that offers other preschool services to its community.</u></p> |
| <p><input checked="" type="checkbox"/> Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services (required)</p> | <p><u>University of Idaho Center on Disabilities and Human Development is the contractor that provides professional development, resource and referral services.</u></p> | <p><u>Continuous focus on providing quality child care services for children with disabilities.</u></p> |

| Agency/Entity (check all that apply) | Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services | Describe results expected from the coordination |
|--|--|---|
| <input checked="" type="checkbox"/> State/Territory agency responsible for public health (required) <input checked="" type="checkbox"/> This may include, but is not limited to, the agency responsible for immunizations and programs that promote children’s emotional and mental health | <u>Idaho Contracts with the District Health Departments for all child care inspections related to the subsidy program and to State licensing.</u> | <p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p> <p><u>Quality health and safety inspections and increased numbers of children with current immunizations.</u></p> |
| <input checked="" type="checkbox"/> State/Territory agency responsible for employment services / workforce development (required) | <u>State Child Care Administrator works closely with the TANF Program Manager who serves on the Workforce Development Council work group for Idaho. This group meets quarterly to coordinate and discuss Idaho workforce issues.</u> | <p><u>Members of the Workforce Development working group understand and value the need for quality early childhood programs. Regular efforts to communicate early childhood issues to the Workforce Development Council are made at semi-annual working group meetings.</u></p> |
| <input checked="" type="checkbox"/> State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies (required) | <u>The TANF Program is operated out of the same division as the Child Care Program. Both program managers</u> | <p><u>Families receiving TANF cash benefits in Idaho receive quality child care while they are receiving cash assistance and participating in</u></p> |

| Agency/Entity (check all that apply) | Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services | Describe results expected from the coordination Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies. | |
|---|--|--|--|
| | <u>work closely and share a policy specialist.</u> | <u>required activities.</u> | |
| <input checked="" type="checkbox"/> | Indian Tribes/Tribal Organizations (required) <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State | <u>Idaho holds three meetings annually to coordinate Benefit program activities that both the Tribes and the State provide. These include TANF, SNAP, Medicaid, Child Care, and Child Support Enforcement.</u> | <u>Avoid duplication of services.</u> <u>Consult with Tribes when making adjustments in programs.</u> |
| <u>For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery</u> | | | |
| <input checked="" type="checkbox"/> | State/Territory agency with the Head Start Collaboration grant | <u>The Head Start Collaboration Grant Director supports the development and the implementation of the Early Learning Guidelines</u> | <u>Early Childhood services are aligned</u> |
| <input type="checkbox"/> | State/Territory agency responsible for Race to the Top – Early Learning Challenge (RTT-ELC) <input checked="" type="checkbox"/> N/A: State/Territory does | | |

| Agency/Entity (check all that apply) | Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services | Describe results expected from the coordination Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies. |
|--|--|--|
| <input type="checkbox"/> not participate in RTT-ELC | | |
| <input type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) | | |
| <input checked="" type="checkbox"/> State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs | <u>The Division of Welfare is responsible for the Idaho Child Care Program subsidy and quality activities. The Division of Family and Children Services is responsible for the Infant Toddler program.</u> <u>Both Divisions are within the Department of Health and Welfare and both Division Administrators report to the same Deputy Director.</u> | <u>Coordinate early childhood service so that they address the needs of children with disabilities.</u> |
| <input checked="" type="checkbox"/> State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant | <u>The State Child Care Administrator is on the Home Visiting Steering Committee.</u> | <u>Early childhood services are coordinated.</u> |
| <input checked="" type="checkbox"/> State/Territory agency responsible | <u>The Division of</u> | <u>Early childhood</u> |

| Agency/Entity (check all that apply) | Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services | Describe results expected from the coordination Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies. | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> | for child welfare | <u>Welfare is responsible for the Idaho Child Care Program subsidy and quality activities. The Division of Family and Children Services is responsible for Child Welfare. Both Divisions are within the Department of Health and Welfare and both Division Administrators report to the same Deputy Director.</u> | <u>services are coordinated.</u> |
| <input type="checkbox"/> | State/Territory liaison for military child care programs or other military child care representatives | | |

| <p>Agency/Entity (check all that apply)</p> | <p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p> | <p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p> | |
|--|---|---|--|
| <input checked="" type="checkbox"/> | <p>Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21</p> | <p><u>Idaho's QRIS includes Strengthening Families as one of the requirements.</u></p> | <p><u>Providers use the 5 Protective Factors when interacting with parents. Parents get help they may need. Relationships between parent and provider are strong and effective. Children receive better quality and more loving and secure care from both parents and providers.</u></p> |
| <input checked="" type="checkbox"/> | <p>Local community organizations (child care resource and referral, Red Cross)</p> | <p><u>Idaho Department staff meet monthly with the Resource and Referral.</u></p> | <p><u>Resource and Referral staff understands Department activities, can explain them accurately to providers, and help providers understand state regulations and programs.</u></p> |
| <input type="checkbox"/> | <p>Provider groups, associations or labor organizations</p> | | |
| <input type="checkbox"/> | <p>Parent groups or organizations</p> | | |
| <input type="checkbox"/> | <p>Other</p> | <p><u>The Division of Welfare is responsible for the Idaho Child Care Program subsidy and quality</u></p> | <p><u>CCDF budget is managed effectively taking into account subsidy needs and quality improvement needs.</u></p> |

| Agency/Entity (check all that apply) | Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services | Describe results expected from the coordination Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies. |
|---|--|--|
| | <u>activities. The Division of Family and Children Services is responsible for Licensing. Both Divisions are within the Department of Health and Welfare and both Division Administrators report to the same Deputy Director. CCDF is used to fund all licensing activities.</u> | <u>Communication with providers is coordinated and clear.</u> |

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

- Yes. If yes,
- a) Provide the name of the entity responsible for the coordination plan(s):
 - b) Describe the age groups addressed by the plan(s):
 - c) Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):
 - Yes
 - No

- d) Provide a web address for the plan(s), if available: _____
 No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs?

(658D(b)(1)(D), §98.14(a)(1)) Check which entity (ies), if any, the State/Territory has chosen to designate.

- State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

Early Childhood Coordinating Council, birth through eight. The council is appointed by the Governor and also serves statutorily as the Infant Toddler Council and the Head Start Collaboration Council. There is also a Idaho Child Care Program Advisory Council that is appointed by the Governor and serves to provide advice to the Department on the activities, policies and processes for all activities funded with CCDF funds.

- State Advisory Council (as described under the Head Start Act of 2007).
If yes, describe entity, age groups and the role of the Lead Agency

- Local Coordination/Council
If yes, describe entity, age groups and the role of the Lead Agency

- Other.
Describe _____

- None

1.5.4. Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

Yes. If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership
Idaho engages in a public private partnership between the Department, University of Idaho, local Health Districts and IdahoAEYC. As a result, these agencies carry out quality improvement activities such as health and safety inspections, QRIS, Professional Development Systems, and licensing and provider certification activities.

- No.

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and

key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: <http://www.acf.hhs.gov/programs/occ/resource/im-2011-01>

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developed.** A plan has been developed as of [] and put into operation as of [], if available. Provide a web address for this plan, if available: pl

Other. Describe: Idaho borrowed Montana's emergency preparedness plan for providers to use. The plan is called Your Inventory for Keeping Everyone Safe (YIKES) and is included in the "New Provider" Orientation and during each site visit conducted at least annually by the local Child Care Consultant. A booklet and a wall handout are provided to each provider. It is provided to both new and existing providers. The plan addresses continuation of child care services and relocation planning. It provides steps providers can take after the emergency that will provide some assurance for rebuilding child care after the disaster. The Division of Welfare has a COOP plan that provides assurance that the benefit services will not be interrupted. In keeping with the Idaho philosophy to keep government small, there is no requirement that providers have an emergency preparedness plan. The Division of Welfare, Regional Health Districts, and Division of Family and Children Services has an agreed upon document that describes steps to be taken in the event of an Emergency or Disaster. That document identified the guiding philosophy to be prepared to respond to the needs of children in child care in the event of an emergency and who should be contacted to coordinate all activities related to the disaster. The document does not specifically address specific actions related to regulatory requirements, provision of temporary service, or restoration of services. It identifies key contacts and agencies that will need to be mobilized to find solutions to the issues related to the nature of the disaster.

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

- Planning for continuation of services to CCDF families
- Coordination with other State/Territory agencies and key partners
- Emergency preparedness regulatory requirements for child care providers
- Provision of temporary child care services after a disaster

- Restoring or rebuilding child care facilities and infrastructure after a disaster
- None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

This section focuses on the child care assistance program. Lead Agencies are asked to describe their efforts to inform parents about the CCDF subsidy program and application policies and procedures, eligibility criteria, sliding fee scale, payment rate policies and procedures, and how Lead Agencies ensure continuity of care and parental choice of high quality settings for families.

2.1. Administration of the Program

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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

- Eligibility rules and policies (e.g., income limits) are set by the:
 - State/Territory
 - Local entity. If checked, identify the type of policies the local entity (ies) can set _____
 - Other. Describe: _____
- Sliding fee scale is set by the:
 - State/Territory
 - Local entity. If checked, identify the type of policies the local entity (ies) can set _____
 - Other. Describe: _____
- Payment rates are set by the:
 - State/Territory
 - Local entity. If checked, identify the type of policies the local entity (ies) can set _____
 - Other. Describe: _____

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency (ies) performs these CCDF services and activities.

| Implementation of CCDF Services/Activities | Agency (Check all that apply) |
|--|--|
| <p>Who determines eligibility?</p> <p>Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe: _____</p> | <p><input checked="" type="checkbox"/> CCDF Lead Agency</p> <p><input checked="" type="checkbox"/> TANF agency</p> <p><input type="checkbox"/> Other State/Territory agency. Describe. _____</p> <p><input type="checkbox"/> Local government agencies such as county welfare or social services departments</p> |

| Implementation of CCDF Services/Activities | Agency (Check all that apply) |
|---|--|
| | <input type="checkbox"/> Child care resource and referral agencies <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other. Describe. _____ |
| Who assists parents in locating child care (consumer education)? | <input checked="" type="checkbox"/> CCDF Lead Agency <input checked="" type="checkbox"/> TANF agency <input type="checkbox"/> Other State/Territory agency. Describe. _____ <input type="checkbox"/> Local government agencies such as county welfare or social services departments <input checked="" type="checkbox"/> Child care resource and referral agencies <input checked="" type="checkbox"/> Community-based organizations <input type="checkbox"/> Other. Describe. _____ |
| Who issues payments? | <input checked="" type="checkbox"/> CCDF Lead Agency <input checked="" type="checkbox"/> TANF agency <input type="checkbox"/> Other State/Territory agency. Describe. _____ <input type="checkbox"/> Local government agencies such as county welfare or social services departments <input type="checkbox"/> Child care resource and referral agencies <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other. Describe. _____ |
| Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc) | The payment is issued to the provider on behalf of the parent via electronic transfer or state warrant whichever the provider wishes. |
| Other. List and describe: _____ | |

2.2. Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

- CCDF Lead Agency
- TANF offices
- Other government offices
- Child care resource and referral agencies
- Contractors
- Community-based organizations
- Public schools
- Internet (provide website): www.211.idaho.gov, <http://idahostars.org/> or www.healthandwelfare.idaho.gov/children/ChildCareAssistance
- Promotional materials

- Community outreach meetings, workshops or other in-person meetings
- Radio and/or television
- Print media
- Other. Describe: _____

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

- In person interview or orientation
- By mail
- By Phone/Fax
- Through the Internet (provide website) _____
- By Email
- Through a State/Territory Agency
- Through an organization contracted by the State/Territory
- Other. Describe: Idaho has an internet site that allows individuals who are receiving SNAP, Medicaid, TANF or Child Care subsidy to view their benefits. Recipients can log on to the site and create an account. The account will allow child care subsidy recipients a limited view of their application status. This view will be expanded when the programs eligibility system is moved from the old legacy system to the new Idaho Benefit Eligibility System. The work to migrate the child care program information into the Idaho Benefit Eligibility System is expected to begin in 2014.

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers in their communities.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices(658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available. Idaho utilizes informational brochures, websites, informed choice discussions with case workers, Idaho 2-1-1 Careline, Quality Rating Improvement System ratings, and a contract with the Resource and Referral Agency in the state to provide consumer education to families seeking child care.

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory. For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such

as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities. Idaho provides a Voluntary Professional Development System (PDS) and Quality Rating and Improvement System (QRIS). Provider involvement is encouraged with cash incentives and scholarships. Each year more providers enroll in the PDS and QRIS. A consumer education marketing effort is being developed and will be launched in the next year to further encourage parents to choose quality child care and encourage providers to enroll in the PDS/QRIS. The State is in the middle of redefining the co-pay structure so that it lends itself to tiered reimbursement. Market rates are being studied with an emphasis on implementing a tiered reimbursement system over the next two years.

2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies implemented by your State/Territory.

- Provide access to program office/workers such as:
 - Providing extended office hours
 - Accepting applications at multiple office locations
 - Providing a toll-free number for clients
 - Email/online communication
 - Other. Describe: _____
- Using a simplified eligibility determination process such as:
 - Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
 - Developing a single application for multiple programs
 - Developing web-based and/or phone-based application procedures
 - Coordinating eligibility policies across programs. List the program names _____
 - Streamlining verification procedures, such as linking to other program data systems
 - Providing information multi-lingually
 - Including temporary periods of unemployment in eligibility criteria (job search, seasonal unemployment). Length of time Limited to the month in which the job was lost.
(Note: this period of unemployment should be included in the Lead Agency's definition of working, or job training/educational program at 2.3.3).
 - Other. Describe: Idaho received a Ford Foundation Planning Grant in 2011 to improve access and simplify eligibility for benefit programs. An additional implementation grant was awarded in 2012. The Idaho Child Care Program is one of the programs targeted for strategies to improve access and simplification of program requirements. Some of the strategies employed was simplifying the calculation of eligible activities and reducing them to full-time (anything 25 hrs a week or over) and part time (anything 24 hours a week and under) and reducing the reporting requirements with the hope of reducing the number of times a person risks being closed.
 - Other. Describe: _____

None

2.2.6. Describe the Lead Agency's policies to promote continuity of care for children and stability for families. Check the strategies, if any, that your State/Territory has chosen to implement.

- Provide CCDF assistance during periods of job search. Length of time Families who are participating in Enhanced Work Programs funded by TANF, Office of Refuge Resettlement funding, or homeless shelters with structured case management. The period of time allowed for job search is limited by the period of time a person is eligible for TANF (24 months life time limit in Idaho) or ORR (8 months only) assistance and individuals who are homeless.
- Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)
- Synchronize review date across programs. List programs: _____
- Longer eligibility re-determination periods (e.g., 1 year). Describe _____
- Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs. Describe _____
- Extend periods of eligibility for school-age children under age 13 to cover the school year. Describe _____
- Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment
- Individualized case management to help families find and keep stable child care arrangements. Describe _____
- Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year
- Other. Describe Restructuring the eligible hours from actual to full-time and part-time and reducing reportable changes provides more stable and dependable child care subsidy payment during the 6 month redetermination period. Reducing the number of changes that need to be reported or the swings in payment that may occur because of slight changes in work hours reduces the possibilities that a family may be closed or find their payments have increased suddenly and are unmanageable.
- None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages

- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Outreach Worker
- Other: The Resource and Referral contractor employs a non-English native speaker to conduct out-reach to Hispanic and other families and potential providers. The child care eligibility unit has a single point of contact for all refugees applying for child care assistance. In addition, refugee resettlement agency job developers are working with IdahoSTARS to recruit refugees as child care providers or employees of child care centers while connecting them with the Professional Development System benefits.
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered Spanish

2.2.8. How will the Lead Agency overcome language barriers with providers? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Other: The Resource and Referral contractor employs a non-English native speaker to conduct out reach to Hispanic and other families and potential providers. The language line is used by state staff and contractors when necessary. The Resource and Referral Agency works closely with the Idaho Office of Refugees resources when communicating with refugees who are in the business of providing child care.
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered Spanish

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a)) Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available www.healthandwelfare.idaho.gov/children/ChildCareAssistance

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration

status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes. (ACYF-PI-CC-98-08) States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing *in loco parentis*, or other household members have not provided information regarding their immigration status.

| The Lead Agency requires documentation of: | Describe how the Lead Agency documents and verifies applicant information: |
|---|---|
| <input checked="" type="checkbox"/> Applicant identity | <u>Social Security number information in other benefit systems. In addition, Idaho has an automated verification system that is used by SNAP and Medicaid program workers called e-verify. This system interfaces with other systems such as vital statistics, Social Security, Dept of Labor, Child Support, and other automated systems that is used to verify income and identity of all family members.</u> |
| <input checked="" type="checkbox"/> Household composition | <u>Household declaration or information in other benefit systems</u> |
| <input type="checkbox"/> Applicant's relationship to the child | |
| <input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.) | <u>As declared by the applicant or information in other benefit systems</u> |
| <input checked="" type="checkbox"/> Work, Job Training or Educational Program | <u>Work verification or class schedules or collateral contact with employer or school.</u> |
| <input checked="" type="checkbox"/> Income | <u>Work verification, pay stubs, and collateral contact with employer</u> |
| <input type="checkbox"/> Other. Describe | |

2.2.10. 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 Staff have up to 30 days to complete an application, but the expectation is that they will do 75% or more in 5 days. This information is tracked and reported at a monthly performance management review for all benefit programs.
- Track and monitor the eligibility determination process
- Other. Describe Case management activities related to processing an application are now tracked in the IBES eligibility system. That allows us to see the status of all applications, track applications, track work on cases, identify who worked a case, and report on all application or redetermination activity.
- None

2.2.11. Are the policies, strategies or processes provided in questions 2.2.1. through 2.1.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

- Yes. If yes, describe: _____
 No.

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

The regulations at §98.33(b) require the Lead Agency 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 under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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 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:

State/Territory TANF Agency
Idaho Department of Health and Welfare, Division of Welfare

- b) Provide the following definitions established by the TANF agency.

- "appropriate child care": Exceptions will be made on a case-by-case basis by a reasonable person concept. Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances.
- "reasonable distance": Exceptions will be made on a case-by-case basis by a reasonable person concept.
- "unsuitability of informal child care": Exceptions will be made on a case-by-case basis by a reasonable person concept. Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances.
- "affordable child care arrangements": Exceptions will be made on a case-by-case basis by a reasonable person concept. Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances

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

- In writing
- Verbally
- Other: _____

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State’s median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

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

- residing with - We do not define “residing with.” However, we believe that the definition of "family composition" is the equivalent to "residing with". We define Family composition as a group of individuals living in a common residence, whose combined income is considered in determining eligibility and the child care benefit amount. No individual may be considered a member of more than one family in the same month.
- in loco parentis – Acting “in Loco parentis” means a person who acts in place of a parent, assuming care and custody of a child by a formal or informal agreement with the child’s parent.

2.3.2. Eligibility Criteria Based Upon Age

a) The Lead Agency serves children from 1 weeks to 13 years (may not equal or exceed age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes, and the upper age is 18 (may not equal or exceed age 19) .
Provide the Lead Agency definition of *physical or mental incapacity* –

No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Yes, and the upper age is _____ (may not equal or exceed age 19)
 No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

a) How does the Lead Agency define “working” for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder – Lead Agencies have the flexibility to include any work-related activities in its definition of working including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))

- working – The parent must be currently employed. Restrictions apply for self-employment. For the first six months of benefit assistance, actual activity hours are used to determine benefit assistance for a parent who is self-employed. After receiving six months of benefit assistance, the number of self-employment activity hours that will be used to calculate benefits can be limited for a parent who is self-employed.
- To calculate the activity hours allowed, the gross monthly self-employment income is divided by the current federal minimum hourly wage to determine the number of self-employment activity hours allowed. The lesser of the calculated activity hours or actual activity hours will be used to determine the benefit assistance.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

- Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? Provide a narrative description below.

Reminder – Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

- attending job training or educational program – The parent is attending an accredited education or training program. The following restrictions apply to training or education activities:
- a. On-line classes cannot be counted as a qualifying activity for child care.
- b. Persons with baccalaureate degrees or who are attending post-baccalaureate classes do not qualify for child care benefits.

- c. More than forty (40) months of post-secondary education has been used as a qualifying activity.

No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a narrative description below.

Reminder – Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in this definition.

- protective services – Services needed to reduce or eliminate the need for protective intervention. Preventive services permit families to participate in activities designed to reduce or eliminate the need for out-of-home placement of a child by the Department.

No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.
 No.

2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define “income” for the purposes of eligibility? Provide the Lead Agency’s definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

- income – All gross earned and unearned income is counted in determining eligibility and the child care benefit amount unless it is excluded.

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

- Adoption subsidies
- Foster care payments
- Alimony received or paid
- Child support received
- Child support paid
- Federal nutrition programs
- Federal tax credits
- State/Territory tax credits
- Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
- Medical expenses or health insurance related expenses
- Military housing or other allotment/bonuses
- Scholarships, education loans, grants, income from work study
- Social Security Income
- Supplemental Security Income (SSI)
- Veteran's benefits
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Worker Compensation
- Other types of income not listed above
 - Tribal income.
 - Travel Reimbursements.
 - Temporary Census employment income.
 - Americorps/VISTA allowances, wages and stipends.
 - Income received for person not residing with the family, and
 - Earned income of a dependent child.
- None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

- Children under age 18
- Children age 18 and over – still attending school
- Teen parents
- Unrelated members of household
- All members of household except for parents/legal guardians
- Other _____
- None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

| Family Size | (a) 100% of State Median Income (SMI) (\$/month) | (b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85] | IF APPLICABLE | |
|-------------|---|---|------------------------------------|---|
| | | | Income Level if lower than 85% SMI | |
| | | | (c) \$/month | (d) % of SMI [Divide (c) by (a), multiply by 100] |
| 1 | | | | |
| 2 | \$4,074 | \$3,463 | \$1,640 | 40% |
| 3 | \$4,124 | \$3,505 | \$2,069 | 50% |
| 4 | \$5,088 | \$4,325 | \$2,498 | 49% |
| 5 | \$4,864 | \$4,134 | \$2,927 | 60% |

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at <http://aspe.hhs.gov/poverty/13poverty.cfm>

e) Will the Lead Agency have “tiered eligibility” (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from the table in 2.3.5d and **describe** _____.

Note: This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

No.

f) SMI Year 2011 and SMI Source American Community Survey One Year Estimate

g) These eligibility limits in column (c) became or will become effective on: 4/2/2008

2.3.6. Eligibility Re-determination

a) Does the State/Territory follow OCC’s 12 month re-determination recommendation? (See Program Instruction on Continuity of Care) <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>

Yes

No. If no, what is the re-determination period in place for most families?

6 months

24 months

Other. Describe _____

Length of eligibility varies by county or other jurisdiction. Describe _____

b) Does the Lead Agency coordinate or align re-determination periods with other programs?

Yes. If yes, check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.

Head Start and/or Early Head Start Programs. Re-determination period _____

Pre-kindergarten programs. Re-determination period _____

TANF. Re-determination period _____

SNAP. Re-determination period SNAP based contacts and re-evaluations are done every 6 months. A report is printed with all the case needing contact and are also reviewed for Child Care. Child Care is redetermined along with the SNAP program.

Medicaid. Re-determination period _____

SCHIP. Re-determination period _____

Other. Describe _____

No.

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes. A family would be reviewed prior to redetermination when they report an address change, a household composition change or if they become over income.

d) Describe any action(s) the State/Territory would take in response to any change in a family's eligibility circumstances prior to re-determination The state would either adjust payment or close accordingly, make the change to household composition, address and key any modifications regarding care.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples) <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>). Aligning redeterminations with other benefit program redeterminations provides only one notification of redetermination and reduces that number of times

a family may have to provide information to the Department thus reducing administrative burdens on families. Reducing the change reporting requirements also reduces administrative burden and reduces the chances that a child care payment may change or a case be closed during a redetermination period thus increasing the retention of the subsidy. Additionally, only requiring that families report an income change that would make them ineligible allows for temporary income fluctuations without affecting the child care subsidy payment. Converting eligible activities to a full-time and a part-time rate allows families to retain subsidy regardless of temporary reductions in their activity hours. Idaho partners with providers by including them in notifications when parents are notified of payment changes, redetermination, and case closures.

f) Does the Lead Agency use a simplified process at re-determination?

- Yes. If yes, describe Idaho does not require a face to face interview for a redetermination. If nothing has changed, the family simply completes a form and returns it with current income information.
- No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

- Lead Agency currently does not have a waiting list and:
- All eligible families *who apply* will be served under State/Territory eligibility rules
 - Not all eligible families *who apply* will be served under State/Territory eligibility rules
- Lead Agency has an active waiting list for:
- Any eligible family who applies when they cannot be served at the time of application
 - Only certain eligible families. Describe those families: _____
- Waiting lists are a county/local decision. Describe _____
- Other. Describe _____

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations. Appeals must be filed in writing with the appellant's name, address, phone number, and remedy requested. Appeals should be accompanied by a copy of the decision that is the subject of the appeal. Appeals must be filed within 28 days of the date the decision is mailed. An appellant will be notified of that hearing date at least 10 days in advance. The hearing is held, the hearing officer provides a decision. The appellant may appeal the decision by requesting an administrative review. The decision is rendered after the administrative review is final. _____

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1. Will the attached sliding fee scale be used in all parts of the State/Territory?

- Yes. Effective Date Jan. 2001
- No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b**, etc.

2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option.

- State Median Income, Year: _____
- Federal Poverty Level, Year: 2013
- Income source and year varies by geographic region. Describe income source and year: _____
- Other. Describe income source and year: _____

2.4.3. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

- Fee is a dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children
 - Fee is per family
- Fee is a percent of income and
 - Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - No additional percentage applied charged after certain number of children
 - Fee is per family

Contribution schedule varies by geographic area. Describe: _____

Other. Describe Based on a families income. It's a % of cost of allowable charges. In early 2014, IDHW will be implementing a co-pay structure based on a flat rate per child, according to Federal Poverty Guidelines.

If the Lead Agency checked more than one of the options above, describe _____

2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- Yes, and describe those additional factors:
 No.

2.4.5. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select **ONE** of these options.

Reminder – Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of “protective services” (as defined in 2.3.4.a).

- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
 NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee. The poverty level used by the Lead Agency for a family of 3 is: \$_____
 SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families: _____ Foster Care, TANF and Refugee families, and homeless families with self-sufficiency plans

2.5. Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

| How will the Lead Agency prioritize CCDF services for: | Eligibility Priority (Check only one) | Is there a time limit on the eligibility priority or guarantee? | Other Priority Rules |
|---|--|---|--|
| <p>Children with special needs</p> <p>Provide the Lead Agency definition of <i>Children with Special Needs</i> Any child with physical, mental, emotional, behavioral disabilities, or developmental delays identified on and Individual Education Plan (IEP) or an individualized Family Service Plan (IFSP).</p> | <p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input checked="" type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input type="checkbox"/> Other. Describe _____</p> | <p><input type="checkbox"/> Yes. The time limit is: _____</p> <p><input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> Different eligibility thresholds. Describe _____</p> <p><input type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care</p> <p><input type="checkbox"/> Prioritizes quality funds for providers serving these children</p> <p><input checked="" type="checkbox"/> Other. Describe _____</p> |
| <p>Children in families with very low incomes</p> <p>Provide the Lead Agency definition of Children in Families with Very Low Incomes Children in Families with Very Low Incomes are not prioritized. Families are eligible when their income is at or below 135% of 2007 federal poverty level.</p> | <p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input checked="" type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input checked="" type="checkbox"/> Other. Describe <u>Waiving co-payments for families participating in Idaho's TAFI, refuge programs or homeless programs that are participating in non-income producing activities.</u></p> | <p><input type="checkbox"/> Yes. The time limit is: _____</p> <p><input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> Different eligibility thresholds. Describe _____</p> <p><input type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level</p> <p><input checked="" type="checkbox"/> Other. Describe _____</p> |

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Reminder - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving

Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

- Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
- Waive fees (co-payments) for some or all TANF families who are below poverty level
- Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
- Other: Fees or co-pays are waived for all refugees participating in a refugee program or homeless families with a self-sufficiency plan with no income who are participating in required activities.

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b)) **Reminder** – Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

| Term(s) | Definition(s) |
|---------|---------------|
| N/A | |
| | |
| | |

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a)).

2.6.1. Child Care Certificates

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

- Before parent has selected a provider
- After parent has selected a provider
- Other. Describe _____

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

- Certificate form provides information about choice of providers
- Certificate is not linked to a specific provider so parents can choose provider of choice

- Consumer education materials (flyers, forms, brochures)
- Referral to child care resource and referral agencies
- Verbal communication at the time of application
- Public Services Announcement
- Agency Website: _____
- Community outreach meetings, workshops, other in person activities
- Multiple points of communication throughout the eligibility and renew process
- Other. Describe _____

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

- Authorized provider(s)
- Authorized payment rate(s)
- Authorized hours
- Co-payment amount
- Authorization period
- Other. Describe _____

d) What is the estimated proportion of services that will be available for child care services through certificates? 100%

2.6.2. 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), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- Yes. If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: _____
- No. If no, skip to 2.6.3.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

- Increase the supply of specific types of care
 - Programs to serve children with special needs
 - Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
 - Programs to serve infant/toddler
 - School-age programs

- Center-based providers
- Family child care providers
- Group-home providers
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other. Describe _____
- Support programs in providing higher quality services
- Support programs in providing comprehensive services
- Serve underserved families. Specify: _____
- Other. Describe _____

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- Yes.
- No, and **identify** the localities (political subdivisions) and services that are not offered: _____

d) How are payment rates for child care services provided through grants/contracts determined? _____

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts? _____

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31) Check the strategies that will be implemented by your State/Territory.

- Signed declaration
- Parent Application
- Parent Orientation
- Provider Agreement
- Provider Orientation
- Other. Describe: Case workers conduct an "Informed Choice" discussion with every applicant for benefit assistance. That discussion includes information on all programs that might be of assistance to the applicant and includes information on how the Idaho Child Care Program works.

2.6.4. 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(g)(2), 98.30(e)(1)(iv)) 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 limits the Lead Agency will establish.
- Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
 - Restricted based on provider meeting a minimum age requirement
 - Restricted based on hours of care (certain number of hours, non-traditional work hours)
 - Restricted to care by relatives
 - Restricted to care for children with special needs or medical condition
 - Restricted to in-home providers that meet some basic health and safety requirements
 - Other. Describe Restricted to families where out-of-home child care services are not available.

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

The public reports any child care complaints by calling 2-1-1 IdahoCareline. The Careline staff take the complaint and through an automated tracking system refer the complaint to the appropriate responder.

•If it is a licensing complaint that is located in a city with licensing ordinances, the complaint is referred to that city contact. If it is a state licensing complaint it is referred to state licensing contact. The State licensing contact will make a contact and may ask a health inspector to provide an unannounced inspection.

•If it is a health and safety issue, it is referred to the appropriate Health District for an unannounced inspection visit.

•if it is a business practice issue, it is referred to IdahoSTARS Resource and Referral Consultant to visit and provide technical assistance

•If it involves endangerment of a child, the police are contacted immediately.

The entity that received the complaint referral logs the result of their follow-up on the complaint in the automated system. The system tracks complaints, follow-up, and resolution. Complaint information is provided upon request when a public records request is made.

2.7. Payment Rates for Child Care Services

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

2.7.1 Attach a copy of your payment rates as Attachment 2.7.1. Will the attached payment rates be used in all parts of the State/Territory?

- Yes. Effective Date: 1/1/2001
- No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.1a, 2.7.1b**, etc.

2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

- Policy on length of time for making payments. Describe length of time
- Track and monitor the payment process
- Other. Describe IDHW System automatically sends out statements to parents and providers, stating expected amount to be paid and then automatically send payments at the end of the month.
- None

2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2011). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 <http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02> for more information on the MRS deadline).

- a) Provide the month and year when the local Market Rate Survey (s) was completed (§98.43(b)(2)): June 2013.
- b) Provide a **summary of the results** of the survey. The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

Idaho does not conduct a survey so there is no response rate to report. The market rate study includes all child care providers in the state entered into the CCR&R data base who were not relative providers or in-home providers. The initial data is collected through the Child Care Resource and Referral Provider Intake Form. The form is attached.

The database was updated within three months of the study. All price information in the database was included in the study. All providers in the data base had price information. Only active child care providers are considered. Provider records were eliminated if they were no longer in business or had no record of providing child care. All child care providers are contacted on a quarterly basis to update any rate changes. The study indicated that there are 3 markets in the state. It also determined that there are not 3 types of child care (Center, Group, Family) but charges actually fall within two types of child care combining Family and Group rates into one child care type.

2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.

Because of the flexibility that Lead Agencies have in setting payment rate ceilings, the following tables have been developed to simplify Lead Agency reporting on how their payment rate ceilings compare to their most recent MRS. These tables are not meant to collect comprehensive payment rate ceilings within a State/Territory and

ACF recognizes that Lead Agencies are not required to set their payment rate ceilings at the 75th percentile. These tables allow Lead Agencies to use a common metric – the 75th percentile – as a reference point against which the Lead Agency can report their percentiles for three selected age groups in two geographic areas for licensed child care centers and licensed family child care homes.

In table 2.7.4a and 2.7.4b, *highest rate area* refers to the State or Territory’s area or geographic region with the highest maximum payment rate ceiling for child care centers (2.7.4a) and family child care homes (2.7.4b). Identify the highest rate area in the box provided. In column (a), provide the full-time monthly rate at the 75th percentile from the most recent MRS, even if the most recent MRS is not used to set rates. In column (b), provide the maximum monthly payment rate ceiling from your CCDF payment rate table. Complete column (c) ONLY IF the percentile for the monthly maximum payment rate ceiling is lower than the 75th percentile of the most recent MRS.

Note - Report the “base” maximum reimbursement rate ceiling, not including any rate add-ons or tiered reimbursements. For example, if maximum reimbursement rate ceilings are tiered based on level of quality (e.g., accreditation, or rating within a quality rating system such as gold, silver and bronze), report the rates for the lowest level in the tables below (e.g., bronze), **only** if there is no lower “base” rate paid for child care services by providers **not** participating in the quality rating system.

If your State/Territory has hourly, daily and/or weekly maximum payment rate ceiling, Lead Agencies can use the following assumptions to calculate monthly maximum payment rate ceiling for column (b) – 9 hours a day, 5 days per week, 4.33 weeks per month.

OCC recognizes that States and Territories use a wide variety of age ranges and categories in setting payment rate ceilings. In these charts, report rates for the following ages only – 11 months, 59 months, and 84 months of age – regardless of what that age category may be called in your State/Territory.

| 2.7.4a – Highest Rate Area (Centers) | (a) Monthly Payment Rate at the 75th percentile from the most recent MRS | (b) Monthly Maximum Payment Rate Ceiling | (c) Percentile if lower than 75th percentile of most recent survey |
|---|--|---|--|
| Full-Time Licensed Center Infants (11 months) | <u>\$1145.77</u> | <u>\$594.00</u> | <u>>5th%</u> |
| Full-Time Licensed Center Preschool (59 months) | <u>\$1239.03</u> | <u>\$492.00</u> | <u>>10th%</u> |
| Full-Time Licensed | <u>\$800.00</u> | <u>\$440.00</u> | <u>>5th%</u> |

| | | | |
|-------------------------------|--|--|--|
| Center School-Age (84 months) | | | |
|-------------------------------|--|--|--|

| 2.7.4b – Lowest Rate Area (Centers) | (a) Monthly Payment Rate at the 75th percentile of the most recent MRS | (b) Monthly Maximum Payment Rate Ceiling | (c) Percentile if lower than 75th percentile of most recent survey |
|--|--|---|--|
| Full-Time Licensed Center Infants (11 months) | <u>\$498.41</u> | <u>\$594.00</u> | <u>90th %</u> |
| Full-Time Licensed Center Preschool (59 months) | <u>\$443.41</u> | <u>\$492.00</u> | <u>90th%</u> |
| Full-Time Licensed Center School-Age (84 months) | <u>\$386.46</u> | <u>\$440.00</u> | <u>90th%</u> |

In table 2.7.4c and 2.7.4d, *lowest rate area* refers to the State or Territory’s area or geographic region with the lowest maximum payment rate ceiling for child care centers and family child care homes. Identify the lowest rate area in the box provided. In column (a), provide the full-time monthly rate at the 75th percentile from the most recent MRS, even if the most recent MRS is not used to set rates. In column (b), provide the maximum monthly payment rate ceiling from your CCDF payment rate table. Complete column (c) ONLY IF the percentile for the monthly maximum payment rate ceiling is lower than the 75th percentile of the most recent MRS.

Note - Report the “base” maximum reimbursement rate ceilings, not including any rate add-ons or tiered reimbursement. For example, if maximum reimbursement rate ceilings are tiered based on level of quality (e.g., accreditation, or rating within a quality rating system such as gold, silver and bronze), report the rates for the lowest level in the tables below (e.g., bronze), **only** if there is no lower “base” rate paid for child care services by providers **not** participating in the quality rating system.

If your State/Territory has hourly, daily and/or weekly maximum payment rate ceiling, Lead Agencies can use the following assumptions to calculate monthly maximum payment rate ceiling for column (b) – 9 hours a day, 5 days per week, 4.33 weeks per month.

OCC recognizes that States and Territories use a wide variety of age ranges and categories in setting payment rate ceilings. In these charts, report rates for the following ages only – 11 months, 59 months, and 84 months of age – regardless of what that age category may be called in your State/Territory.

| 2.7.4c – Highest Rate Area (FCC) | (a) Monthly Payment Rate at the 75th percentile of the most recent MRS | (b) Monthly Maximum Payment Rate Ceiling | (c) Percentile if lower than 75th percentile of most recent survey |
|---|--|---|--|
| Full-Time Licensed FCC Infants (11 months) | N/A | N/A | N/A |
| Full-Time Licensed FCC Preschool (59 months) | N/A | N/A | N/A |
| Full-Time Licensed FCC School-Age (84 months) | N/A | N/A | N/A |

| 2.7.4d – Lowest Rate Area (FCC) | (a) Monthly Payment Rate at the 75th percentile of the most recent MRS | (b) Monthly Maximum Payment Rate Ceiling | (c) Percentile if lower than 75th percentile of most recent survey |
|---|--|---|--|
| Full-Time Licensed FCC Infants (11 months) | N/A | N/A | N/A |
| Full-Time Licensed FCC Preschool (59 months) | N/A | N/A | N/A |
| Full-Time Licensed FCC School-Age (84 months) | N/A | N/A | N/A |

2.7.5. How are payment rate ceilings for license-exempt providers set?

- a) Describe how license-exempt center payment rates are set: n/a
- b) Describe how license-exempt family child care home payment rates are set: We do not make a distinction between licensed and unlicensed family child care home payment rates. In some cities of the State, family child care providers must be licensed. The definition of family child care provider also varies from city to city and between city and state licensing.
- c) Describe how license-exempt group family child care home payment rates are set: n/a
- d) Describe how in-home care payment rates are set: In home care payment rates are set at the Family Child Care rate for the market in which the home is located.

2.7.6 Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered

reimbursement, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates and amount and also indicate if the rates were set based on the MRS or another process.

- Differential rate for nontraditional hours. Describe _____
- Differential rate for children with special needs as defined by the State/Territory. Describe _____
- Differential rate for infants and toddlers. Describe _____
- Differential rate for school-age programs. Describe _____
- Differential rate for higher quality as defined by the State/Territory. Describe _____
- Other differential rate. Describe _____
- None.

Reminder - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families' provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to providers (see Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06> , and the summary of facts describing how payment rates are adequate to ensure equal access to the full range of providers.

2.7.7. What policies does the Lead Agency have regarding any additional fees that providers may charge CCDF parents? The Lead Agency...

- Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate
- Pays for provider fees (e.g., registration, meals, and supplies). Describe only registration fees
- Policies vary across region, counties and or geographic areas. Describe _____
- Other. Describe _____

2.7.8 What specific policies and practices does the Lead Agency have regarding the following:

a) Number of absent days allowed. Describe _____

b) Paying based on enrollment. Describe

We pay a full time half time rate. Half time rate up to 24 hours a week, which means that any one working 24 hours or less a week , receives a payment for 24hours a week. Full time rate at 25 hours up to 40 hours a week, means that any one working 25 to 40 hours is paid for 40 hours.

c) Paying on the same schedule that providers charge private pay families (e.g., hourly, weekly, monthly) _____

d) Using electronic tools (automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe _____

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)) There are 610 city licensed providers, 741 state licensed and 368 license exempt providers in the state. Of these, there are 231 ulicensed family providers, 137 relative providers and 202 licensed family providers, 496 group providers and 635 center providers 76 % of these providers are ICCP eligible providers.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)) With the exception of two counties in Idaho, the market rates for child care providers are at roughly the 50th percentile. Out of 1719 providers, 1304 are enrolled as ICCP eligible providers.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)) Co-payments are calculated on the amount paid to the provider which is based on Idaho's market rates. In addition, the co-payment scale increases gradually so that when a family receives a small increase in income its co-pay increases accordingly, but not dramatically. Co-payment rate structure is in the process of being changed. The co-pay will be based on the families income and will be a flat rate per child. Eighty-three percent of families are estimated to experience no change or a reduction in their co-pay costs when this change is implemented.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates. Idaho is in the process of changing its co-pay structure and its market rate structure to more accurately reflect the market and to implement a tiered reimbursement system. These change will be taking effect during the next year. Amendments to the plan will be submitted when the change is implemented.

2.8 Goals for the next Biennium – In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency’s goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

| |
|--|
| Goal 1 – <u>Implement the co-pay structure change so that parents pay a flat rate per child. This co-pay will result in lower co-pay payment rates for families whose co-pay exceeds 50% of the costs of child care. More families will be likely to apply for the subsidy because the co-pay rates will be manageable. More providers will be willing to enroll subsidy children because their parents will be more likely to afford the co-pays.</u> |
| Goal 2 – <u>Revise and implement a new Market Rate structure that includes a tiered reimbursement system that rewards quality.</u> |
| Goal 3 – <u>Revise and implement a simpler and more streamlined Market Rate structure.</u> |
| Goal 4 - <u>Identify the methodology needed to address child care needs in the state so that child care contracts or grants can be utilized in the next biennium.</u> |
| Goal 5- <u>Identify the appropriate processes, structures, procedures and methods for utilizing child care contracts and grant.</u> |

PART 3

HEALTH AND SAFETY AND QUALITY IMPROVEMENT ACTIVITIES

In this section, Lead Agencies are asked to describe their goals and plans for implementation of child care quality improvement activities. Under the Child Care and Development Block Grant Act, Lead Agencies have significant responsibility for ensuring the health and safety of children in child care through the State/Territory's child care licensing system and establishing health and safety standards for children who receive CCDF funds. Health and safety is the foundation of quality, but is not adequate to ensure that programs and staff are competent in supporting all areas of child development and promoting school success.

Quality investments and support systems to promote continuous quality improvement of both programs and the staff who work in them are a core element of CCDF. Lead Agencies have been reporting on their efforts to support program quality improvement and professional development since their initial Plans in 1999. This section allows Lead Agencies to continue to describe the steps that they are taking toward continuous quality improvement with a goal of having high quality child care options across settings for all families. While one of the key goals for CCDF is helping more low-income children access higher quality care, the Lead Agency has the flexibility to consider its goals and strategic plans for a child care quality improvement system for all families, not just those receiving assistance under CCDF.

Part 3 is organized around a template of four key components of quality which encompass most of the quality investments and initiatives undertaken by Lead Agencies over the past decade:

1. Ensuring health and safety of children through **licensing and health and safety standards**
2. Establishing **early learning guidelines**
3. Creating pathways to excellence for child care programs through **program quality improvement activities**
4. Creating pathways to an effective, well-supported child care workforce through **professional development systems and workforce initiatives.**

For each component, Lead Agencies are asked to conduct a three-step process. First, in this section, Lead Agencies will conduct a self-assessment of their programs by responding to the questions in Part 3 that describe the current status of their efforts, using common practices and best practices to list characteristics that build off those that have been reported in previous plans. Second, Lead Agencies then are asked to identify goals for making progress during the FY 2014-2015 biennium and describe their data, performance measure and evaluation capacity for each component. Third, Lead Agencies will report progress on their goals using the Quality Performance Report which is included and described in Appendix 1. The QPR will not be

submitted until December 31, 2014.

Based on information reported in past plans, it is expected that the Lead Agency will describe in these first two steps how they will continue to make systematic investments towards child care quality improvement across its early childhood and school-age spectrum – including all settings, geographic coverage and age range – that will help show progress toward these outcomes and goals. Ultimately, these child care quality improvement elements should be fully implemented and integrated. Each State/Territory is expected to fall on a continuum of progress as a result of these first two steps. Lead Agency’s individual progress will reported using the Quality Performance Report.

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF Health and Safety requirements are in sections 3.1.3 and 3.1.4.

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

Yes.

b) No. Please identify the State or local (if applicable) entity/agency responsible for licensing The lead agency is the Department of Health and Welfare which is made up of 7 Divisions. The State Child Care Administrator is in the Division of Welfare and is responsible for subsidy and the contract that provides R&R services, professional development, QRIS, and child care provider eligibility. The Division of Family and Children Services has responsibility for Child Care Licensing.

c)

d) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory. Idaho's licensing requirements are less stringent than the requirements to be eligible to receive Idaho Child Care Program (ICCP) subsidy payments. Only Center and Group providers are required to be licensed and they only need to be licensed every two years. ICCP eligibility requires annual health and safety inspections and CPR/first aid, for all providers who wish to participate in the subsidy program. ICCP providers and individuals in their facilities who have contact with children are required to have cleared a background check.

e) Do the State/Territory's licensing requirements serve as the CCDF health and safety requirements?

| | | | | |
|--|-------------------------|---|-------------------|---|
| | Center-Based Child Care | Group Home Child Care <input type="checkbox"/> N/A. Check if your State/Territory does not have group home | Family Child Care | In-Home Care <input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory. |
|--|-------------------------|---|-------------------|---|

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | child care. | | |
| Yes, for all providers in this category | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, for some providers in this category | Describe _____ | Describe _____ | Describe _____ | Describe _____ |
| No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other | Describe . | Describe . | Describe [redacted] | Describe [redacted] |

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below. **Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care but consistent with your reported 801 data.**

| CCDF Category of Care | CCDF Definition (§98.2) | Which providers in your State/Territory are subject to licensing under this CCDF category? | Are any providers in your State/Territory which fall under this CCDF category exempt from licensing? |
|-------------------------|--|--|--|
| Center-Based Child Care | Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work. | Describe which types of center-based settings are subject to licensing in your State/Territory <u>Providers that care for 13 or more children for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Twelve cities in the State of Idaho also have separate Child Care Licensing Ordinances.</u> | Describe which types of center-based settings are exempt from licensing in your State/Territory <u>Licensed the State. Occasional or irregular care of a neighbor's, relative's, friend's child. A private or religious school for educational purposes for children over 4 years. Provision of occasional care exclusively for children of parents who are simultaneously in the same building. Operation for day camps for less than twelve weeks during a year. Provision of care for children of a family within the second degree of relationship. Twelve Cities in the State of Idaho also have separate Child Care Licensing Ordinances These ordinances must be as strictor than the state licensing rules.</u> For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs. |

| CCDF Category of Care | CCDF Definition (§98.2) | Which providers in your State/Territory are subject to licensing under this CCDF category? | Are any providers in your State/Territory which fall under this CCDF category exempt from licensing? |
|--|--|--|---|
| <p>Group Home Child Care</p> <p><input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.</p> | <p>Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p> | <p>Describe which types of group homes are subject to licensing <u>Facilities that care for 6 to 12 children fewer than 24 hours per day, in a private residence other than the child's residence unless care in excess of 24 hours is due to the nature of the parent(s)' work. Twelve cities in the State of Idaho also have separate Child Care Licensing Ordinances.</u></p> | <p>Describe which types of group homes are exempt from licensing <u>Licensed by the state. Occasional or irregular care of a neighbor's, relative's, friend's child. A private or religious school for educational purposes for children over 4 years. Provision of occasional care exclusively for children of parents who are simultaneously in the same building. Operation for day camps for less than twelve weeks during a year. Provision of care for children of a family within the second degree of relationship. Twelve Cities in the State of Idaho also have separate Child Care Licensing Ordinances. These ordinances must be as strictor than the state licensing rules</u></p> |
| <p>Family Child Care</p> | <p>Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private</p> | <p><u>Describe which types of family child care home providers are subject to licensing All providers must follow the child care regulatons in the jurisdiction in which the facility is located in order to be eligible to</u></p> | <p><u>Describe which types of family child care home providers are exempt from licensing All family child care providers are exempt from State licensing. Some cities require family child care providers to be licensed</u></p> |

| CCDF Category of Care | CCDF Definition (§98.2) | Which providers in your State/Territory are subject to licensing under this CCDF category? | Are any providers in your State/Territory which fall under this CCDF category exempt from licensing? |
|-----------------------|---|--|--|
| | <p>residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.</p> <p>Reminder - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p> | <p><u>participate in the CCDF subsidy program.</u></p> | <p><u>and the threshold of the number of children that qualifies them as family child care providers varies.</u></p> |
| In-Home Care | <p>In-home child care provider is defined as an individual who provides child care services in the child's own home.</p> <p>Reminder - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p> | <p><input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory.</p> <p>Describe which in-home providers are subject to licensing </p> | <p>Describe which types of in-home child care providers are exempt from licensing </p> |

Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at

<http://nrckids.org/CFOC3> to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's.**

e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

* American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: [NCRKid's website](#)

| Indicator | For each indicator, check all requirements for licensing that apply, if any. | | | |
|--|--|--|---|--|
| | Center-Based Child Care | Group Home Child Care | Family Child Care | In-Home Care |
| <p>Do the licensing requirements include child: staff ratios and group sizes?</p> <p>If yes, provide the ratio for age specified.</p> | <p><input checked="" type="checkbox"/> Yes, Child: staff ratio requirement</p> <p>Infant ratio (11 months): <u>Staff ratio is based on a Child-Staff Ratio Point System. The maximum allowable points for each staff member is twelve (12), using the following point system which is based on the age of each child in attendance: a. Under the age of twenty-four (24) months, each child equals two (2) points. b. From the</u></p> | <p><input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.</p> <p><input checked="" type="checkbox"/> Yes, Child: staff ratio requirement</p> <p>Infant ratio (11 months): same as Center point system</p> <p>Toddler ratio (35 months):</p> <p>Preschool ratio (59 months):</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement Infant group size (11 months):</p> <p>Toddler group</p> | <p><input type="checkbox"/> Yes, Child: staff ratio requirement. List ratio requirement by age group:</p> <p><input checked="" type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement. List ratio requirement by age group</p> <p><input checked="" type="checkbox"/> No group size requirements.</p> | <p><input checked="" type="checkbox"/> N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)</p> <p><input type="checkbox"/> Yes, Child: staff ratio requirement. List ratio requirement by age group:</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement. List ratio requirement by age group</p> <p><input type="checkbox"/> No group size requirements.</p> |

| | | | | |
|--|--|--|--|--|
| | <p><u>age of twenty-four (24) months to under the age of thirty-six (36) months, each child equals one and one-half (1 1/2) points. c. From the age of thirty-six (36) months to under the age of five (5) years, each child equals one (1) point. d. From the age of five (5) years to under the age of thirteen (13) years, each child equals one-half (1/ 2) point.</u></p> <p>Toddler ratio (35 months):</p> <p>Preschool ratio (59 months):</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement Infant group size (11 months):</p> <p>Toddler group size (35 months):</p> <p>Preschool group size (59 months):</p> <p><input checked="" type="checkbox"/> No group size requirements.</p> | <p>size (35 months):</p> <p>Preschool group size (59 months):</p> <p><input checked="" type="checkbox"/> No group size requirements.</p> | | |
|--|--|--|--|--|

| | | | | |
|---|---|---|---|---|
| <p>Do the licensing requirements identify specific educational credentials for child care directors?</p> | <p><input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> <u>High school/GED</u> <input type="checkbox"/> <u>Child Development Associate (CDA)</u> <input type="checkbox"/> <u>State/ Territory Credential</u> <input type="checkbox"/> <u>Associate's degree</u> <input type="checkbox"/> <u>Bachelor's degree</u> <input type="checkbox"/> <u>No credential required for licensing</u> <input type="checkbox"/> <u>Other:</u></p> | <p><input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:</p> |
| <p>Do the licensing requirements identify specific educational credentials for child care teachers?</p> | <p><input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> <u>High school/GED</u> <input type="checkbox"/> <u>Child Development Associate (CDA)</u> <input type="checkbox"/> <u>State/ Territory Credential</u> <input type="checkbox"/> <u>Associate's degree</u> <input type="checkbox"/> <u>Bachelor's degree</u> <input type="checkbox"/> <u>No credential required for licensing</u> <input type="checkbox"/> <u>Other:</u></p> | <p><input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> <u>High school/GED</u> <input type="checkbox"/> <u>Child Development Associate (CDA)</u> <input type="checkbox"/> <u>State/ Territory Credential</u> <input type="checkbox"/> <u>Associate's degree</u> <input type="checkbox"/> <u>Bachelor's degree</u> <input type="checkbox"/> <u>No credential required for licensing</u> <input type="checkbox"/> <u>Other:</u></p> |
| <p>Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year?</p> | <p><input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 4 hours of training</p> | <p><input type="checkbox"/> <u>At least 30 training hours required in first year</u> <input type="checkbox"/> <u>At least 24 training hours per year after first year</u> <input type="checkbox"/> <u>No training requirement</u> <input type="checkbox"/> <u>Other:</u></p> | <p><input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input checked="" type="checkbox"/> No training requirement <input type="checkbox"/> Other: 4 hours of training</p> | <p><input type="checkbox"/> <u>At least 30 training hours required in first year</u> <input type="checkbox"/> <u>At least 24 training hours per year after first year</u> <input type="checkbox"/> <u>No training requirement</u> <input type="checkbox"/> <u>Other:</u></p> |

e) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

- Yes. Describe
 No

3.1.2 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory’s licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory’s policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

- Yes. If “Yes” please refer to the chart below and check all that apply.
 No

| CCDF Categories of Care | Frequency of Routine Announced Visits | Frequency of Routine Unannounced Visits |
|--|--|---|
| <input type="checkbox"/> Center-Based Child Care | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input checked="" type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe <u>Unannounced visits occur on a case by case basis and only if there appears to be a reason to follow up on a complaint or to confirm compliance</u> |
| <input type="checkbox"/> Group Home Child Care | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input checked="" type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe <u>Unannounced visits occur on a case by case basis and only if there appears to be a reason to follow up on a complaint or to confirm compliance</u> |
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe <u>State licensing for family providers is</u> |

| | | |
|--|--|--|
| | <input checked="" type="checkbox"/> Other. Describe <u>Only if the family provider chooses to be state licensed.</u> | <u>voluntary but unannounced follow up visits may occur in response to a complaint or to confirm compliance.</u> |
| <input type="checkbox"/> In-Home Child Care <input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2b) | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe [redacted] | <input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe [redacted] |

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

- Yes. If "Yes" please refer to the chart below and check all that apply.
 No

| Licensing Procedures | Describe which procedures are used by the State/Territory for enforcement of the licensing requirements. |
|---|---|
| The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license. | <input type="checkbox"/> Yes. Describe [redacted] <input checked="" type="checkbox"/> No. <input type="checkbox"/> Other. Describe [redacted] |
| The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license. | <input type="checkbox"/> An on-site inspection is conducted. <input type="checkbox"/> Programs self-certify. Describe [redacted] <input checked="" type="checkbox"/> No procedures in place. <input type="checkbox"/> Other. Describe [redacted] |
| Licensing staff has procedures in place to address violations found in an inspection. | Providers are required to submit plans to correct violations cited during inspections. <input checked="" type="checkbox"/> Licensing staff approve the plans of correction submitted by providers. <input type="checkbox"/> Licensing staff verify correction of violation. <input type="checkbox"/> Licensing staff provide technical assistance regarding how to comply with a regulation. <input type="checkbox"/> No procedures in place. <input checked="" type="checkbox"/> Other. Describe <u>Licensing office can send out the Health and Safety inspector when they suspect that licensing violations have taken place. When it is found that there has been a violation , a corrective action plan may be submitted and approved by the Licensing office. The Health and</u> |

| | |
|--|--|
| Licensing Procedures | Describe which procedures are used by the State/Territory for enforcement of the licensing requirements. |
| | <u>Safety inspector may conduct a follow up visit to confirm the issue has been corrected.</u> |
| Licensing staff has procedures in place to issue a sanction to a noncompliant facility. | <input type="checkbox"/> Provisional or probationary license <input checked="" type="checkbox"/> License revocation or non-renewal <input type="checkbox"/> Injunctions through court <input type="checkbox"/> Emergency or immediate closure not through court action <input type="checkbox"/> Fines for regulatory violations <input type="checkbox"/> No procedures in place. <input type="checkbox"/> Other. Describe |
| The State/Territory has procedures in place to respond to illegally operating child care facilities. | <input type="checkbox"/> Cease and desist action <input type="checkbox"/> Injunction <input type="checkbox"/> Emergency or immediate closure not through court action <input type="checkbox"/> Fines <input type="checkbox"/> No procedures in place. <input checked="" type="checkbox"/> Other. Describe <u>Licensing can immediately revoke a license.</u> |
| The State/Territory has procedures in place for providers to appeal licensing enforcement actions. | <input checked="" type="checkbox"/> Yes. Describe <u>Providers can appeal a decision and request a hearing. All notices contain information about how any customer of the Department can appeal a decision. Decisions are heard by a third party attorney. If the customer is not happy with the outcome of the hearing, they can submit an administrative appeal. Once the administrative appeal is decided, there is no further administrative recourse.</u> <input type="checkbox"/> No. <input type="checkbox"/> Other. Describe |

c) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

Yes. If "Yes" please refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency.

No

| CCDF Categories of Care | Types of Background Check | Frequency | Who is Subject to Background Checks? |
|--|---|--|--|
| <input checked="" type="checkbox"/> Center-Based Child Care | <input checked="" type="checkbox"/> Child Abuse Registry | <input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed every three years</u> | <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other <u>Those individuals who are regularly on the premises. Definition of regularly on the premises is "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| | <input type="checkbox"/> State/Territory Criminal Background <input checked="" type="checkbox"/> Check if State/Territory background check includes fingerprints | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed every three years</u> | <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other <u>Individuals who are regularly on the premises. Definition of regularly on the premises is "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| | <input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint) | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed every three years</u> | <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other <u>Individuals regularly on the premises. Definition of regularly on the premises is "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| | <input checked="" type="checkbox"/> Sex Offender Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. | <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other <u>Individuals regularly on the premises. Definition of regularly on the</u> |

| CCDF Categories of Care | Types of Background Check | Frequency | Who is Subject to Background Checks? |
|---|---|---|---|
| | | Describe <u>Renewed every three years</u> | <u>premises is "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| <input checked="" type="checkbox"/> Group Child Care Homes <input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care. | <input checked="" type="checkbox"/> Child Abuse Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed every three years</u> | <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home <u>Definition of regularly on the premises is. "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| | <input type="checkbox"/> State/Territory Criminal Background <input checked="" type="checkbox"/> Check if the State/Territory background check includes fingerprints | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed every three years</u> | <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home <u>Definition of regularly on the premises is. "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| | <input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint) | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed every three years</u> | <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home <u>Definition of regularly on the premises is. "...twelve hours or more in any one month, or daily during any hours of operation".</u> |
| | <input checked="" type="checkbox"/> Sex Offender Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Renewed</u> | <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home <u>Definition of regularly on the premises is. "...twelve hours or more in any one month, or daily during any hours of operation".</u> |

| CCDF Categories of Care | Types of Background Check | Frequency | Who is Subject to Background Checks? |
|---|--|---|--|
| | | every <u>three</u> years | |
| <input checked="" type="checkbox"/> Family Child Care Homes | <input type="checkbox"/> Child Abuse Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe <input type="checkbox"/> | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home <input type="checkbox"/> |
| | <input type="checkbox"/> State/Territory Criminal Background <input type="checkbox"/> Check if the State/Territory background check includes fingerprints | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe <input type="checkbox"/> | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home <input type="checkbox"/> |
| | <input type="checkbox"/> FBI Criminal Background (e.g., fingerprint) | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe <input type="checkbox"/> | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home <input type="checkbox"/> |
| | <input type="checkbox"/> Sex Offender Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe <input type="checkbox"/> | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home <input type="checkbox"/> |
| <input type="checkbox"/> In-Home Child Care Providers <input checked="" type="checkbox"/> N/A. Check if In- | <input type="checkbox"/> Child Abuse Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home <input type="checkbox"/> |

| CCDF Categories of Care | Types of Background Check | Frequency | Who is Subject to Background Checks? |
|--|--|--|--|
| Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e) | | <input type="checkbox"/> Other. Describe | |
| | <input type="checkbox"/> State/Territory Criminal Background <input type="checkbox"/> Check if the State/Territory background check includes fingerprints | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home |
| | <input type="checkbox"/> FBI Criminal Background (e.g., fingerprint) | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home |
| | <input type="checkbox"/> Sex Offender Registry | <input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe | <input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home |

f) Please **provide a brief overview** of the State/Territory's process for conducting background checks for child care. In this brief overview, include the following:

d -1) The cost associated with each type of background check conducted \$65

d-2) Who pays for background checks The individual on which the background check is being conducted.

d-3) What types of violations would make providers ineligible for CCDF? Describe Abuse, neglect, or exploitation of a vulnerable adult, as defined in Section 18-1505, Idaho Code; b. Aggravated, first-degree

and second-degree arson, as defined in Sections 18-801 through 18-803, and 18-805, Idaho Code; (3-26-08) c. Crimes against nature, as defined in Section 18-6605, Idaho Code; (3-26-08) d. Forcible sexual penetration by use of a foreign object, as defined in Section 18-6608, Idaho Code; (3-26-08) e. Incest, as defined in Section 18-6602, Idaho Code; (3-26-08) f. Injury to a child, felony or misdemeanor, as defined in Section 18-1501, Idaho Code; (3-26-08) g. Kidnapping, as defined in Sections 18-4501 through 18-4503, Idaho Code; (3-26-08) h. Lewd conduct with a minor, as defined in Section 18-1508, Idaho Code; (3-26-08) i. Mayhem, as defined in Section 18-5001, Idaho Code; (3-26-08) j. Manslaughter: (7-1-12) i. Voluntary manslaughter, as defined in Section 18-4006(1) Idaho Code; (7-1-12) ii. Involuntary manslaughter, as defined in Section 18-4006(2), Idaho Code; (7-1-12) iii. Felony vehicular manslaughter, as defined in Section 18-4006(3)(a) and (b), Idaho Code; (7-1-12) k. Murder in any degree or assault with intent to commit murder, as defined in Sections 18-4001, 18-4003, and 18-4015, Idaho Code; (7-1-12) l. Poisoning, as defined in Sections 18-4014 and 18-5501, Idaho Code; (3-26-08) m. Possession of sexually exploitative material, as defined in Section 18-1507A, Idaho Code; (3-26-08) n. Rape, as defined in Section 18-6101, Idaho Code; (3-26-08) o. Robbery, as defined in Section 18-6501, Idaho Code; (3-26-08) p. Felony stalking, as defined in Section 18-7905, Idaho Code; (3-26-08) q. Sale or barter of a child, as defined in Section 18-1511, Idaho Code; (3-26-08) r. Sexual abuse or exploitation of a child, as defined in Sections 18-1506 and 18-1507, Idaho Code; (3-26-08) s. Video voyeurism, as defined in Section 18-6609, Idaho Code; (3-26-08) t. Enticing of children, as defined in Sections 18-1509 and 18-1509A, Idaho Code; (3-26-08) u. Inducing individuals under eighteen (18) years of age into prostitution or patronizing a prostitute, as defined in Sections 18-5609 and 18-5611, Idaho Code; (3-26-08) v. Any felony punishable by death or life imprisonment; or (3-26-08) w. Attempt, conspiracy, accessory after the fact, or aiding and abetting, as defined in Sections 18-205, 18-306, 18-1701, and 19-1430, Idaho Code, to commit any of the disqualifying designated crimes.

d-4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe Providers can appeal a decision and request a hearing. All notices contain information about how any customer of the Department can appeal a decision. Decisions are heard by a third party attorney. If the customer is not happy with the outcome of the hearing, they can submit an administrative appeal to the Director of the Department of Health and Welfare. Once the administrative appeal is decided, there is no further administrative recourse.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing

requirements are effectively enforced per the CCDF regulations? _____
 (658E(c)(2)(E), §98.40(a)(2))

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other “search tools,” about child care program licensing status and compliance records?

- Yes. Describe
 No

3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements.
 (658E(c)(2)(F), §98.41)

Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

a) **Describe** the Lead Agency’s health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below.
 (658E(c)(2)(F)(i), §98.41(a)(1))

| The Lead Agency requires: | For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply. | | | |
|--|---|----------------------------------|---------------------------------|------------------------------|
| | Center-based child care providers | Family child care home providers | Group home child care providers | In-home child care providers |
| <input type="checkbox"/> Physical exam or health statement for providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physical exam or health statement for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tuberculosis check for providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tuberculosis check for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Provider immunizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| The Lead Agency requires: | For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply. | | | |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|
| | Center-based child care providers | Family child care home providers | Group home child care providers | In-home child care providers |
| <input checked="" type="checkbox"/> Child immunizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Hand-washing policy for providers and children | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Diapering policy and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other. Describe <u>Providers and their facilities must pass a health and safety inspection according to Idaho Child Care Program Rules IDAPA 16.06.12</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

b) **Describe** the Lead Agency’s health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c) (2) (F) (ii), §98.41 (a) (2))

| The Lead Agency requires: | For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply. | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------|
| | Center-based child care providers | Family child care home providers | Group home child care providers | In-home child care providers |
| <input checked="" type="checkbox"/> Fire inspection | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Building inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Health inspection | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Inaccessibility of toxic substances policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Safe sleep policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tobacco exposure reduction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Transportation policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| The Lead Agency requires: | For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply. | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other. Describe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c) **Describe** the Lead Agency’s health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c) (2) (F) (iii), §98.41 (a) (3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc). “On-going” would be some type of routine occurrence (e.g., maintain qualifications each year).

| CCDF Categories of Care | Health and safety training requirements | Pre-Service | On-Going |
|--------------------------------|---|--------------------|-----------------|
| Child Care Centers | First Aid | x | x |
| | CPR | x | x |
| | Medication Administration Policies and Practices | | |
| | Poison Prevention and Safety | | |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | | |
| | Shaken Baby Syndrome and abusive head trauma prevention | | |
| | Age appropriate nutrition, feeding, including support for breastfeeding | | |
| | Physical Activities | | |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods | | |
| | Recognition and mandatory reporting of suspected child abuse and neglect | | |
| | Emergency preparedness and planning response procedures | | |
| | Management of common childhood illnesses, including food intolerances and allergies | | |
| | Transportation and child passenger safety (if applicable) | | |
| | Caring for children with special health care needs, mental health needs, and developmental | | |

| CCDF Categories of Care | Health and safety training requirements | Pre-Service | On-Going |
|--|--|--------------------|-----------------|
| | disabilities in compliance with the Americans with Disabilities (ADA) Act | | |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. | | |
| | Supervision of children | | |
| | Behavior management | | |
| | Other. Describe | | |
| Group Home Child Care | First Aid | X | X |
| | CPR | X | X |
| | Medication Administration Policies and Practices | | |
| | Poison Prevention and Safety | | |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | | |
| | Shaken Baby Syndrome and abusive head trauma prevention | | |
| | Age appropriate nutrition, feeding, including support for breastfeeding | | |
| | Physical Activities | | |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods | | |
| | Recognition and mandatory reporting of suspected child abuse and neglect | | |
| | Emergency preparedness and planning response procedures | | |
| | Management of common childhood illnesses, including food intolerances and allergies | | |
| | Transportation and child passenger safety (if applicable) | | |
| | Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act | | |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. | | |
| | Supervision of children | | |
| | Behavior management | | |
| Other. Describe | | | |
| Family Child Care Providers | First Aid | X | X |
| | CPR | X | X |
| | Medication Administration Policies and Practices | | |
| | Poison Prevention and Safety | | |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | | |

| CCDF Categories of Care | Health and safety training requirements | Pre-Service | On-Going |
|---|--|--------------------|-----------------|
| | Shaken Baby Syndrome and abusive head trauma prevention | | |
| | Age appropriate nutrition, feeding, including support for breastfeeding | | |
| | Physical Activities | | |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods | | |
| | Recognition and mandatory reporting of suspected child abuse and neglect | | |
| | Emergency preparedness and planning response procedures | | |
| | Management of common childhood illnesses, including food intolerances and allergies | | |
| | Transportation and child passenger safety (if applicable) | | |
| | Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act | | |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. | | |
| | Supervision of children | | |
| | Behavior management | | |
| | Other. Describe | | |
| | In-Home Child Care Providers | First Aid | X |
| CPR | | X | X |
| Medication Administration Policies and Practices | | | |
| Poison Prevention and Safety | | | |
| Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | | | |
| Shaken Baby Syndrome and abusive head trauma prevention | | | |
| Age appropriate nutrition, feeding, including support for breastfeeding | | | |
| Physical Activities | | | |
| Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods | | | |
| Recognition and mandatory reporting of suspected child abuse and neglect | | | |
| Emergency preparedness and planning response procedures | | | |
| Management of common childhood illnesses, including food intolerances and allergies | | | |

| CCDF Categories of Care | Health and safety training requirements | Pre-Service | On-Going |
|-------------------------|--|-------------|----------|
| | Transportation and child passenger safety (if applicable) | | |
| | Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act | | |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. | | |
| | Supervision of children | | |
| | Behavior management | | |
| | Other. Describe | | |

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41 (A) (ii) (A))

- All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
- Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
- Relative providers are subject to certain requirements. Describe the different requirements

e) Provide a web address for the State/Territory's health and safety requirements, if available:

<http://adminrules.idaho.gov/rules/current/16/0612.pdf>

3.1.4 Effective enforcement of the CCDF health and safety requirements.

For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in 3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements. If the provider does not pass a health and safety inspection, that provider may not receive CCDF subsidy payments.

- a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced) In order to be eligible, providers must pass a health and safety inspection annually. This inspection is scheduled. If a complaint is received that relates to health and safety or possible violation of licensing requirements, the health and safety inspector is asked to conduct an unannounced visit to investigate. If the concern is valid, the inspector recommends action including a remedy. Depending on the circumstances, the provider may lose their eligibility for CCDF subsidy. In some cases, a

follow up unannounced inspection may be conducted to confirm compliance with the remedy.

b) Describe whether the Lead Agency uses background checks In order to be eligible for a subsidy, all child care providers must pass a background check as stringent as the licensing back ground check requirements.

c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?

- Yes. If yes, what documentation, if any, is required? Describe _____
 No

d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements _____

Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

3.1.5. Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities.

- Yes. Describe _____
 No

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

- Yes. Describe _____
 No
 Other. Describe _____

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

- Yes. Describe _____
 No
 Other. Describe _____

c) Does the State/Territory use developmental screening and referral tools?

Yes. If Yes, provide the name of the tool(s) _____

No

Other. Describe _____

3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance – What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on licensing and health and safety. Indicate if the Lead Agency or another agency has access to data on:

Number of licensed programs. Describe (optional) Because cities in Idaho as well as the state have separate licensing laws and ordinances, we only have information on those licensed providers who wish to voluntarily enroll in the IdahoSTARS system for professional development, referrals, or to be eligible for subsidy.

Numbers of programs operating that are legally exempt from licensing. Describe (optional) We would only know of those legally exempt who wish to receive subsidy, a referral or are participating in the IdahoSTARS professional development activities available to them.

Number of programs whose licenses were suspended or revoked due to non-compliance. Describe (optional) _____

Number of injuries in child care as defined by the State/Territory. Describe (optional) _____

Number of fatalities in child care as defined by the State/Territory. Describe (optional) Idaho has just implemented a board to gather information on child fatalities. This may include child fatalities in child care facilities.

Number of monitoring visits received by programs. Describe (optional) _____

Caseload of licensing staff. Describe (optional) _____

Number of programs revoked from CCDF due to non-compliance with health and safety requirements. Describe (optional) _____

Other. Describe _____

None

b) Performance measurement. What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with

CCDF health and safety requirements? Licensing does not have performance measures in place to monitor compliance with CCDF health and safety requirements. Health and safety compliance is monitored as part of ICCP program inspections and through follow up on complaints about health and safety.

- c) **Evaluation.** What, if any, are the State/Territory’s plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. none

3.1.7 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.


What are the Lead Agency’s goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

| |
|---|
| Goal 1 – <u>Research the extent of “ authority” provided under each of the following governing rules, Health , Licensing, and Idaho Child Care Program.</u> |
| Goal 2 - - <u>Change the license document to include the occupancy load permitted by the Fire Inspector.</u> |
| Goal 3 – <u>Restructure the complaint tracking system to improve communicaton with partners and other stakeholders.</u> |
| Goal 4 – <u>Evaluate methods to align State and City licensing requirements with the new CCDF regulations.</u> |
| Goal 5 - |



CCDF has a number of performance measures that are used to track progress for key aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Please follow this link <http://www.acf.hhs.gov/programs/occ/resource/government->

[performance-and-results-act-gpra-measures](#) to see the CCDF performance measures. A number of these performance measures rely on information reported in the State and Territorial Plans as a data source. We have added a ruler icon  in Section 3.2 through 3.4 in order to identify the specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete in order to promote the usefulness and integrity of the performance measures.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)


For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

 **3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.**

- Birth-to-three
- Three-to-five
- Five years and older
- None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:
http://www.healthandwelfare.idaho.gov/Portals/0/Children/IELeGuidelines/Idaho_Early_Learning_eGuidelines.htm

Which State/Territory agency is the lead for the early learning guidelines?
Department of Health and Welfare

 **3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.**

| Domains | Birth-to-Three ELGs | Three-to-Five ELGs | Five and Older ELGs |
|---------------------------------|-------------------------------------|-------------------------------------|----------------------------|
| Physical development and health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Domains | Birth-to-Three ELGs | Three-to-Five ELGs | Five and Older ELGs |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Social and emotional development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Approaches to learning | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Logic and reasoning (e.g., problem-solving) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Language development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Literacy knowledge and skills | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mathematics knowledge and skills | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Science knowledge and skills | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Creative arts expression (e.g., music, art, drama) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Social studies knowledge and skills | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| English language development (for dual language learners) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List any domains not covered in the above _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other. Describe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.2.3 To whom are the early learning guidelines disseminated and in what manner? Check all audiences and methods that your State/Territory has chosen to use in the chart below.

| | Information Dissemination | Voluntary Training | Mandatory Training |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Parents in the child care subsidy system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents using child care more broadly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practitioners in child care centers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Providers in family child care homes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Practitioners in Head Start | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Practitioners in Early Head Start | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Practitioners in public Pre-K program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Practitioners in elementary schools | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other. List <u>Higher Education uses in pre-service and inservice training, Associate, Bachelors and Masters levels.</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

- To define the content of training required to meet licensing requirements

- To define the content of training required for program quality improvement standards (e.g., QRIS standards)
- To define the content of training required for the career lattice or professional credential
- To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
- To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
- To develop State-/Territory –approved curricula
- Other. List
- None.



3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

- Cross-walked to align with Head Start Child Development and Early Learning Framework
- Cross-walked to align with K-12 content standards
- Cross-walked to align with State/Territory pre-k standards
- Cross-walked with accreditation standards
- Other. List ELG's are the State Pre-k standards
- None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools – 1) ongoing assessment of children’s progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

- a) Are programs required to conduct ongoing assessments of children’s progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes. Describe

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children’s needs?

- Yes. Describe
- No

Other. Describe _____

a-2) If yes, is information on child's progress reported to parents?

Yes. Describe _____

No

Other. Describe _____

No

Other. Describe _____

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?

Yes. Describe _____

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

Yes. Describe _____

No

Other. Describe _____

b-2) If yes, are the tools used on all children or samples of children?

All children. Describe _____

Samples of children. Describe _____

Other. Describe _____

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

Yes. Describe _____

No

Other. Describe _____

No

Other. Describe _____

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

Yes. Describe _____

No

Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning

Guidelines – What data elements, if any, does the State/Territory have access to on the dissemination of, implementation of, or children's attainment of the early learning guidelines? What, if any, performance measures does the State/Territory use for dissemination and implementation of the early learning guidelines? The purpose of these questions is for Lead Agencies to provide a description of their

capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

- Number/percentage of child care providers trained on ELG's for preschool aged children. Describe (optional) _____
- Number/percentage of child care providers trained on ELG's for infants and toddlers. Describe (optional) _____
- Number of programs using ELG's in planning for their work. Describe (optional) _____
- Number of parents trained on or served in family support programs that use ELG's. Describe (optional) _____
- Other. Describe _____
- None

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines? Full integration into the Idaho STARS QRIS

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines and the progress of children in child care? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. none

3.2.8 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines? Develop additional documents for early learning professionals. Set up the standards and steps to track the number of child providers trained in ELG's and using ELG's in their work.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)

Many States have chosen to use targeted quality funds and other resources to

develop a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs (i.e. QRIS). States and Territories will provide a self-assessment on current program quality improvement activities by responding to questions in this section and then describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to a Quality Rating and Improvement System (QRIS) framework. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:


1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

While not all States and Territories have developed or implemented a formal QRIS, all are pursuing quality improvement strategies that can be described within this framework (based upon previous CCDF Plans). Using this framework to organize this section allows States/Territories to report on their quality improvement activities systematically whether they have a QRIS or not. Over time, States and Territories are encouraged to work on linking their quality improvement initiatives and strategies across all of these elements, culminating in a comprehensive Quality Rating and Improvement System with adequate support for providers to attain higher levels of quality and transparency for parents and the community regarding the quality of child care.

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities. _____

3.3.1 Element 1 – Program Standards

Definition – For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

 a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- Ratios and group size
- Health, nutrition and safety

- Learning environment and curriculum
- Staff/Provider qualifications and professional development
- Teacher/providers-child relationships
- Teacher/provider instructional practices
- Family partnerships and family strengthening
- Community relationships
- Administration and management
- Developmental screenings
- Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- Cultural competence
- Other. Describe inclusive learning environment indicators and required training
- None. If checked, skip to 3.3.2.

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- Children with special needs as defined by your State/Territory
- Infants and toddlers
- School-age children
- Children who are dual language learners
- None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

- Licensing is a pre-requisite for participation
- Licensing is the first tier of the quality levels
- State/Territory license is a "rated" license.
- Other. Describe
- Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

- Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
- Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start 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, or an alternative pathway to meeting the standards)

Other. Describe

None

3.3.2 Element 2 – Supports to Programs to Improve Quality

Definition – For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.



a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, skip to 3.3.3.

| Types and Purposes of Support | Information or Written Materials | Training | On-Site Consultation |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Attaining and maintaining licensing compliance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Attaining and maintaining accreditation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas: | | | |
| Health and safety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Infant/toddler care | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| School-age care | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Inclusion | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Teaching dual language learners | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Business management practices | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other. Describe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> None. Skip to 3.3.3. | | | |

b) Methods used to customize quality improvement supports to the needs of individual programs include:

Program improvement plans

Technical assistance on the use of program assessment tools

Other. Describe


c) Is technical assistance linked to entering the QRIS or targeted to help programs

forward on QRIS?

- Yes. Describe Technical assistance is provided through onsite visits by regional consultants. An on site orientation to the QRIS is conducted
- No
- Other. Describe

3.3.3 Element 3 – Financial Incentives and Supports


Definition – For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

 a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, skip to 3.3.4.

| Types of Financial Incentives and Supports for Programs | Child Care Centers | Child Care Homes | License-Exempt Providers |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Grants to programs to meet or maintain licensing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Grants to programs to meet QRIS or similar quality level | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> On-going, periodic grants or stipends tied to improving/maintaining quality | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Tax credits tied to meeting program quality standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other. Describe <u>We provide grants to providers who want to be an ICCP eligible provider and need financial assistance to complete the minimal standards</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> None. Skip to 3.3.4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.3.4 – Element 4 - Quality Assurance and Monitoring

Definition – For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

 a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

| Types of Program Quality Assessment Tools | Child Care Centers | Child Care Homes | License-Exempt Providers |
|--|---|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. <u>QRIS requires a pre-and-post assessment for first year and validation assessment for two additional years. After the three years, the provider must re-apply for a STAR rating.</u> | <input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> School-Age | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| <input type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21 st Century Learning Center programs Describe, including frequency of assessments. <u>Idaho has developed a customized instrument for measuring Strengthening Families elements and measuring quality Business Practices.</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Other. Describe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> None. Skip to 3.3.5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

Have a mechanism to track different quality

assessments/monitoring activities to avoid duplication

Include QRIS or other quality reviews as part of licensing enforcement

Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

Other. Describe

None

3.3.5 – Element 5 - Outreach and Consumer Education

Definition – For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.



a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

Yes. If yes, how is it used?

Resource and referral/consumer education services use with parents seeking care

Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

Searchable database on the web

Voluntarily, visibly posted in programs

Mandatory to post visibly in programs

Used in marketing and public awareness campaigns

Other. Describe

No. If no, skip to 3.3.6.

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

Print

Radio

Television

Web


Telephone


Social Marketing

- Other. Describe
- None

c) Describe any targeted outreach for culturally and linguistically diverse families. IdahoSTARS employs a coordinator to provide outreach to culturally and linguistically diverse families.

3.3.6. Quality Rating and Improvement System (QRIS)

-  a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5**, does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?
- Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.
 - Participation is voluntary for all child care providers
 - Participation is mandatory for _____
 - Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.
 - No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.
 - State/Territory is in the development phase
 - State/Territory has no plans for development
 - Other. Describe

 b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

- Child care centers
- Group child care homes
- Family child care homes
- In-home child care
- License exempt providers
- Early Head Start programs
- Head Start programs
- Pre-kindergarten programs
- School-age programs
- Other. Describe Idaho allows Pre-K programs as long as they are extended day and parents are working or going to school

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above, please describe no

3.3.8 Data & Performance Measures on Program Quality – What data

elements, if any, does the State/Territory currently have access to related to the quality of programs? What, if any, does the State/Territory use for performance measures on program quality improvement? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on program quality.** Indicate if the Lead Agency or another agency has access to data on:

- Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory. Describe (optional) [redacted]
- Number of programs that move program quality levels annually (up or down). Describe (optional) [redacted]
- Program scores on program assessment instruments. List instruments: ECCRS Describe (optional) [redacted]
- Classroom scores on program assessment instruments. List instruments: [redacted] Describe (optional) [redacted]
- Qualifications for teachers or caregivers within each program. Describe (optional) [redacted]
- Number/Percentage of children receiving CCDF assistance in licensed care. Describe (optional) [redacted]
- Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory
- Number/Percentage of programs receiving financial assistance to meet higher program standards. Describe (optional) [redacted]
- Other. Describe [redacted]
- None

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality? IdahoSTARS CCR&R measures quality through quality assurance observations (ERS), surveys, and the numbers enrolled in the programs that improve quality.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. Idaho STARS CCR&R maintains assessment reliability standards, ERS assessors are trained and monitored for reliability and quality assurance in the use of the assessment tools and additional quality assurance reviews of assessments and data collected are conducted. The state of Idaho's contract performance

standards related to assessment are monitored quarterly.

3.3.9 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems? 1. Implement align the revised QRIS and PDS, using financial incentives to support program participation.
2. Expand participation in QRIS by a minimum of 20%. 3. Implement a professional marketing consumer education plan, targeted at helping parents chose quality child care and encouraging child care providers to enroll in Professional Development System or the Quality Rating and Improvement System.

3.4 Pathways to Excellence for the Workforce – Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

- 1) Core Knowledge and Competencies
- 2) Career Pathways (or Career Lattice)
- 3) Professional Development Capacity
- 4) Access to Professional Development
- 5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities. State of Idaho, Idaho AEYC, University of Idaho, other Higher Education institutions, Idaho child care providers representing Center, Group, Family programs, Early Childhood Coordinating Council, Infant Toddler Program Staff, Maternal and Child Home Visiting Program, Child Care Administrator, and the Idaho Child Care Program Advisory Panel.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition – For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

 a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

- Yes
- No, the State/Territory has not developed core knowledge and competencies. Skip to question 3.4.2.
- Other. Describe

If yes, insert web addresses, where possible:

<http://idahostars.org/?q=PDS>

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

- Child growth, development and learning
- Health, nutrition, and safety
- Learning environment and curriculum
- Interactions with children
- Family and community relationships
- Professionalism and leadership
- Observation and assessment
- Program planning and management
- Diversity
- Other. Describe Children with Special Needs, “at-risk populations”, and the Five Protective Factors
- None

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (as reported in section 3.3)
- To define the content of training required for the career lattice or credential
- To correspond to the early learning guidelines

- To define curriculum and degree requirements at institutions of higher education
- Other. Describe
- None

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

- Cross-walked with the Child Development Associate (CDA) competencies
- Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)
- Cross-walked with apprenticeship competencies
- Other. Describe Aligned with CDA but not cross-walked
- None

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.


- Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe _____
- Providers working directly with children in family child care homes, including aides and assistants. Describe _____
- Administrators in centers (including educational coordinators, directors). Describe Idaho STARS Director's specialization
- Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe _____
- Education and training staff (such as trainers, CCR&R staff, faculty). Describe Children with Special Needs, "at-risk populations", and the Five Protective Factors
- Other. Describe
- None

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

- Birth-to-three
- Three-to-five
- Five and older
- Other. Describe
- None

3.4.2 Workforce Element 2 - Career Pathways

Definition – For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

 a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

- Yes. Describe The Professional Development Registry has defined pathway levels.
- No, the State/Territory has not developed a career pathway. Skip to question 3.4.3.

Insert web addresses, where possible: <http://idahostars.org/?q=PDS>

b) Check for which roles, if any, the career pathways include qualifications, specializations or credentials.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe Professional Development System pathways outline training, high school education and college credit requirements per pathway level

Providers working directly with children in family child care homes, including aides and assistants. Describe Professional Development System pathways outline training, high school education and college credit requirements per pathway level

Administrators in centers (including educational coordinators, directors). Describe Professional Development System pathways outline training, high school education and college credit requirements per pathway level

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe Professional Development System pathways outline training, high school education and college credit requirements per pathway level

- Education and training staff (such as trainers, CCR&R staff, faculty). Describe
- Other. Describe
- None

c) Does the career pathways (or lattice) include specializations or credentials, if any, for working with any of the following children?

- Infants and toddlers
- Preschoolers
- School-age children
- Dual language learners
- Children with disabilities, children with developmental delays, and children with other special needs
- Other. Describe
- None

d) In what ways, if any, is the career pathway (or lattice) used?

- Voluntary guide and planning resource
- Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
- Required placement for all practitioners working in programs that receive public funds to serve children birth to 13
- Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)
- Required placement for participation in scholarship and/or other incentive and support programs
- Required placement for participation in the QRIS or other quality improvement system
- Other. Describe
- None

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

- Yes. If yes, describe [Idaho verifies career level via transcripts, pay stubs, diploma's, training registry, and certificates of completion.](#)
- No

3.4.3 Workforce Element 3 – Professional Development Capacity

Definition – For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.




a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and

related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

Yes. If yes, describe The Early Childhood Council Council, also referred to as EC3, (ECCS grant funded advisory council) conducted a survey of Higher Ed capacity related to the blended certificate. The State Early Childhood Higher Ed Consortium developed a compendium of available ECE degree programs.

No

 b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

Yes. If yes, describe IdahaSTARS manages a State Early Childhood Training Registry

No

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

- Standards set by the institution
- Standards set by the State/Territory higher education board
- Standards set by program accreditors
- Standards set by State/Territory departments of education
- Standards set by National Teacher Preparation Accrediting Agencies
- Other. Describe _____
- None

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

- Training approval process. Describe Idaho requires an application and approval process for training. There is a quality assurance process in place to continuously monitor training quality.
- Trainer approval process. Describe Idaho requires an application and approval process for trainers. There is a quality assurance process in place to continuously monitor trainer quality.
- Training and/or technical assistance evaluations. Describe Post training submitted by the trainee.
- Other. Describe _____
- None

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

Yes. If yes, describe The State Early Childhood Higher Ed Consortium maintains articulation agreements.

No

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

- Yes. If yes, describe
- No

3.4.4 Workforce Element 4 – Access to Professional Development

Definition – For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.



a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

- Yes. If yes, for which sectors?
- Child care
 - Head Start/Early Head Start
 - Pre-Kindergarten
 - Public schools
 - Early intervention/special education
 - Other. Describe
- No

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

- Yes. If yes, describe [Idaho contracts with the University of Idaho to manage the State Training Registry](#)
- No

Insert web addresses, where possible: <http://idahostars.org/?q=training-information>

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

- Scholarships. Describe [Training and academic scholarships are available for those enrolled in the PDS registry](#)
- Free training and education. Describe [The Idaho STARS Regional Quality Child Care Consultants provide free education and technical assistance to all providers who request it.](#)
- Reimbursement for training and education expenses. Describe [Provider attending approved training may apply for the reimbursement for the training costs.](#)
- Grants. Describe [Quality improvement grants and NAEYC and NAFCC Accreditation grants are available to providers enrolled in the PDS.](#)
- Loans. Describe _____
- Loan forgiveness programs. Describe _____
- Substitute pools. Describe _____
- Release time. Describe [Home providers enrolled in the academic scholarship program in a two or four year university receive paid release time.](#)
- Other. Describe _____
- None

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?


- Yes. If yes, describe [IdahoSTARS has two scholarship counselors.](#)
- No

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?


- Yes. If yes, describe [IdahoSTARS Regional Quality Child Care Consultants and Child Care Health Consultants](#)
- No

3.4.5 Workforce Element 5- Compensation, Benefits and Workforce Conditions


Definition – For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

 a) Does the State/Territory have a salary or wage scale for various professional roles?

- Yes. If yes, describe _____
- No

 b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

- Yes. If yes, describe IdahoSTARS PDS participants who are Academic Scholars and complete their degree, receive an increased compensation as agreed to by the participants employer.
- No

 c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

- Yes. If yes, describe IdahoSTARS provides an anniversary award or level move award for continued progress on the career lattice based on number of training hours, college credits or degree completed within a providers anniversary cycle.
- No

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

- Yes. If yes, describe _____
- No

3.4.6 Data & Performance Measures on the Child Care Workforce – What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on the child care workforce.** Indicate if the Lead Agency or another agency has access to data on:

- Data on the size of the child care workforce. Describe (optional) This represents data ONLY for licensed programs, programs receiving CCDF subsidies and providers participating in the quality improvement system and IdahoSTARS Professional Development System. Data is collected in NACCRRAware and IdahoSTARS Access database.

- Data on the demographic characteristics of practitioners or providers working directly with children. Describe (optional) [Data only for licensed programs, programs receiving CCDF subsidies and providers participating in the quality improvement system and IdahoSTARS Professional Development System. Data is collected in NACCRRAware and IdahoSTARS Access database.](#)
- Records of individual teachers or caregivers and their qualifications. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS.](#)
- Retention rates. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS.](#)
- Records of individual professional development specialists and their qualifications. Describe (optional)
- Qualifications of teachers or caregivers linked to the programs in which they teach. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS.](#)
- Number of scholarships awarded . Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS.](#)
- Number of individuals receiving bonuses or other financial rewards or incentives. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS.](#)
- Number of credentials and degrees conferred annually. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS Registry.](#)
- Data on T/TA completion or attrition rates. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS Registry.](#)
- Data on degree completion or attrition rates. Describe (optional) [This represents data ONLY on those enrolled in IdahoSTARS PDS Registry.](#)
- Other. Describe
- None

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition– For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of

the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe Required enrollment in PDS for QRIS participating providers. Voluntary for non-QRIS providers.

Providers working directly with children in family child care homes, including aides and assistants. Describe Required enrollment in PDS for QRIS participating providers. Voluntary for non-QRIS providers.

Administrators in centers (including educational coordinators, directors). Describe Required enrollment in PDS for QRIS participating providers. Voluntary for non-QRIS providers.

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe Voluntary

Education and training staff (such as trainers, CCR&R staff, faculty). Describe Voluntary

Other. Describe

None

b-2) Does the workforce data system apply to:

X all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

X all practitioners working in programs that receive public funds to serve children birth to age 13?

No

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems? IdahoSTARS measures quality through quality assurance observations, surveys, and the numbers enrolled in the programs that improve quality. The State of Idaho's contract performance standards related to workforce improvement are

monitored quarterly.

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. IdahoSTARS maintains assessment reliability standards, Regional Consultants, Assessors, Mentor/Coacher are trained and monitored for reliability and quality assurance in the use of the assessment tool and additional quality assurance reviews of assessment and data collection are conducted. The State of Idaho's contract performance standards related to assessment are monitored quarterly.

3.4.7 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section in 3.4. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

| |
|---|
| <u>Goal 1 – Begin to Align QRIS essential training with Idaho's Core Competencies for Early Care and Education's Standards by focusing on Tier 1 basic standards.</u> |
|---|

| |
|--|
| <u>Goal 2 – Implement the tiered reimbursement sytem in phases along with the modified QRIS phased implementation.</u> |
|--|

| |
|--|
| <u>Goal 3 – Recognizing that workforce development is market driven in Idaho continue to work on a marketing plan that will encourage parents to choose quality and providers to engage in the QRIS.</u> |
|--|

| |
|----------|
| Goal 4 - |
|----------|

| |
|----------|
| Goal 5 - |
|----------|

AMENDMENTS LOG

CHILD CARE AND DEVELOPMENT FUND PLAN FOR: _____
FOR THE PERIOD: 10/1/11 – 9/30/12

Lead Agencies are required to request approval from Administration for Children and Families (ACF) whenever a “substantial” change in the Lead Agency’s approved CCDF plan occurs. Please refer to the ACF Program Instruction regarding CCDF Plan amendments for more information

<http://www.acf.hhs.gov/programs/occ/resource/pi-2009-01>

Plan amendments must be submitted to ACF within 60 days of the effective date of the change. Under the regulation, the plan amendment must be approved no later than the 90th day following the date on which the amendment is received by ACF unless the Lead Agency and ACF mutually agree in writing to extend the period. (§98.18 (b)).

ACF encourages Lead Agencies to contact the Child Care program staff in the appropriate ACF Regional Office to discuss any proposed amendment as early as possible.

Instructions for Submitting Amendments:

Complete the first 3 columns of the Amendment Log and send a copy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.

ACF will complete column 4 and returns a photocopy of the Log to the grantee following its review and approval of the amendment. The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

Appendix 1

Quality Performance Report

This annual report will be submitted to ACF no later than December 31, 2014 and will reflect the period October 1, 2013 through September 30, 2014. Lead Agencies will leave this report blank when the Plan is initially submitted.

In this report, Lead Agencies are asked about the State/Territory's progress in meeting its goals as reported in the FY 2014-2015 CCDF Plan, and provide available data on the results of those activities. At a minimum, Lead Agencies are expected to respond to the first question in each section of the Quality Performance Report (QPR) which asks for their progress toward meeting their goal(s) articulated in Part 2 and Part 3 of the CCDF Plan for this Biennium.

Because of the flexibility in administering the CCDF program, it is expected that Lead Agencies may not have information and data available to respond to all questions. A Describe box is provided for each question for Lead Agencies to provide descriptive context for data reported and narrative updates in each data section, including any plans for reporting data in the future, if actual data is not currently available or if specific questions are not applicable. Lead Agencies may use data collected by other agencies and entities (e.g., CCR&R agencies or other contractors) as appropriate. The term Lead Agency is used in questions when the data relate to a CCDF-specific activity, otherwise the term State/Territory is used when another entity may be responsible or involved with an activity (e.g., licensing).

The purpose of this annual report is to capture State/Territory progress on improving the quality of child care. Specifically, this report will:

- Provide a national assessment of State's and Territory's progress toward improving the quality of child care, including a focus on program quality and child care workforce quality;
- Track State's and Territory's annual progress toward meeting high quality indicators and benchmarks, including those that they set for themselves in their CCDF Plans and those that are of interest to the U.S. Department of Health and Human Services in measuring CCDF program performance;
- Assist national and State/Territory technical assistance efforts to help States/Territories make strategic use of quality funds; and Assist with program accountability

This report collects progress on the five goals identified in Part 2 and Part 3 of the Child Care and Development Fund (CCDF) Plan for FY2014-2015 along with key data in relation to the four components of child care quality used as a quality framework in Part 3 of the Child Care and Development Fund Plan for FY 2014-2015:

1. Ensuring health and safety of children through licensing and health and safety standards
2. Establishing early learning guidelines
3. Creating pathways to excellence for child care programs through program quality improvement activities
4. Creating pathways to an effective, well-supported child care workforce through professional development systems and workforce initiatives.

Ensuring the Health and Safety of Children (Component #1)

In this section, Lead Agencies provide information on the minimum health and safety standards and activities in effect over the past year as of September 30, 2014.

A1.1 Progress on Overall Goals

Based on the goals described in the Lead Agency’s CCDF Plan at Section 3.1.7, please report your progress using the chart below. You may include any significant areas of progress that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., revised licensing regulation to include elements related to SIDS prevention, lowered caseload of licensing staff to 1:50, or increased monitoring visits to twice annually for child care centers). If applicable, describe any barriers to implementing your planned goals.

| Goals Described in FY 2014-2015 CCDF Plan | Describe Progress – Include Examples and Numeric Targets where Possible |
|--|--|
| | |
| | |

Note: If your licensing standards changed during this period, please provide a brief summary of the major changes and submit the updated regulations to the National Resource Center for Health and Safety in Child Care (www.nrckids.org.) _____

A1.2 Key Data

OCC is collecting this information as one part of our overall effort to better understand States/Territories’ activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here and that some data requested may be collected by another agency or entity other than the Lead Agency. Each State/Territory’s policy context and priorities and standards will play a role in the way that quality improvement activities are developed and

implemented. For example, the number of programs with licensing violations will be affected by how stringent the licensing standards are. States with more stringent standards may be more likely to report more violations than those with less stringent licensing standards. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A1.2.1 Number of Programs

- a) How many licensed center-based programs operated in the State/Territory as of September 30, 2014? _____
 N/A
Describe:
- b) How many licensed home-based programs operated in the State/Territory as of September 30, 2014? _____
 N/A
Describe:
- c) Does the State/Territory have data on the number of programs operating in the State/Territory that are legally exempt from licensing? At a minimum, the Lead Agency should provide the number of legally exempt providers serving children receiving CCDF.
 Yes. If yes, include the number of programs as of September 30, 2014 and describe (Use the Describe Box to provide the universe of programs on which the number is based)
 No. Describe:

A1.2.2 Number and Frequency of Monitoring Visits

For licensed programs, a monitoring visit is an onsite visit by department personnel to a licensed child care program with the goal of ensuring compliance with licensing regulations. This may include initial licensing determination visits, licensing renewal visits, periodic announced or unannounced visits, and visits made after a complaint is lodged. For legally exempt providers, a monitoring visit is an onsite visit to a child care program with the goal of ensuring compliance with health and safety standards as defined by CCDF and required for receipt of CCDF funds. Use the Describe box to provide your State/Territory monitoring visit requirement.

- a) How many licensed center-based programs received at least one monitoring visit between October 1, 2013 and September 30, 2014?

- a-1) Of those programs visited, how many were unannounced? _____
- a-2) Of those programs visited, how many were triggered by a complaint or identified risk? _____
- a-3) What percentage of required visits for licensed center-based program were completed? _____
- N/A

Describe:

b) How many licensed family child care programs received at least one monitoring visit between October 1, 2013 and September 30, 2014?

- _____
- b-1) Of those programs visited, how many were unannounced? _____
- b-2) Of those programs visited, how many were triggered by a complaint or identified risk? _____
- b-3) What percentage of required visits for licensed family child care programs were completed? _____
- N/A
- Describe:

c) How many legally exempt providers receiving CCDF received at least one monitoring visit between October 1, 2013 and September 30, 2014? Of those,

- c-1) Of those programs visited, how many were unannounced? _____
- c-2) Of those programs visited, how many were triggered by a complaint or identified risk? _____
- c-3) What percentage of required visits for legally exempt providers were completed? _____
- N/A
- Describe:

A1.2.3 Number of Licensing Suspensions, Licensing Revocations and Terminations from CCDF

Suspension of license includes any enforcement action that requires the temporary suspension of child care services because of licensing violations. Revocation of license includes termination or non-renewal of licensure and any other enforcement action that requires the closure of a program because of licensing violations.

| | How many programs had their licenses suspended due to licensing violations as defined in your State/Territory during the last fiscal year? | How many programs had their licenses revoked due to licensing violations as defined in your State/Territory during the last fiscal year? | How many programs were terminated from participation in CCDF due to failure to meet licensing or minimum CCDF health and safety requirements during the last fiscal year? | N/A | Describe |
|-------------------------------|--|--|---|--------------------------|----------------------|
| Child Care Centers | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| Group Child Care Homes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |

| | | | | | |
|--------------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|
| Family Child Care Homes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| In-Home Providers | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |

A1.2.5 How many previously license-exempt providers were brought under the licensing system during the last fiscal year? _____

N/A

Describe:

A1.2.6 How many injuries as defined by the State/Territory occurred in child care during the last year? Please provide your definition of injuries in the Describe box and indicate the universe of programs on which the number is based (e.g., licensed providers, CCDF providers, or all providers). _____

N/A

Describe:

A1.2.7 How many fatalities occurred in child care or as the result of a child care accident or injury as of the end of the last year? Please indicate the universe of programs on which the number is based (e.g., licensed providers, CCDF providers, or all providers). _____

N/A

Describe:

Establishing Early Learning Guidelines (Component #2)

A2.1 Progress on Overall Goals

A2.1.1 Did the State/Territory make any changes to its voluntary early learning guidelines (including guidelines for school-age children) as reported in 3.2 during the last fiscal year?

Yes. Describe _____

No

A2.1.2 Based on the goals described in the Lead Agency's CCDF Plan at Section 3.2.8, please report your progress. You may include any significant areas of progress that that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., Expanded the number of programs trained on using the ELG's, Aligned the ELG's with Head Start Child Development and Early Learning Framework). If applicable, describe any barriers to implementing your planned goals.

| | |
|--|---|
| Goals Described in FY 2014-2015 CCDF Plan | Describe Progress – Include Examples and Numeric |
|--|---|

| | |
|--|-------------------------------|
| | Targets where Possible |
| | |
| | |

A2.2 Key Data

OCC is collecting this information as one part of our overall effort to better understanding State/Territory activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here. Each State/Territory’s policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A2.2.1a How many individuals were trained on early learning guidelines (ELG’s) or standards over the last fiscal year? Responses to this question should be consistent with information provided in question 3.2.3 in the CCDF Plan.

| Provider Categories | Birth to Three ELG’s | Three-to-Five ELG’s | Five and Older ELG’s | N/A | Describe |
|--|-----------------------------|----------------------------|-----------------------------|--------------------------|-----------------|
| How many teachers/practitioners in center-based programs were trained on ELG’s over the past year? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children) | _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| How many family child care providers were trained on ELG’s over the past year? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children) | _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| How many legally exempt providers were trained on ELG’s over the past year? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children) | _____ | _____ | _____ | <input type="checkbox"/> | _____ |

A2.2.1b How many children are served in programs implementing the ELG's? Refer to question 3.2.4 in the CCDF Plan for examples of how ELG's can be implemented in programs. Program capacity can be used as an estimate of children served.

| Provider Categories | Birth to Three ELG's | Three-to-Five ELG's | Five and Older ELG's | N/A | Describe |
|---|-----------------------------|----------------------------|-----------------------------|--------------------------|-----------------|
| How many children are served in center-based programs implementing the ELG's? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children) | _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| How many children are served in program implementing the ELG's? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children) | _____ _____ | _____ _____ | _____ _____ | <input type="checkbox"/> | _____ |
| How many children are served in programs implementing the ELG's? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children) | _____ _____ | _____ _____ | _____ _____ | <input type="checkbox"/> | _____ |

Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)

A3.1 Progress on Overall Goals

A3.1.1 Based on the goals described in the Lead Agency's CCDF Plan at Section 3.3.9, please report your progress. You may include any significant areas of progress that that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., Expanded the number of programs included in the QRIS, Aligned the QRIS standards with Head Start performance standards, or expanded the number of programs with access to an on-site quality consultant). If applicable, describe any barriers to implementing your planned goals.

| Goals Described in FY 2014-2015 CCDF Plan | Describe Progress – Include Examples and Numeric Targets where Possible |
|---|---|
| | |
| | |

A3.2 Key Data

OCC is collecting this information as one part of our overall effort to better understanding State/Territory activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here. Each State/Territory’s policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A3.2.1 Number of Program Receiving Targeted Technical Assistance

Targeted technical assistance is technical assistance (coaching, mentoring and consultation) that is designed to address a particular domain/area of quality. Responses in this section should be consistent with responses provided in question 3.3.2 in the CCDF Plan which focuses on targeted technical assistance to programs (rather than practitioners) that is intended for moving programs to higher levels of quality.

- a) How many programs received targeted technical assistance during the last fiscal year (October 1, 2013 through September 30, 2014)?
- N/A
- Describe:

- b) If possible, report the number of programs who received targeted technical assistance in the following areas:
 - Health and safety _____
 - Infant and toddler care _____
 - School-age care _____
 - Inclusion _____
 - Teaching dual language learners _____
 - Understanding developmental screenings and/or observational assessment tools for program improvement purposes _____
 - Mental health _____
 - Business management practices _____
 - N/A
 - Describe:

A3.2.2 Number of Programs Receiving Financial Supports

Responses to this question should be consistent with responses provided in question 3.3.3 of the CCDF Plan. **Financial supports** must be intended to reward, improve, or sustain quality. They can include grants, cash, reimbursements, gift cards, or purchases made to benefit a program. This includes tiered reimbursements for CCDF subsidies. **One-time grants, awards, or bonuses** include any kind of financial support that a program can receive only once. **On-going or periodic quality stipends** include any kind of financial support intended to reward, improve, or sustain quality that a program can receive more than once.

- a) How many programs received one-time, grants, awards or bonuses?

Child Care Centers _____

N/A

Describe:

Family Child Care Homes _____

N/A

Describe:

- b) How many programs received on-going or periodic quality stipends?

Child Care Centers _____

N/A

Describe:

Family Child Care Homes _____

N/A

Describe:

A3.2.3 Number of Eligible Programs for State/Territory QRIS or Other Quality Improvement System

- a) What is the total number of eligible child care centers for QRIS _____ OR Other Quality Improvement System? _____

N/A

Describe:

- b) What is the total number of eligible family child care homes for QRIS _____ OR Other Quality Improvement System? _____

N/A

Describe:

- c) What is the total number of eligible license-exempt providers for QRIS _____ OR Other Quality Improvement System? _____

N/A

Describe:

A3.2.4 Number and Percentage of Programs Participating in State/Territory QRIS or Other Quality Improvement System

- a) Of the total number eligible as reported in A3.2.3, what is the total number and percentage of child care center programs in the State/Territory that participate in the State/Territory QRIS or other quality improvement system for programs over the last fiscal year?

Number of Child Care Centers Participating in QRIS _____ OR Other Quality Improvement System _____

Percentage of Child Care Centers Participating in QRIS _____ OR Other Quality Improvement System _____

N/A

Describe:

- b) Of the total number eligible as reported in A3.2.3, what is the total number and percentage of family child care programs in the State/Territory that participate in the State/Territory QRIS or other quality improvement system for programs over the last fiscal year?

Number of Family Child Care Homes QRIS _____ OR Other Quality Improvement System _____

Percentage of Family Child Care Homes QRIS _____ OR Other Quality Improvement System _____

N/A

Describe:

- c) Of the total number eligible as reported in A3.2.3, what is the total number and percentage of license-exempt programs in the State/Territory that participate in the State/Territory QRIS or other quality improvement system for programs over the last fiscal year?

Number of License-Exempt Providers QRIS _____ OR Other Quality Improvement System _____

Percentage of License-Exempt Providers QRIS _____ OR Other Quality Improvement System _____

N/A

Describe:

A3.2.5. Number of Programs at Each Level of Quality

For each type of care, provide the total number of quality levels and the number of programs at that level of the total number of participating as reported in A3.2.4. Describe metric if other than QRIS, such as accreditation.

| | Number of levels of quality | Number of programs at each level | N/A | Describe |
|--------------------|-----------------------------|----------------------------------|--------------------------|----------------------|
| Child Care Centers | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |

| | | | | |
|--------------------------|-------------------|-------------------|--------------------------|-------------------|
| Family Child Care Homes | <u> </u> | <u> </u> | <input type="checkbox"/> | <u> </u> |
| License-Exempt Providers | <u> </u> | <u> </u> | <input type="checkbox"/> | <u> </u> |

A3.2.6 Number of Programs Who Moved Up or Down within QRIS

If quality threshold is something other than QRIS, describe the metric used, such as accreditation. These numbers ARE NOT expected to total the number of participating programs in the QRIS as reported in A3.2.4.

| | How many programs moved up within the QRIS or achieved another quality threshold established by the State/Territory over the last fiscal year? | How many programs moved down within the QRIS or achieved another quality threshold established by the State/Territory over the last fiscal year? | N/A | Describe |
|--------------------------|--|--|--------------------------|-------------------|
| Child Care Centers | <u> </u> | <u> </u> | <input type="checkbox"/> | <u> </u> |
| Family Child Care Homes | <u> </u> | <u> </u> | <input type="checkbox"/> | <u> </u> |
| License-Exempt Providers | <u> </u> | <u> </u> | <input type="checkbox"/> | <u> </u> |

A3.2.7 Number of CCDF Subsidized Children Served in Programs Participating in the State/Territory Quality Improvement System

Note. If the State/Territory does not have a formal QRIS, the State/Territory may define another quality indicator and report it here.

- a) What percentage of CCDF children were served in participating programs during the last fiscal year? _____
- b) What percentage of CCDF children were served in high quality care as defined by the State/Territory? _____ Provide the definition of high quality care in the Describe box. This may include assessment scores, accreditation, or other metric, if no QRIS.
 N/A
Describe:

Pathways to Excellence for the Child Care Workforce: Professional Development Systems and Workforce Initiatives (Component #4)

A4.1 Progress on Overall Goals

A4.1.1 Based on the goals described in the Lead Agency’s CCDF Plan at Section 3.4.7, please report your progress. You may include any significant areas of progress that that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., Implement a wage supplement program, Develop articulation agreements). If applicable, describe any barriers to implementing your planned goals.

| Goals Described in FY 2014-2015 CCDF Plan | Describe Progress – Include Examples and Numeric Targets where Possible |
|---|---|
| | |
| | |

A4.2 Key Data

OCC is collecting this information as one part of our overall effort to better understanding State/Territory activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here. Each State/Territory’s policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A4.2.1 Number of Teachers/Caregivers and Qualification Levels

- a) What is the total number of child care center teachers in the State/Territory as of September 30, 2014? _____
 N/A
Describe:

- b) What is the total number of family child care providers in the State/Territory as of September 30, 2014? _____
 N/A
Describe:

- c) What is the number of center teachers and family child care providers by qualification level as of the end of the last fiscal year? Count only the highest level of education attained.

| | Child Care Center | Family Child Care | N/A | Describe |
|--|-------------------|-------------------|-----|----------|
| | | | | |

| | Teachers | Providers | | |
|-----------------------------------|----------|-----------|--------------------------|-------|
| Child Development Associate (CDA) | _____ | _____ | <input type="checkbox"/> | _____ |
| State/Territory Credential | _____ | _____ | <input type="checkbox"/> | _____ |
| Associate's degree | _____ | _____ | <input type="checkbox"/> | _____ |
| Bachelor's degree | _____ | _____ | <input type="checkbox"/> | _____ |
| Graduate/Advanced degree | _____ | _____ | <input type="checkbox"/> | _____ |

A4.2.2 Number of Individuals Included in State/Territory's Professional Development Registry during Last Fiscal Year (October 1, 2013 through September 30, 2014)

Teachers in child care centers _____
 Family child care home providers _____
 License-exempt providers _____
 N/A
 Describe:

A4.2.3 Number of Individuals Receiving Credit-Based Training and/or Education as defined by State/Territory during the last fiscal year

Teachers in child care centers _____
 Family child care home providers _____
 License-exempt providers _____
 N/A
 Describe:

A4.2.4 Number of Credentials and Degrees Awarded during Last Fiscal Year If possible, list the type of credential or degree and in what type of setting the practitioner worked.

| Setting | List Type of Credential and Provide Number Awarded | List Type of Degree and Provide Number Awarded | N/A | Describe |
|----------------------------------|--|--|--------------------------|----------|
| Teachers in child care centers | _____ | _____ | <input type="checkbox"/> | _____ |
| Family child care home providers | _____ | _____ | <input type="checkbox"/> | _____ |
| License-exempt providers | _____ | _____ | <input type="checkbox"/> | _____ |

A4.2.5 Number of Individuals Receiving Technical Assistance during Last Fiscal Year Describe any data you track on coaching, mentoring, or other

specialist consultation. If possible, include in what type of setting the practitioner worked. Responses to this question should be consistent with information provided in question 3.4.4e of the CCDF Plan.

| Setting | List Type of Technical Assistance and Provide Number | N/A | Describe |
|----------------------------------|--|--------------------------|----------|
| Teachers in child care centers | _____ | <input type="checkbox"/> | _____ |
| Family child care home providers | _____ | <input type="checkbox"/> | _____ |
| License-exempt providers | _____ | <input type="checkbox"/> | _____ |

A4.2.6 Type of Financial Supports Provided and Number of Teachers/Providers Receiving as of End of Last Fiscal Year?

- Scholarships. How many teachers/providers received? _____
 - Reimbursement for Training Expenses. How many teachers/providers received? _____
 - Loans. How many teachers/providers received? _____
 - Wage supplements. How many teachers/providers received? _____
 - Other. Describe
 - N/A
- Describe:

Building Subsidy Systems that Increase Access to High Quality Care

In this section, Lead Agencies provide progress on their subsidy administration goals over the past year as of September 30, 2014.

A5.1 Progress on Overall Goals

Based on the goals described in the Lead Agency’s CCDF Plan at Section 2.8, please report your progress using the chart below. You may include any significant areas of progress that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., established copayment policies that sustain income and sustain quality, or established eligibility policies that promote continuity of care). If applicable, describe any barriers to implementing your planned goals.

| Goals Described in FY 2014-2015 CCDF Plan | Describe Progress – Include Examples and Numeric Targets where Possible |
|---|---|
| | |
| | |

APPENDIX 2

CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:

<http://www.hhs.gov/forms/HHS690.pdf>

2. Certification regarding debarment:

<http://www.acf.hhs.gov/grants/certification-regarding-debarment-suspension-and-other>

3. Definitions for use with certification of debarment:

<http://www.acf.hhs.gov/grants/certification-regarding-debarment-suspension-and-other-0>

4. HHS certification regarding drug-free workplace requirements:

<http://www.acf.hhs.gov/grants/certification-regarding-drug-free-workplace-requirements>

5. Certification of Compliance with the Pro-Children Act of 1994:

<http://www.acf.hhs.gov/grants/certification-regarding-environmental-tobacco-smoke>

6. Certification regarding lobbying:

<http://www.acf.hhs.gov/grants/certification-regarding-lobbying>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.