# Child Care and Development Fund (CCDF) Plan For

Vermont FFY 2012-2013

### PART 1 ADMINISTRATION

### 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: Vermont Department for Children and Families (DCF)

Address of Lead Agency: 2nd Floor, 5 North, 103 South Main Street, Waterbury, VT 05671-5920 Name and Title of the Lead Agency's Chief Executive Officer: Dave Yacovone, DCF Commissioner

Phone Number: 802-241-2100 Fax Number: 802-241-2980

E-Mail Address: dave.yacovone@ahs.state.vt.us

Web Address for Lead Agency (if any): http://dcf.vermont.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: Reeva Sullivan Murphy, M.Ed

Title of CCDF Administrator: Deputy Commissioner

Address of CCDF Administrator: 103 South Main Street, 2&3 North, Waterbury, VT 05671-5500

Phone Number: 802-241-1209 Fax Number: 802-241-1220

E-Mail Address: reeva.murphy@ahs.state.vt.us

Web Address for Lead Agency (if any): http://dcf.vermont.gov/cdd

Phone Number for CCDF program information

(for the public) (if any): 802-241-3110

Web Address for CCDF program

(for the public) (if any): N/A

Web Address for CCDF program policy manual

(if any): N/A

Web Address for CCDF program administrative rules

(if any):

 $http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/2008\_DCF\_CDD\_Child\_Care\_Subsidy\_Regulations.pdf/cdd/care\_Subsidy\_Regulations.pdf/cdd/care\_Sub$ 

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

Name of CCDF Co-Administrator: Sheila Duranleau

Title of CCDF Co-Administrator: Director of Child Care Licensing and Financial Assistance

Address of CCDF Co-Administrator: 103 South Main Street, 3 North, Waterbury, VT 05671-5500

Phone Number: 802-241-1244 Fax Number: 802-241-4676

E-Mail Address: sheila.duranleau@ahs.state.vt.us Description of the role of the Co-Administrator:

Day- to-day program implementation & operations.

# 1.2 Estimated Funding

# 1.2.1 What is your expected level of funding for the first year of the FY 2012 - FY 2013 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, 2011 through September 30, 2012. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ 9,657,800

Federal TANF Transfer to CCDF: \$ 9,224,074

Direct Federal TANF Spending on Child Care: \$ 2,647,852

State CCDF Maintenance-of-Effort Funds: \$ 2,666,323

State Matching Funds: \$ 1,920,817

**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 FY2012 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 Funds If known, identify the estimated amount of public funds the Lead Agency will receive: \$1,920,817 Private Donated Funds to meet the CCDF Matching Fund requirement. Only private 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 known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement:

If checked, provide the estimated percentage of Matching Fund requirement that will be

If percentage is more than 10% of the Matching fund requirement, describe how the State

met with pre-k expenditures ( not to exceed 30%):

will coordinate its pre-k and child care services:

Activity	Estimated Amount of CCDF Quality Funds (indicate if targeted funds will be used)	Purpose	Projected Impact and Anticipated Results
funds for infants ar be used in FY 2012 estimated amount of	activities for which quand toddlers, school-age. In as much detail poss CCDF quality funds that to the Lead Agency's ochildren.	children, and resourtible, list the activities the will be used for each	rce and referral) will nat will be funded, the activity, and how
MOE Fund requirem	estimated amount of proent: Agency efforts to ensure		•
has not been reduce Estimated percentag ( not to exceed 20%) If percentage is more	v assures that its level of d, pursuant to 98.53(h)( de of MOE Fund requiren de than 10% of the MOE f and child care services t	1). nent that will be met wi fund requirement, desc	th pre-k expenditures
☐ State expenditure requirements.	es for Pre-K programs to	meet the CCDF Mainto	enance of Effort (MOE
Describe the Lead A working parents:	gency efforts to ensure t	hat pre-k programs me	eet the needs of

1.Resource Development	1. \$922,031	1. Support local delivery of affordable professional	competence and
2.Northern Lights Career DevelopmentCenter	2. \$349,987	development and program quality supports linked to QRIS	credentials of the workforce is improved.
(NLCDC) (infant-toddler targeted		2. Establish professional	Program quality is improved.
funds where applicable		development standards	
and quality expansion		and maintain a career	2. Knowledge,
targeted funds)		ladder-framework for	competence and
2 Program Quality		early childhood and	credentials of the
3.Program Quality Bonuses/Supports:		afterschool professionals. Support	workforce is improved.
Boliuses/Supports.		Level I and Level II	Consistent professional
Includes the Step Ahead	3. \$279,300	course work. Verify	Consistent professional standards and career
Recognition System	3. ψ27 3,300	professional	pathways are in place
(STARS) and national		development and related	and well communicated.
accreditation bonuses		qualifications for	and won communicated.
paid to CC	4. \$218,200	practitioners. Establish	The professional
programs/providers as	42.13,233	and maintain an	development system
well as national		instructor registry and	continually improves.
accreditation fees paid		course calendar.	
for CC		Advance a state-wide	3. The number of
programs/providers.(infa		professional	regulated programs
nt-toddler targeted funds	5. \$180,000	development system for	(family child care homes,
where applicable)	6. \$128,000	early childhood and	licensed centers,
4 Duefeesiens!		afterschool professionals	afterschool programs
4.Professional		and specialists.	and public/private
DevelopmentBonuses (infant-toddlor targeted	7. \$150,032		preschools) participating in STARS and pursuing
(infant-toddler targeted funds where applicable)	7. \$150,032		national accreditation is
5.School Age		3. One time bonuses	increased. The quality
Capacity & Quality		paid to regulated	of early childhood and
Grants (school		programs at each	after school services is
age targeted funds and	8. \$145,000	progressive star level	improved.
quality expansion		attained and to programs	
targeted funds)		that achieve national	4. The number of
		accreditation. Payment	practitioners pursuing
6.Child Care	9. \$91,684	for national accreditation	and achieving
Apprenticeship Program		application and reporting	professional credentials
7.04 1		fees.	and relevant degrees is
7.Step Ahead		4 Panyaga naid ta	increased.
Recognition System (STARS) Administration	10. \$109,555	4. Bonuses paid to individual practitioners/	Knowledge, competence
(STANS) Administration	10. \$109,555	teachers and caregivers	and credentials of the
8.Vermont Community		for NLCDC Level	workforce is improved.
Loan Fund	11. \$194,149	certificates indicating	Workforce to improved.
		progressive	5. The supply of high
9.Starting Points		achievements on	quality after school
Provider Networks		Vermont Northern Lights	programs is increased.
(quality expansion		Career ladder.	
targeted funds)		(Certificates embed	6. Career pathways for
40 Ohild Above		CDA, degrees, related	child care practitioners
10.Child Abuse		courses and experience	are supported.
prevention training	10 050 000	pertinent to the Level	The number of qualified
11.Vermont Center for	12. \$50,000	Certificate.) Payment for the national Child	associate teachers is increased.
Afterschool Excellence		Development Associate	Knowledge, competence
ATTENDED LACEHETICE	13. \$12,000	(CDA) credential	and credentials of the
(school age targeted	Ι.Ο. Ψ12,000	application fee.	workforce is improved.
funds and quality			
expansion targeted			7. Continuous quality
funds)		5. Individual program	improvement for early
		grants to expand the	childhood and
12.Early Literacy		capacity and improve the	afterschool programs
Training		quality of afterschool	and providers is
42 \/o ==== ==============================	14 \$45 000	programs	supported and
13.Vermont Association	14. \$15,000		advanced.

for the Education of Young Children (VAEYC) Accreditation Project and annual conference

14. National Association of Family Child Care Homes Accreditation facilitation and STARS support & recognition

- 6.College coursework for child care providers and on-the-job training and mentoring for child care apprentices advancing from entry level to professional standing in early childhood and afterschool programs.
- Administration of the statewide Quality Recognition and Improvement System (QRIS) for regulated child care providers of all types. Maintain standards, provide information, outreach and training for providers. Process STARS applications and arrange program assessments. Determine star level, support continuous quality mprovement. Provide data on provider participation and advancement in STARS. Provide high level training in use of valid and reliable child and program assessment tools.
- 8. Low interest loans and lare well-informed about grants to improve/expand child care facilities. Technical Assistance in budgeting and business management for child care providers
- Support for leadership development, peer interaction and support and networking opportunities for child care providers, particularly home-based providers but includes center-based programs as well.
- 10. Child abuse prevention materials and training for child care providers and programs statewide including mandated training related to ACT I (an act related to the prevention of child sexual abuse).
- 11. Support for afterschool professional

Measurable components of high quality programs are defined.

Parents, policymakers and the general public are well informed about the documented quality of early childhood and afterschool programs in Vermont.

The quality of early childhood and afterschool services improves.

- 8. The supply, quality and stability of early childhood and afterschool programs is improved.
- The quality and stability of home-based and small center-based programs is improved and sustained. Opportunities for peer mentoring and networking among child care providers are increased and sustained.
- 10. Child care providers strategies to prevent and reduce child neglect and abuse including creating safe environments and programs for children, detecting abuse and mandated reporting requirements.
- 11. The supply of high quality after school programs is increased.

Knowledge, competence and credentials of the afterschool workforce is improved.

- Licensing regulations for afterschool programs are updated with input from the afterschool provider community.
- 12. Knowledge and competence of the workforce is improved. Children's literacy is supported.
- 13. The number of early

	development and a statewide network of afterschool programs and professionals committed to increasing	childhood programs pursuing and achieving national accreditation is increased.
	afterschool opportunities and improving the quality of afterschool programs in Vermont.	The annual VAEYC conference provides high quality professional development.
	Support in review of afterschool regulations.	The quality of early childhood services is improved.
	12. "Mother Goose" early literacy programs in early childhood programs	
	13. Technical Assistance for center based Early Childhood programs working on attaining national accreditation.	and pursuing and achieving national accreditation is increased.
	Contributing sponsor for the annual statewide VAEYC conference.	The quality of early childhood and afterschool services is improved.
	14. Technical Assistance	
	and mentoring for registered and licensed	
	Family Child Care	
	providers on National	
	Association of Family Child Care (NAFCC)	
	Accreditation and/or	
	CDA and STARS.	
4.2.4 Will the Load Agency distribute and	ity funda ta aarintiaa	or local artition?
1.2.4 Will the Lead Agency distribute qual No, the Lead Agency will manage all qual		or local entitles?
Yes, the Lead Agency will manage air qual	-	nd distribute a nortion
to local entities. Estimated amount or percer		
to local chilics. Estimated amount of percen	rage to be distributed	to localities

# No, the Lead Agency will manage all quality funds directly Yes, the Lead Agency will manage some quality funds directly and distribute a portion to local entities. Estimated amount or percentage to be distributed to localities Yes, all quality funds will be distributed to local entities Other.

# 1.3 CCDF Program Integrity and Accountability

Describe:

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. Describe:

The Child Development Division (CDD) of DCF utilizes the following strategies to ensure effective controls are in place:

- Safeguards built into the data management system that identify and prevent double data entry and over-payments;
- Electronic collection of attendance linked to automation of accurate payments;
- Regulations to allow for suspension of providers from participation in the child care financial assistance program, revocation of license and possible legal action against providers who are substantiated for purposeful, fraudulent practices;
- Procedures for recovering overpayment including progressive repayment plans that are mutually agreed to by the provider and CDD;
- Processes to receive and regularly review complaints and reports related to identified "red flag" indicators of potential program violations;
- Sharing/comparing information with other benefit programs;
- Assignment of a quality control investigator assigned to CC Financial Assistance Program to pursue suspected intentional program violations;
- Review and approval of all financial assistance payments for each bi-weekly payroll period for purpose
  of identification and resolution of irregularities that indicate potential errors;
- Regular review and monitoring of fiscal reports for the CC Financial Assistance Program overall and of system generated reports related to "red flag" indicators of potential program violations;
- Review of program rules and processes to evaluate clarity and rigor in regard to program integrity;
- Regular participation in state-wide third party program audits annually over past two state fiscal years; and
- Monitoring Community Child Care Support Agencies (CCCSA) processes to determine eligibility for the Child Care Financial Assistance Program (CC FAP) including:
- Performance based agreements with CCCSAs specifying the quality and accuracy of eligibility determination activities that is required by the CDD;
- Shared use of a web-based, centralized integrated data system that includes a rules engine for the determination of eligibility for CC FAP;
- Detailed policy and procedures handbook related to CC FAP eligibility determination and utilized by all CCCSAs;
- Regular on-site monitoring to ensure compliance with regulations and quality assurance including individual case reviews by CDD CC FAP grant monitors;
- Regular on-site technical assistance from CDD staff;
- Required training for all CCCSA eligibility determination specialists provided by CDD staff; and
- Monthly phone calls to review policy and procedures and provide guidance to CCCSA eligibility determination specialists

**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.

CDD administers the program.

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))	✓	✓
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))		
Run system reports that flag errors (include types)	✓	✓
Review of attendance or billing records	☑	☑
Audit provider records	☑	<b>☑</b>
Conduct quality control or quality assurance reviews		

Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	
Conduct supervisory staff reviews	
Conduct data mining to identify trends	☑
Train staff on policy and/or audits	☑
Other. Describe	
None	

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

- Bright Futures Information System (BFIS) interfaces with other agencies and/or divisions information systems that provide information relevant to or necessary for eligibility determination such as TANF participation and child support. Also, comparisons with CACFP claims is used to identify discrepancies in enrollment/attendance information
- BFIS generates regular reports related to enrollment of subsidized children at or above licensed capacity, children with multiple providers, and providers with consistently high subsidy payments
- Child Care Financial Assistance Program (CC FAP) staff review bi-weekly automated attendance reporting before approving provider payments
- DCF Quality Control Unit includes one FTE dedicated to the CC FAP who audits CC provider attendance reporting and investigates irregularities that indicate potential program violations or administrative errors
- CDD participates in state-wide third party program audits CC FAP has been specifically audited for last two state fiscal years
- Grant monitors conduct on-site visits to Community Child Care Support Agencies at least monthly, review case files for quality assurance, and review supervisory staff oversight activities
- Child care licensing staff check CC FAP enrollment lists when conducting licensing visits and report
  apparent discrepancies in enrollment or attendance to CC FAP staff. CC FAP Quality Control
  investigator conducts on-site visits and interviews parents to audit attendance and enrollment
  documentation
- Eligibility, enrollment, attendance and payment data is aggregated into program reports and regularly reviewed to detect any trends warranting further inquiry or investigation
- CDD has a multi-faceted approach to training CCCSA eligibility determination specialists which is described in 1.3.6 below.
- Bright Futures Information System (BFIS) interfaces with other agencies and/or divisions information systems that provide information relevant to or necessary for eligibility determination such as TANF participation and child support. Also, comparisons with CACFP claims is used to identify discrepancies in enrollment/attendance information
- BFIS generates regular reports related to enrollment of subsidized children at or above licensed capacity, children with multiple providers, and providers with consistently high subsidy payments
- Child Care Financial Assistance Program (CC FAP) staff review bi-weekly automated attendance reporting before approving provider payments
- DCF Quality Control Unit includes one FTE dedicated to the CC FAP who audits CC provider attendance reporting and investigates irregularities that indicate potential program violations or administrative errors
- CDD participates in state-wide third party program audits CC FAP has been specifically audited for last two state fiscal years

- Grant monitors conduct on-site visits to Community Child Care Support Agencies at least monthly, review case files for quality assurance, and review supervisory staff oversight activities
- Child care licensing staff check CC FAP enrollment lists when conducting licensing visits and report apparent discrepancies in enrollment or attendance to CC FAP staff. CC FAP Quality Control investigator conducts on-site visits and interviews parents to audit attendance and enrollment documentation
- Eligibility, enrollment, attendance and payment data is aggregated into program reports and regularly reviewed to detect any trends warranting further inquiry or investigation
- CDD has a multi-faceted approach to training CCCSA eligibility determination specialists which is described in 1.3.6 below.

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: \$	☑	✓	✓

ゼ	ゼ	☑
☑		
□	П	
□		

None			
For any option the Le	ead Agency checked	in the chart above otl	her than none,
piease describe.			
			ducts a preliminary review
	ncorrect payment is a resu ovider or if there is reason		-
	error or unintentional prog		
	ed through a repayment p	-	
	during subsequent pay per		<u> </u>
at the source (either division	on staff, Community CC So	upport Agency staff or the	CC Provider) usually
ensues.	. (0 1	a	OO EAD to contract out
	ntional program violation, the linit. If fraud is substantiated		
	P and a payment plan is es	•	
	e intercepts. The Attorney		
to accept these cases for p	prosecution.		
135 What type of sa	anction, if any, will the	e I ead Agency niace	on clients and
<b>-</b> -	uce improper payme	<b>O</b> ,	
p	acc improper paying	da to program r	.0.40
_			
None			
Disqualify client.			
	scribe, including a desc	cription of the appeal p	rocess for clients who
are disqualified			
Disqualify provider.			
	cribe, including a desc	ription of the appeal pr	ocess for providers
who are disqualified			
			0 1 5 177
			Services Board if they feel
	cluded from participation i the Commissioner in whicl		
	s for exclusion. If the provi		
	e their appeal to an imparti		
	-		
_			
Prosecute criminally	y		
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

Activities identified in ACF-402	Cause/Type of Error (if known)	Planned	Completion Date (Actual or planned) (if known)
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- 1. Increase Quality Assurance in eligibility determination for CC assistance which is contracted to 12 Community Child Care Support Agencies (CCCSAs) in Vermont
- 2. Increase Training and Technical Assistance to eligibility specialists and supervisory staff in **CCCSAs**
- 3.Review and update CC Financial Assistance Program (CCFAP) policies and procedures.
- 4. Systems Improvements and Enhancements to Bright **Futures Information System**

1. Missing/insufficient documentation (22.8% of errors found in 2010 Improper Payments Review)

Misapplication of policy (most common cause of error in 2010 Improper Payments Review)

Computation error

2. Missing/insufficient documentation (22.8% of errors found in 2010 Improper Payments Review)

Misapplication of policy (most common cause of error in 2010 Improper Payments Review)

Computation error

3. Lessons learned (402 Q12B) and insights gained from use of third party reviewer in 2010 review. The need to provide greater clarity regarding documentation and verification and also to better align with TANF and Child Welfare policies and processes.

System error

1. CDD program staff will 1. Beginning in fall 2011, re-negotiate deliverables in performance based agreements with CCCSAs setting measurable targets for customer service and program integrity in relation to accuracy of eligibility determination in accord with the rules established in CC FAP

CDD will hire an additional grant monitor to oversee CCCSAs and provide training and technical assistance.

Increase uniformity, consistency and frequency of on-site case |Fall 2011 review, technical support and corrective action. CDD will develop and implement consistent protocols for site visits, case review and feedback.

CDD will collect and review data on case reviews to guide monitoring activities, training and technical assistance

2. Increased training for CCCSA eligibility specialists particularly in relation to documentation of information required by regulation, appropriate entry of income data and use of automated features of the Bright Futures Information System (BFIS) for income calculation.

Monthly conference calls with CDD CC FAP program staff and CCCSA eligibility specialists and supervisors

Regional training and peer exchange

The 2010 review identifies errors by agency and eligibility specialist. Grant monitors will develop and training implement specific customized technical

with amendments to current agreements anticipated in January 2012

September 2011

Beginning fall 2011 and on-going

2. Bi-annual required full day training for all CCCSA eligibility specialists and supervisors (fall 2011, spring 2012)

Extensive orientation and on-site guidance by CDD staff for new CCCSA eligibility specialists and supervisors (September December 2011)

Resuming in September 2011

Resuming in January 2012

Fall 2011 development of TA plans

Winter/spring 2012 Implementation of TA plans coordinated with on-going specialist

assistance plans based on 2010 results and ongoing monitoring data	3. Review and revisions in FFY 2012
for each agency.	Implementation in FFY 2013
3.A review of errors identified in 2010 Improper Payments Review and a close out	4.RFP developed and refined in 2011. RFP released in summer
interview with third party accounting agency, who	2011.
conducted review activities, will inform a fu	development - fall 2011
review of policies and procedures by CC FAP	Programming and testing spring 2012.
program staff. Policies, procedures and	Implementation and training for users
reference manuals used by CCCSA eligibility	summer fall 2012.
specialists will be updated or revised as warranted.	
4. Upgrade Bright Futures Information	
System (BFIS) to respond to end user	
input and prevent the types of system error	
discovered in the review	

# 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



# Representatives of general purpose local government (required)

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.

Vermont does not have an active system of County Government. Twelve regional Early Childhood Councils, known as Building Bright Futures Councils exist to assist in coordinated delivery of early childhood services. These councils made up of direct service providers, consumers, community members and some local officials including school board and zoning board members advise the Child Development Division (CDD) of the Vermont Department for Children and Families (DCF) on a variety of services. CDD works with the Councils and other local partners to ensure coordinated service delivery throughout the state.

In collaboration with the Vermont Department of Education (DOE), the CDD has met with representatives of local education agencies to discuss coordination of pre-k and child care in communities.

People in this category are on our email contact list so they were notified about all opportunities to provide comments and to respond to the draft plan at the same level as everyone else.

# 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.



State/Territory agency responsible for public education

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.

DCF and DOE co-administer state funded Pre-K under Vermont Act 62. Staff from these agencies meet regularly to collaborate on a variety of early childhood education issues relevant to activities described in this plan.

In collaboration with the DOE, the CDD has met with representatives of local education agencies and community child care programs and providers to discuss coordination of pre-k and child care in communities

Representatives of local education agencies participate with representatives from the CDD/DCF on the Center for Afterschool Excellence Advisory Board, the Interagency Coordinating Council and the Building Bright Futures Statewide Early Childhood Advisory Council

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	CDD administers IDEA Part C Early Intervention as part of Children's Integrated Services. The Interagency Coordinating Council advises the CDD on all aspects of Children's Integrated Services including issues related to children with special needs in child care.  CDD staff also participate on IDEA Section 619 Advisory group at VT Department of Education.
State/Territory agency responsible for licensing (if separate from the Lead Agency)	CDD is responsible for CC Licensing.
State/Territory agency with the Head Start Collaboration grant	CDD administers the Head Start Collaboration Grant. The Head Start Collaboration Office Director is a member of CDD staff. CDD staff meet regularly with Vermont Head Start grantees and with the state Head Start Association.
Statewide Advisory Council authorized by the Head Start Act	The Building Bright Futures (BBF) Council has been designated by the Governor of Vermont as the Statewide Advisory Council authorized by the Head Start Act. The secretary of the Vermont Agency of Human Services, of which DCF and CDD are a part, co-chairs the BBF Council. The Commissioner of DCF is a member of the BBF Council as is the Head Start Collaboration Office Director who is on the CDD staff. The CDD Deputy Commissioner consults regularly with BBF Council staff and council members as well as with members of BBF Regional Councils on matters related to child care and child care subsidies.
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and schoolage/youth-serving developmental services	CDD administers state funded base grants to 15 Parent Child Centers in Vermont communities. CDD staff meet regularly with the Vermont Parent Child Center Network to discuss issues relevant to child development services including child care delivered by those agencies and partners in their communities.
State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	In Vermont, this is the DOE. CDD/DCF staff, 3 Squares VT (SNAP) staff and DOE CACFP staff consult with Hunger Free Vermont and food security advocates to promote meals and nutrition services for children as part of early childhood and school age programs and to increase food security and healthy nutrition for young children and their families.

State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	CDD administers MECHV as part of Children's Integrated Services and collaborates closely with Vermont Department of Health/ Maternal and Child Health (VDH/MCH) staff to coordinate child health activities, home visiting, and child care.
State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	VDH is a sister agency to DCF in the Vermont Agency of Human Services. Staff from the two departments collaborate on child health issues and providing health consultation to child care programs.  VDH/MCH staff are responsible for immunization and child health promotion. In 2011, CDD staff coordinated closely with VDH/MCH staff to implement new immunization surveillance
	regulations in CC programs.  CDD administers Early Childhood and Family Mental Health services as part of Children's Integrated Services and works closely with Vermont Department of Mental Health (DMH) to coordinate efforts to support children's social and emotional wellness through early care and education programs.
State/Territory agency responsible for child welfare	The Family Services Division (FSD) and the CDD are both part of the DCF. Deputy Commissioners meet regularly as part of the DCF Leadership Team and, with their staffs, plan together around early care and education services delivered to children with open protective services cases.
State/Territory liaison for military child care programs or other military child care representatives	Vermont is one of 13 states participating in the Department of Defense funded Military Child Care Liaison Project. The Liaison's office is co-located with CDD. CDD staff have met with the Liaison assigned to Vermont to assist in identifying current state efforts, priorities, and quality initiatives that impact the ability of military families to access high quality off installation child care services in their communities. CDD will collaborate with the liaison to coordinate efforts in planning and development of priorities an quality initiatives of mutual interest.
State/Territory agency responsible for employment services/workforce development	CDD works in partnership with the Vermont Department of Labor and the Vermont Child Care Industry and Careers Council (VCCICC) to support the Vermont Child Care Apprenticeship Program and connect to the Vermont Technical Centers working with high school students interested in careers in child care.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)		The Economic Series Division with responsibility for TANF and the CDD are both part of the DCF. Deputy Commissioners meet regularly as part of the DCF Leadership Team and, with their staffs, plan together around early care and education services delivered to children in families receiving Reach Up (TANF) benefits.
	Indian Tribes/Tribal Organizations	There are no federally recognized tribal organizations in Vermont.
	N/A: No such entities exist within the boundaries of the State	
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		The Vermont Center for Afterschool Excellence (VCAE) is funded by both Mott and the CDD. CDD staff have participated in a number of Strengthening Families TA activities and Vermont CDD and FSD have adopted the Strengthening Families framework as a guiding and unifying approach to building protective factors for families facing social and economic challenges.
Provider groups, associations or labor organizations		The CDD support and meets regularly with several provider organizations including the Vermont Child Care Providers Association, the Vermont Association for the Education of Young Children and Vermont Starting Points Networks.  CDD/DCF supported a bill presented in the Vermont 2011 legislative session by Early Educators Untied in the AFT-VT to allow homebased child care providers the right to organize and collectively bargain with the state in regard to child care subsidy rates and professional development activities.
Parent groups or orga	nizations	The CDD maintains close connections with parent organizations that are included in the Kids Are Priority One advocacy coalition such as Mama Says and the Vermont Family Network. CDD staff collaborated with representatives from these groups to conduct a parent survey on child care referral services in 2010.

Local community organizations (child care resource and referral, Red Cross)	The CDD consults regularly with the Community Child Care Support Agencies (CCCSA) that provide resource and referral services. CCCSAs are members of the Vermont Association of Resource and Referral Agencies (VACCRRA). In 2011 CDD staff participated in a group including CCCSA representatives to analyze and advise DCF on whether or not to centralize eligibility determination processes in state government. The decision was made to continue to process eligibility determination for CC FAP in community agencies.
Other	The CDD is working collaboratively with The Permanent Fund of Vermont, the Turrell Fund, the Henderson Foundation and other philanthropic partners to design, develop and implement shared and complementary strategies to increase the supply and quality of early care and education services for infants and toddlers in Vermont.
	Kids Are Priority One is a collaborative early childhood advocacy effort in Vermont. CDD staff meet regularly with KAP-1 members and leaders to discuss and collaborate on policy issues relevant to child development and building a strong early care and education system in Vermont.
	CDD convened three major stakeholder groups in fall of 2010 to discuss critical issues relevant to child care and child development in fall of 2010. Over 75 participants represented many of the entities described in this chart. The three groups discussed: the integration and coordination of child development services in Vermont communities; child resource and referral services and CC FAP eligibility determination services; and professional development services funded by the CDD. Outputs from those groups informed this plan and continue
	to inform emerging strategies to improve the quality

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:

of child development services for Vermont's

children and families.

a) Date(s) of notice of public hearing: 06/03/2011 **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? E-mail alert, widely distributed memo, invitation on the CDD website.c) Date(s) of public hearing(s): 06/27/2011

**Reminder** - Must be no earlier than 9 months before effective date of Plan (October 1, 2011).

- d) Hearing site(s) June 27: Broadcast via Vermont Interactive Television to: Bennington: Senior Citizen's Service Center, 124 Pleasant Street, Bennington, VT 05201Lyndonville: Lyndon State College, 1001 College Road, Lyndonville, VT 05851-7954 Middlebury: Hannaford Career Center, 51 Charles Ave, 2nd Floor, Middlebury, VT 05753, Montpelier (broadcast site): Vermont Department of Labor, 5 Green Mountain Drive, Montpelier, VT 05602, Newport: North Country Union High School, 209 Veterans Avenue, Newport, VT 05855-0725, Rutland: Stafford Technical Center, 8 Stratton Road, Room 108, Rutland, VT 05701-3775, Springfield: Howard Dean Education Center, 307 South Street, 2nd Floor, Springfield, VT 05156, Williston: Blair Park, 451 Lawrence Place, Williston, VT 05495, July 20: Broadcast via Vermont Interactive Television to: Bennington: Senior Citizen's Service Center, 124 Pleasant Street, Bennington, VT 05201, Brattleboro: Brattleboro Union High School, 131 Fairground Road, Room 125 Brattleboro, VT 05301, Randolph Center: Vermont Technical College, VIT Studio at Morrill Hall, Randolph Center, VT 05061-0500, Newport: North Country Union High School, 209 Veterans Avenue, Newport, VT 05855-0725, Rutland: Stafford Technical Center, 8 Stratton Road, Room 108, Rutland, VT 05701-3775, Waterbury (broadcast site): State Office Complex, 103 South Main Street, Stanley Hall, Waterbury, VT 05671-2801, Williston: Blair Park, 451 Lawrence Place, Williston, VT 05495 e) How was the content of the Plan made available to the public in advance of the public hearing(s)? The plan was not available prior to the first hearing. The contents of the draft plan were reviewed at the first hearing using a Power Point presentation then questions and comments were taken which informed the final draft. The final draft was posted on the CDD website with an e-mail notice to CC providers, community partners and other stakeholders.. A simple survey was available on the CDD website to collect written comments.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Consideration of public comments will be integrated into regular program review activities and amendments to the plan and child care services supported by CCDF will be made as feasible and warranted.

1.4.2 a) June 27, 2011 and July 20, 2011

**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.

### 1.4.3. Describe:

Use of Vermont Interactive television to provide local access to the hearing, presentation of a PowerPoint explaining the contents of the plan, holding the hearing during evening hours, availability of a video recording of the hearing for those who were not able to attend, use of an electronic survey available on the CDD website to collect and organize written comments.

# 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

**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))

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)).

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood	Describe the goals or results you are expecting from the coordination
	services	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.

Representati ves of general purpose local government (required) This may include, but is not limited to: representativ es from counties and

, local human

service

local

agencies,

education representativ

es (e.g., school

health

districts), or local public

In collaboration with VT DOE, CDD will meet with local education representatives to discuss implementation of publically funded prek programs in order to share information, clarify policies and processes and identify local successes and challenges in implementing pre-k programs and partnerships.

In collaboration with VT DOE, CDD/DCF will meet with representatives of local school boards, superintendents, and principals as well as other advocates for publically funded pre-k and interested parties to hear, evaluate and potentially municipalities implement ideas to simplify and streamline administration of publically funded pre-k programs in Vermont. The two departments will submit proposals for statutory and regulatory change to the legislature in January 2012.

Strengthen and expand existing pre-k partnerships between local school districts and community early childhood programs and increase the number of communities offering publically funded pre-k services to 3 and 4 years olds.

Simplify and streamline administration of publically funded pre-k in order to expand and increase publically funded pre-k services in Vermont communities.

agencies. State/Territor y agency responsible for public education

(required) This may include, but is not limited State/Territor y prekindergarten programs (if applicable), programs serving

school-age

children

(including

Learning

higher

21st Century Community

Centers), or

education.

CDD/DCF will continue to work closely with DOE in co-effectively administering publically funded pre-k programming in Vermont. The two agencies will collaborate as leaders on improving early education for young children in Vermont as part of the BBF Council.

CDD will work with DOE representatives and the Vermont Center for Afterschool Excellence to explore strategies to sustain 21<sup>st</sup> Century Community Learning Centers.

CDD will work with representatives from DOE and the Northern Lights Career Development Center and other key stakeholders including public and private institutions of higher education to improve access to higher education for early care and education practitioners and articulation across higher education institutions in Vermont.

Increase coordination of professional development activities and certification for early childhood educators in public and private settings.

Continually improve and expand effective, developmentally appropriate child assessment in pre-k programs.

Maintain high standards that support developmentally beneficial practices in pre-k programs in Vermont.

Create an aligned continuum of early learning guidelines for children from birth - 8 years of age.

Afterschool opportunities in Vermont communities will be expanded and improved.

Increased support for early care and education and afterschool practitioners participating in higher education.

Improved coordination among institutions of higher education and between these and the Northern Lights Career Development Center.

Increased numbers of early care and education and afterschool practitioners participating in credit bearing professional development experiences leading to relevant terminal degrees.

Other Federal, State, local. Tribal (if applicable). and/or private agencies providing early childhood and schoolage/youthserving development al services (required)

CDD will continue to collaborate with the Vermont Parent Child Center Network and the 15 Parent Child Centers to provide child development and family support services in Vermont communities.

CDD will collaborate with sister agencies support systems in place. in the AHS to develop integrated family services as an approach to promoting "upstream" services and early, effective interventions to achieve positive outcomes for children, youth and families experiencing social, economic and health challenges in their lives.

Parents of young children are well informed and actively engaged in their children's learning.

Parents are socially connected and have

Parents have access to esources to meet their family's basic needs.

Pregnant and parenting teens have access to high quality services that help them achieve educational goals, develop supportive relationships with their children and improve economic stability and independence.

An integrated continuum of human services for families to choose from will be created and delivered based on diagnostic and functional needs of the child, youth and family.

Services will be guided by best practices in clinical service, early intervention and family support.

AHS funding will be integrated across programs to effectively advance AHS outcomes for children, youth and families.

State/Territor y agency responsible for public health (required)

This may include, but is not limited to, the agency responsible for immunization s and programs that promote children's emotional and mental

health

CDD and the VDH will continue to partner in the implementation of the Healthy Child Care Vermont project.

CDD will continue to collaborate with DMH to administer Early Childhood and Family Mental Health (ECFMH) as part of Children's Integrated Services. ECFMH provides expert educaton and consultation to early childhood programs around early childhood and family mental health at several levels if intensity.

Technical assistance from qualified child care health consultants will be available to regulated home based and center based child care programs to assist them in meeting health and safety standards that assure children's health, safety and well-being. Early care and education and afterschool staff are well-trained to address the health and safety needs of children in care.

Consultation from qualified early childhood mental health consultants will be available to high quality early care and education programs to assist them in supporting the social, emotional and mental health needs of young children and their families.

Early care and education ad afterschool staff are well-trained to address the social, emotional and mental health needs of young children and their families.

Supportive and therapeutic early care and education programs are available to effectively serve children with extremely challenging behaviors or emotionaldifficulties.

The need for special education services later in children's educational process are reduced and children experiencing significant stress or disruption in their lives have greater stability in early care and educational placements.

V	State/Territor y agency responsible for employment services / workforce development	CDD will continue to work in partnership with the Vermont Department of Labor and the Vermont Child Care Industry and Careers Council (VCCICC) to support the Vermont Child Care Apprenticeship Program and connect to the Vermont Technical Centers working with high school students interested in careers in child care.	The child care workforce is appropriately prepared for careers in child care.  Careers in early care and education and afterschool services are a viable and supported employment option.  CC Apprenticeship opportunities are expanded throughout Vermont.
	(required)		
V	State/Territor y agency responsible for providing Temporary Assistance for Needy Families (TANF) (required)	CDD will continue to collaborate with ESD to align policies and coordinate processes related to child care assistance for families participating in Reach Up (TANF).  CDD and ESD will work with community partners to improve access to high quality child development and family support services for children and families participating in Reach Up (TANF).	Reach Up families will have affordable access to high quality child care services that meet their needs and preferences.  Children in families participating in Reach UP will experience improved continuity of care and regular attendance in developmentally beneficial child development programs.
	Indian		
	Tribes/Tribal		
	Organizations		
	(required)		
	N/A: No such		
	entities exist		
	within the		
	boundaries of		
	the State		
Lea	ad Agency ha	g agencies, check and describe (os chosen to coordinate early child	
	State/Territor	N/A same as the Lead Agency.	
	y agency		
-	responsible for licensing		
	(if separate		
	from the		
	Lead		
	Agency)		

	T		<u> </u>
V	State/Territor y agency with the Head Start Collaboration grant	CDD administers the Head Start Collaboration grant. CDD staff meet regularly with Vermont Head Start grantees and support strategic planning and implementation of Head Start initiatives and partnerships. The DCF recently signed a Memorandum of Understanding (MOU) with the Head Start Association to promote coordination between Head Start agencies and DCF divisions in serving children receiving CC subsidies and TANF and children in protective services. The MOU expresses a shared commitment to the Strengthening Families framework related to building protective factors in families for vulnerable populations. The Head Start Collaboration Office worked with the Head Start Association to present a proposal for state support of Head Start services and expansion of Head Start partnerships in Vermont to the Governor's Office and will continue to explore opportunities to advance components of that proposal through the Race to the Top ELC application and other efforts.	Children and families in Vermont, especially those impacted by social and economic challenges, have access to high quality comprehensive early childhood services in their communities.  Head Start partnerships strengthen the system of early childhood services in Vermont communities.  Vulnerable populations of children in Vermont will experience improved continuity of care and regular attendance in comprehensive and developmentally beneficial child development programs.  Vermont families will have access to early childhood services that build protective factors, expand parenting skills and increase their ability to advocate for and support their children's development and learning.
	Statewide Advisory Council authorized by the Head Start Act	The secretary of the AHS co-chairs the Building Bright Futures (BBF) Council which is the entity authorized by the governor to serve as the SAC under the Head Start Act. The Commissioner of DCF is a member of the BBF Council as is the Head Start Collaboration Office Director who is on the CDD staff.  The CDD Deputy Commissioner, the Head Start Collaboration Director and the Director of Statewide Systems and Community Collaborations and other CDD staff will work with leaders staff from other state agencies to support the work of the BBF Council staff in a practical way.  CDD will provide relevant and timely data regarding programs, services and populations in support of BBF Council goals to integrate early childhood data across systems.  CDD's work will be guided by the commitments and strategic planning of the BBF Council.	The BBF Council is a strong, well informed and cohesive entity with clear strategic goals to apply all available resources to advancing the optimal development and well-being of Vermont's young children and their families.  Goals and outcomes identified by the BBF Council will be advanced through the work of state agencies and private partners.  State agencies and private partners engaged in advancing positive outcomes for young children work collaboratively toward a coordinated early childhood system of services envisioned and described by the BBF Council.  The BBF Council is able to track outcomes and make policy recommendations based on reliable data integrated across programs and agencies.

CDD staff will work with staff from DOE State/Territor The number of early care and education and 3 Squares VT (SNAP) in consultation with Hunger Free Vermont and afterschool programs serving y agency nutritious meals and snacks to children responsible and food security advocates to promote will increase. for the Child meals and nutrition services for children and Adult as part of early childhood and school Parents will access support for good V Care Food nutrition and healthy eating through early age programs and to increase food security and healthy nutrition for young care and education and afterschool **Program** children and their families. programs. (CACFP) The incidence of food insecurity and hunger for Vermont' children will decrease. State/Territor CDD and DOE will work together to Vermont children experiencing adversity update the Interagency Agreement from developmental delays; impairments y agency defining responsibilities for administering in speech, vision or hearing; or special responsible IDEA Part C, Early Intervention. needs and children experiencing family for programs challenges that might cause stress that for children CDD and DOE will coordinate disrupts healthy brain development have with special full, equal and continuous access to development an promulgation of regulations for IDEA Part C and Section early childhood prevention, intervention, needs 619 preschool. child and family mental health and family support services at a sufficient level of This may The Interagency Coordinating Council service for a duration of time sufficient to include, but will evaluate the potential benefits and produce improved outcomes for each is not limited consequences of considering a birth – 5 child. to: early intervention option in Vermont. State/Territor CDD and DOE will continue to y early collaborate on professional development intervention opportunities for practitioners working programs with children with special needs. authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territor y agencies that support children with

special needs

V	State/Territor y agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	VDH/MCH staff responsible for the MECHV grant administration will colocate at CDD to collaborate closely on Nursing and Family Support (Home Visiting) services provided through Children's Integrated Services.  CDD and VDH/MCH staff will work with the BBF Council to employ home visiting a strategy to increase protective factors that reduce the incidence of child abuse and neglect in the birth – three population.	Pregnant women and very young children in Vermont have access to home visiting services delivered by well qualified professionals employing evidence driven best practice that improves nurturing parent-child relationships, informed parenting, and early child development.  Investments in home visiting services in Vermont are coordinated as part of an integrated approach to family services that supports a continuum of holistic services delivered under a single case plan by a multi-disciplinary team.  Incidence of child abuse and neglect for children under three will decrease in Vermont, particularly in communities where targeted home visiting strategies are employed.
V	State/Territor y agency responsible for child welfare	CDD will continue to collaborate with FSD to align policies and coordinate processes related to child care assistance for children with open protective services cases.  CDD and FSD will work with community partners to improve access to high quality child development and family support services for children with open protective services cases.  CDD and FSD will collaborate on applying the Strengthening Families framework as a guide for department staff and community partners and a primary prevention strategy to reduce the incidence of child abuse and neglect.	Children in state custody and children living with biological parents with an open protective services case will have affordable access to high quality child development services that mitigate the effects of toxic stress on early brain development.  Children in state custody and children living with biological parents with an open protective services case will experience improved continuity of care and regular attendance in developmentally beneficial child development programs that adopt the Strengthening Families framework and implement strategies to build protective factors in families.
V	State/Territor y liaison for military child care programs or other military child care representativ es	CDD staff will continue to collaborate and coordinate with the Liaison assigned to Vermont through the federal Department of Defense project in the planning and development of priorities and quality initiatives of mutual interest.	Plans, goals and priorities of mutual interest will be aligned.  Active military families will have affordable access to high quality child care and child development services that meet their needs and preferences.  Children in active military families, particularly children with deployed parents or those recently returned from deployment will experience improved continuity of care and regular attendance in developmentally beneficial child development programs.

V	Private agencies/enti ties including national initiatives that the Lead Agency is participating in such as BUILD, Strengthenin g Families, Mott Statewide After-school Networks, Ready by 21	CDD will continue to actively support and participate in the Vermont Center for Afterschool Excellence.	The supply and quality of afterschool opportunities in Vermont will increase.  Practitioners in afterschool programs will have access to high quality professional development experiences that improve their skills, knowledge and competencies.
	Local community organizations (child care resource and referral, Red Cross)	CDD will continue to fund, monitor and work closely with Community Child Care Support Agencies (CCCSA), memebrs of the Vermont Association Child Care Resource and Referral Agencies (VACCRRA) that provide resource and referral services and determine eligibility for CC FAP.	Parents will have access to accurate information about child care quality and availability, experience excellent customer service from community based agencies and get timely and accurate determination decisions about eligibility for CC FAP.  The number of children, particularly subsidized children, enrolled in early care and education and after school programs delivering high quality services documented by participation in program with a STARS rating of 3 or above will increase.  Providers will have local support in navigating the CC FAP and serving subsidized families and will have good information on and local access to a full range of affordable professional development activities that meet their needs.  The number of early care and education and afterschool programs engaged in continuous quality improvement demonstrated by increasing levels of quality as documented through STARS participation will increase in every region in Vermont.
	Provider groups, associations or labor organizations	CDD will continue to collaborate with and support provider organizations such as the Vermont Child Care Providers Association, the Vermont Association for the Education of Young Children and Vermont Starting Points Networks.  CDD/DCF will maintain an open dialogue with child care providers interested in organizing activities.  CDD will prioritize effective two way communication with early care and education and after school providers as a division goal in this plan period.	Opportunities for provider-to-provider mentoring and coaching are increased and expanded.  Early care and education and afterschool providers across the state have "a place at the table" and a strong voice in key policy and program decisions that affect their work with children and capacity to sustain advance their professional careers and sustain their programs.  Early care and education and afterschool providers see the CDD as a partner and supporter in providing high quality services to Vermont families.

Ŋ	Parent groups or organizations	CDD will sustain connections to parent organizations that are included in the Kids Are Priority One advocacy coalition such as Mama Says and the Vermont Family Network.  CDD/DCF leadership will take advantage of natural opportunities in Vermont communities to meet parents and hear about their experiences in finding and using early care and education and afterschool services and other child development services in Vermont.	Parents needs, preferences and perspectives will inform program decisions that affect access, affordability and quality of early care and education, afterschool and other child development services available to them across Vermont.
<b>&gt;</b>	Other	CDD will continue to work collaboratively with the Early Head Start and Family Child Care Partnerships initiative to ensure that statewide systems support partnerships between Early head Start and child care stakeholders.  CDD/DCF will continue to work collaboratively with The Permanent Fund of Vermont, the Turrell Fund, the Henderson Foundation and other philanthropic partners to design, develop and implement shared and complementary strategies to support home-based providers delivering services	Infants and toddlers in very low income families and other vulnerable populations will have access to developmentally beneficial child care and comprehensive services in their communities.  The capacity and quality of infant toddler services in Vermont communities is expanded and increased.  The supply and quality of early care and education services for infants and toddlers in Vermont will be increased.

**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): Building Bright Futures Council

b)

Describe the age groups addressed by the plan(s):

prenatal - 6

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:

http://www.buildingbrightfutures.org/index.php

□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
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
Building Bright Futures Council, prenatal – 6 years. AHS Secretary is Council Co-chair. DCF Commissioner and Head Start Collaboration Director (from CDD) sit on Council. CDD staff provide technical assistance and support to the Council
Local Coordination/Council
If yes, describe entity, age groups and the role of the Lead Agency
Building Bright Futures has twelve affiliated Regional Councils, one for each identified AHS region in the state, prenatal – 6, CDD participates in monthly Regional Council calls and bi-annual meetings of Regional Council leadership, provides information, support and technical assistance to Regional Councils.
☑ Other
Describe
Though Vermont has no formal school-age coordination plan per se, the Lead Agency and other public and private partners look to the Vermont Center for Afterschool Excellence (VCAE) to coordinate and advise on after school services in the state. The purpose and goals for this public-private partnership, which addresses services for children during out-of-school hours in K-12, as well as it's current activities can be found at http://vermontafterschool.org/

CDD serves on the VCAE Board, provides funding for some of its activities and collaborates with and through VCAE to expand and improve afterschool opportunities for Vermont school age children.

Nα	าท	ρ
	Na	Non

# 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:

Both the BBF Council and VCAE (described above) are public-private partnerships that CDD supports and promotes – both promote private sector involvement and investment in meeting child care needs. **RESULTS:** 

BBF Council: Vermont creates and sustains an integrated and comprehensive system of child development services, including early care and education services, that ensures that:

- All Vermont children and their families will have resources which meet their basic needs;
- All Vermont children will achieve optimal health and development;
- All Vermont children will have supportive relationships and positive learning experiences;
- All Vermont children will grow in a safe environment that supports positive social, emotional, physical and cognitive development;
- All Vermont children and their families experiencing adversity will have early, timely and highly skilled interventions.

### VCAE:

- A broad partnership structure is created and sustained to promote the education of Vermont's children and youth in creative and non-traditional ways that extend beyond the school day;
- A strong and diversified funding structure for afterschool programs is developed in Vermont and policies that encourages partnerships, complementary connections, and collaboration; and
- An effective system of professional development and standards exists that ensures high-quality programs that support the intellectual, social, emotional, and physical development of children and youth in afterschool programs.

The CDD also provides some funding for and works closely with the Vermont Children's Trust Foundation to support statewide prevention programs for children and families to reduce the incidence of child abuse and neglect in Vermont and give all children and families in Vermont a fair chance at success.

The CDD is working collaboratively with The Permanent Fund of Vermont, the Turrell Fund, the Henderson Foundation and other philanthropic partners to design, develop and implement shared and complementary strategies to increase the supply and quality of early care and education services for infants and toddlers in Vermont.



# 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-XX) located on the Office of Child Care website at:

http://www.acf.hhs.gov/programs/ccb/law/state\_topic\_emergency.htm

# 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 [insert date]: and put into operatio as of [insert date]: , if available. Provide a web address for this plan, if available:
Other. Describe:

AHS/DCF/CDD has developed a Continuity of Operations Plan (COOP) that defines essential services and staffing provides a basis for on-going planning for emergency preparedness. That plan is updated regularly.

CDD is represented by a key leader on the state and AHS Emergency Preparedness teams. Representatives from all departments in AHS are currently meeting to review and coordinate emergency preparedness and planning. This includes consideration of emergency planning for child care centers regarding identifying the local system for notification and re-location and tying child care centers into local emergency planning efforts. The American Red Cross and Vermont Emergency Management are participants.

The CDD emergency planning coordinator is also meeting with VDH Emergency Preparedness (EP) designees in each District Office around the state to learn more about their responsibilities related to providing consultation to CC providers and training CC providers to develop emergency preparedness and evacuation plans.

CDD plans to work with the VDH EP Designees to inform them of appropriate emergency planning for CC providers. Resource Development Specialists in CCCSAs in each region will coordinate/collaborate with local VDH EP designees to assist them with reaching out to CC providers.

Beginning in fall 2011 CDD is also planning a major revision of center based and home based child care regulations and will engage our emergency planning coordinator in assuring that there is sufficient attention given to emergency planning for regulated providers incorporated into new regulations.

CDD anticipates that planning will continue to take place during the first year of this state plan (2011-2012) and that development of a clear plan and implementation activities will take place in the second year(2012-2013) .

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
Rebuilding child care facilities and infrastructure after a disaster
□ None

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	PART 2
	PARI 2
	CCDF SUBSIDY PROGRAM ADMINISTRATION
	CCDI GODGIDI I NOGRAMI ADMINISTRATION

# 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, provide the name(s) of the local entity:
Other. Describe:
Sliding fee scale is set by the:
State/Territory Local entity. If checked, provide the name(s) of the local entity:
Other. Describe:
Payment rates are set by the:
State/Territory  Local entity.

If checked, provide the name(s) of the local entity:
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
Who determines eligibility?
<b>Note:</b> If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:
Reach Up (TANF) workers in DCF ESD establish a need for service and approve eligibility for child care services for children and families participating in Reach Up. An automated electronic process transmits eligibility authorizations for these populations to the Community Child Care Support Agency specialists who create a certificate by connecting authorized Reach Up families to child care providers. The same is true for children in Protective Services, the caseworker in the Family Services Division (FSD) approves child care as part of a safety plan for children with an open protective services case. An automated electronic process transmits eligibility authorizations for these populations to the Specialized Child Care Coordinators in community-based local Children's Integrated Services Teams who create a certificate by connecting authorized Protective Services children to approved Specialized CC Services child care providers.
Agency (Check all that apply)
CCDF Lead Agency
▼ TANF agency
Other State/Territory agency.
Describe:
Child Welfare Agency
Local government agencies such as county welfare or social services departments
Child care resource and referral agencies
Community-based organizations
Other.
Describe:
Who assists parents in locating child care (consumer education)?
Agency (Check all that apply)  CCDF Lead Agency
□ TANF agency
Other State/Territory agency.
Describe:

	Local government agencies such as county welfare or social services departments	
	Child care resource and referral agencies	
	Community-based organizations	
	Other.	
Des	scribe:	
	o issues payments?	
Age	ency (Check all that apply)  CCDF Lead Agency	
	TANF agency	
	Other State/Territory agency.	
Des	scribe:	
10070		
	Local government agencies such as county welfare or social services departments	
	Child care resource and referral agencies	
	Community-based organizations	
	Other.	
Des	scribe:	
Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)  Payments are issued to CC providers. More than 80% of providers receive payments thorough electronic fund transfer. Providers may out to receive paper checks instead.		
pay Pay	ments distributed (e.g., electronically, cash, etc)	
Pay elec	ments distributed (e.g., electronically, cash, etc) ments are issued to CC providers. More than 80% of providers receive payments thorough	
Pay elec	ments distributed (e.g., electronically, cash, etc) ments are issued to CC providers. More than 80% of providers receive payments thorough tronic fund transfer. Providers may opt to receive paper checks instead.	
Pay elec	ments distributed (e.g., electronically, cash, etc) ments are issued to CC providers. More than 80% of providers receive payments thorough tronic fund transfer. Providers may opt to receive paper checks instead.	
Payeled Oth  2.2. Lea proc (658 info	ments distributed (e.g., electronically, cash, etc) ments are issued to CC providers. More than 80% of providers receive payments thorough etronic fund transfer. Providers may opt to receive paper checks instead.  mer. List and describe:	
Payeled Oth 2.2. Lea proof (658 info TAN 2.2. ass	rments distributed (e.g., electronically, cash, etc) rments are issued to CC providers. More than 80% of providers receive payments thorough teronic fund transfer. Providers may opt to receive paper checks instead.  The entropy of the control of	

Community-based organizations Public schools Internet provide website): http://dcf.vermont.gov/cdd
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.
our State/Territory has chosen to implement.  ✓ In person interview or orientation ✓ By mail
our State/Territory has chosen to implement.  In person interview or orientation  By mail  By Phone/Fax
our State/Territory has chosen to implement.  ✓ In person interview or orientation ✓ By mail
your State/Territory has chosen to implement.  In person interview or orientation  By mail  By Phone/Fax  Through the Internet  provide website): http://www.brightfutures.dcf.state.vt.us  By Email  Other.
your State/Territory has chosen to implement.  In person interview or orientation  By mail  By Phone/Fax  Through the Internet  provide website): http://www.brightfutures.dcf.state.vt.us  By Email

# 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.

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.

#### CDD:

enters into and monitors performance based agreements with Community Child Care Support
Agencies to provide personalized consumer education services to all families with particular focus on
families applying for CCDF assistance;

- provides and maintains an on-line searchable data base of all regulated child care providers that includes regulatory history and participation and rating in Vermont Step Ahead Recognitions System (STARS) and/or national accreditation;
- provides informational printed materials that address child care quality and options available to Vermont families.

# 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.

#### CDD:

- supports technical assistance in improving quality and navigating the Vermont STARS through agreements with Community Child Care Support Agencies in every region of the state;
- supports training about STARS and help with applying for and moving up in STARS through an agreement with a community agency responsible for statewide STARS administration;
- provides one time modest bonuses for advancing up each level of STARS;
- uses tiered reimbursement rates in the CC Financial Assistance Program with significantly higher rates for subsidized families using programs with STARS ratings especially for those programs with ratings at 3 or more STARS (of five);
- structures tiered reimbursement in such a way as to support lower co-payments for subsidized families using higher quality care as documented by STARS;
- will work to increase public awareness of STARS and use of STARS ratings as a factor in choosing child care for Vermont families; and
- is working with a coalition of private funders to develop and implement a plan to increase registered Family Child Care Home providers' participation and ratings in STARS with particular attention to increasing the supply and quality of early care and education for infants and toddlers.

# **2.2.5.** How will the Lead Agency promote access to the CCDF subsidy program? Check the strategies that will be implemented by your State/Territory.

☑ Provide access to program office/workers such as by:
☐ Providing extended office hours
☑ Accepting applications at multiple office locations
☑ Providing a toll-free number for clients
Other.
Describe:

 Provide access to subsidy applications and assistance in completing an application and navigating the application process and subsidy program in Community Child Care Support Agencies located in communities throughout the state.

Provide easy to navigate on-line information about financial assistance with capacity to apply on-line
<ul> <li>✓ Using a simplified eligibility determination process such as by:</li> <li>✓ Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)</li> <li>✓ Developing a single application for multiple programs</li> <li>✓ Developing web-based and/or phone-based application procedures</li> <li>✓ Coordinating eligibility policies across programs.</li> <li>List the program names: Reach Up (TANF), Family Services (protective services/child welfare) and Medical Assistance</li> </ul>
Streamlining verification procedures, such as linking to other program data systems Providing information multi-lingually Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).  Length of time: 1 month with the ability to request two additional 1 month extensions within a calendar year
Other. Describe:
Other. Describe:
None
2.2.6. Describe the Lead Agencies 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: 1month with the ability to request two additional 1 month extensions within a calendar year
☐ 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:
12 months redetermination
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:
<ul> <li>✓ 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</li> <li>✓ Targeted case management to help families find and keep stable child care arrangements</li> <li>✓ 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</li> <li>✓ Other.</li> <li>✓ Describe:</li> </ul>
□ 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.
<ul> <li>□ Application in other languages</li> <li>□ Informational materials in non-English languages</li> <li>□ Training and technical assistance in non-English languages</li> <li>□ Website in non-English languages</li> <li>☑ Lead Agency accepts applications at local community-based locations</li> <li>☑ Bilingual caseworkers or translators available</li> <li>□ Other.</li> <li>Describe:</li> <li>Spanish, French, Serbo-Croatian, Vietnamese, and Russian.</li> </ul>

☐ None

(Optional) If the Lead Agency checked an information or services in other non-Englanguages offered:	
2.2.8. How will the Lead Agency overcome the strategies, if any, that your State/Territor	e language barriers with providers? Check y has chosen to implement.
☐ Informational materials in non-English land Training and technical assistance in non-English and Safety requirements in Provider contracts or agreements in non-English languages ☐ Bilingual caseworkers or translators availad Other.  Describe:	English languages non-English languages English languages
Spanish, French, Serbo-Croatian, Vietnamese, and	Russian.
None (Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered:	
2.2.9. Describe how the Lead Agency docusing the table below. (§98.20(a))	uments and verifies applicant information
Check the strategies that will be implemente your parent application for the child care subprovide a web address, if available: http://dcf.v	sidy program(s) as Attachment 2.2.9 or
The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
Applicant identity	Application self declaration Verify SSN through direct interface with ESD benefit programs
	Application self declaration – cross reference with

Applicant's relationship to the child

Child's information for determining eligibility (e.g., identity, age, etc.)	Application self declaration		
Work, Job Training or Educational Program	Request employment verification form, pay stubs, tax returns, school registration, grades.		
✓ Income	Request employment verification and or pay stubs, contracts, tax returns, child support disbursement history statement, court orders, letters from SSA as necessary depending on individual's service need. Check the interface with ESD		
Other. Describe:	Communication with other Departments, Divisions and Programs staff regarding adoption agreements, Reach Up participation, foster care, etc.		
<ul> <li>2.2.10. Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?</li> <li>✓ Time limit for making eligibility determinations.</li> <li>Describe length of time 5 days to initiate determination process, 30 days to finish completed</li> </ul>			
<ul> <li>☑ Track and monitor the eligibility determination process</li> <li>☑ Other.</li> <li>Describe</li> </ul>			
None			
2.2.11. Are the policies, strategies or processes provided in questions 2.1.1. through 2.1.10 different for families receiving TANF? $(658E(c)(2)(H) \& (3)(D), \S\S98.16(g)(4), 98.33(b), 98.50(e))$			
□Yes.			

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

 $\square$ No.

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.

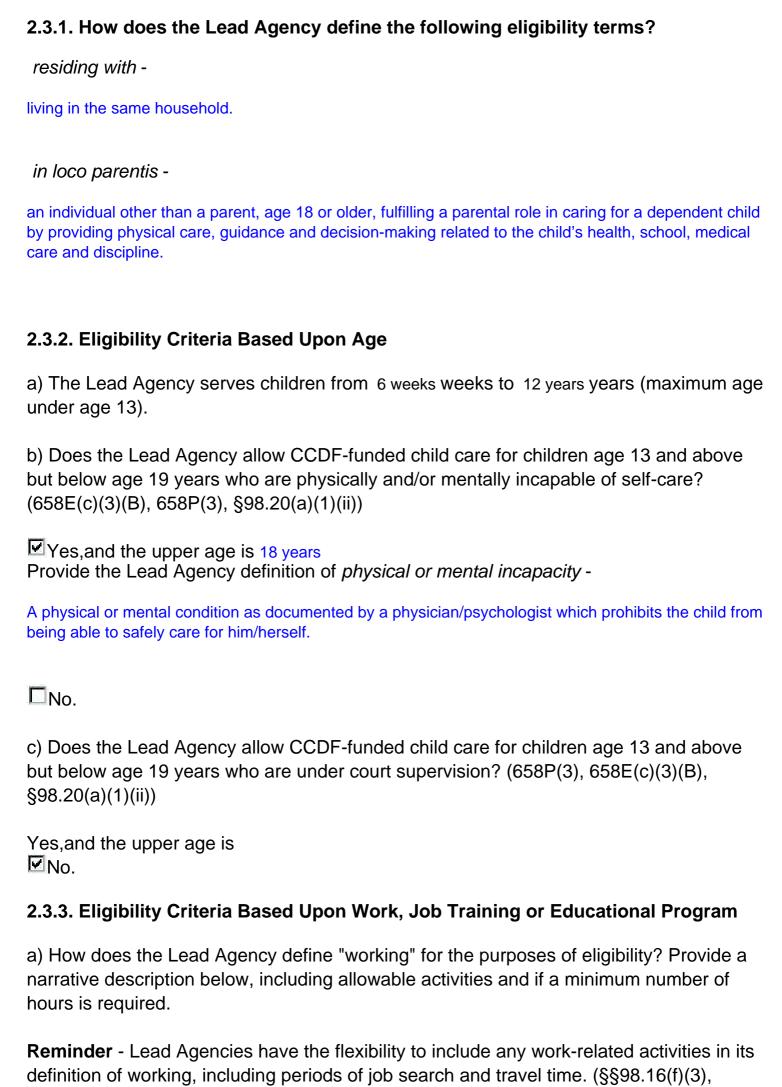
- a) Identify the TANF agency that established these criteria or definitions:

  State/Territory TANF Agency Department for Children and Families, Economic Services Division
- b) Provide the following definitions established by the TANF agency.
- "appropriate child care": an available child care slot with a licensed or registered provider located within five miles of the parent or caretaker's residence or normal route to a program activity or employment that corresponds to the days and hours care is needed and the age of the child needing care; or the participant or caretaker chooses a legally exempt child care (LECC) provider who is in compliance with the law over a regulated child care provider
- "reasonable distance": located within five miles of the parent or caretaker's residence or normal route to a program activity or employment that corresponds to the days and hours care is needed and the age of the child needing care.
- "unsuitability of informal child care": child care that the Child Development Division (CDD) classifies as legally exempt child care, and that a participant or caretaker determines to be unacceptable; and child care that CDD classifies as either a registered family child care home or a licensed child care center, and that a participant or caretaker determines to be unacceptable, when such determination is confirmed by the CDD. If the only available child care is with a LECC provider, the participant or caretaker is not required to use it.
- "affordable child care arrangements": child care services by a provider that accepts the state subsidy as full payment for services or charges a co-pay above the subsidized rate that the family can pay without hardship.

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.
Describe:

### 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))



98.20(b))

#### working-

**Employment**: involvement in an activity, either in or out of the home, through which hourly compensation of at least minimum wage is received. (no minimum hours) This includes activity reasonably related to employment, including hours of rest or sleep, as needed for 2nd or 3rd shift employment or training and may include not more than two hours a day travel time.

**Self Employment**: business activity, either in or out of the home, through an average monthly net income equivalent to the number of hours worked times the Vermont minimum wage is earned. May include not more than two hours a day travel time between the child care facility and the place of employment including the home if the business is run from the family's primary residence.

**Start Up Self Employment**. An activity determined as likely to lead to self-employment within one year. Earning minimum wage is not required during this period. May include not more than two hours a day travel time between the child care facility and place of employment including the home if the business is run from the family's primary residence.

**Seeking Employment**: Involvement in activities generally recognized as necessary to obtain employment or training leading to employment. Families seeking employment may receive child care financial assistance for a period of one month unless the period is extended by the Commissioner or designee. During this difficult economic period, applicants are able to request two additional 1 month extensions in a 12 month period. These may be granted when certain conditions are met such as a diligent and good faith effort to obtain paid work.

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 -

demonstrated participation in a program which is likely to lead to employment within one year after completion of the program. This need can also be established if the training or education program is required to maintain employment.

Approved training programs include, without limitation, the following:

- Work programs, training programs, and other activities approved by DCF's Economic Services
   Division as part of the caretaker's family development plan;
- Work or training programs approved by the Department of Labor;
- · Work study programs or training programs related to employment;
- High school, public or private, and high school equivalency programs such as Adult Basic Education (ABE) or General Equivalency Diploma (GED);
- Post-secondary courses at an accredited or recognized institution of higher education offering certification or associate and bachelor degree course work;
- Non-traditional and/or on line training approved on an individual basis; and
- · Community service time/training.

Authorization of child care financial assistance is limited to the number of days

and hours related to training or education and may include travel time up to two hours per day.
Volunteer work and post-bachelor education are not eligible activities.
□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))
<b>Reminder</b> - 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.
<b>Note</b> - 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
a set of personalized and planned child development services designed to intervene positively in a child's life.
Subsidized early care and education may be used as an intervention and safety strategy that promotes child development in the implementation of the Department for Children and Families, Family Services Division (DCF FSD) case plan for children in state custody in foster care or in the custody of biological parents or kith and kin caregivers.
Early care and education may also be authorized as a prevention and early intervention service designed to reduce stress for families and their children and promote positive child development while avoiding the intervention of the DCF FSD. This may be authorized after a confidential application and risk assessment has been completed by the local Children's Integrated Services Team.
□ <sub>No</sub> .
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? (658F(c)(3)(B), 658P(3)(C)(ii), 898.20(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 -
the total (gross) monthly income received by a child and her/his primary caregivers which is derived from any source except for the following noted in below in section "b".
b) Which of the following sources of income, if any, will the Lead Agency exclude from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude, 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:
withdrawal from bank deposits, money borrowed, self employment expenses, military pay for primary caregivers deployed on active duty.

☐ None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.
<ul> <li>☑ Children under age 18</li> <li>☐ Children age 18 and over - still attending school</li> <li>☐ Teen parents living with parents</li> <li>☑ Unrelated members of household</li> <li>☑ All members of household except for parents/legal guardians</li> <li>☐ Other.</li> <li>Describe:</li> </ul>
□ None
d) Provide the CCDF income eligibility limits in the table below. <b>Complete</b> columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) <b>ONLY IF</b> the Lead Agency is using income eligibility limits lower than 85% of the SMI.
Deminder Income limits must be provided in terms of Ctate Median Income (CMI) (or

**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 2011 poverty guidelines are available at http://aspe.hhs.gov/poverty/11poverty.shtml.

			IF APPLICABLE Income Level if lo	wer than 85% SMI
Family Size	(a)	(b)	(c)	(d)
Size	100% of State Median Income (SMI)(\$/month)	85% of State Median Income (SMI)(\$/month) [Multiply (a) by 0.85]	\$/month	% of SMI [Divide (c) by (a), multiply by 100]
1	0	0	0	NaN
2	0	0	0	NaN
3	5,205	4,424	3050	59
4	6,196	5,267	3674	59
5	7,188	6,110	4298	60

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at redetermination to remain eligible for the CCDF program)?

LYes	3.					
If yes,	provide the re	quested inform	ation from th	e table in 2.3	3.5d and <b>des</b> e	cribe below:

<b>Note:</b> This	information	can be in	cluded in	the table below.

☑No.

			IF APPLICABLE Income Level if love	wer than 85% SMI
Family Size	(a)	(b)	(c)	(d)
Size	100% of State Median Income (SMI) (\$/month)	85% of State Median Income (SMI) (\$/month)[Multiply (a) by 0.85]	\$/month	% of SMI[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year	FFY	and	SMI Source	VT State median income as reported by LIHEAP to the
,	10/11			ACF Office of Community Services Vermont State
				median Income as reported by LIHEAP to the ACF
				Office of Community Services

g) These eligibility limits in column (c) became or will become effective on: January 1, 2010

### 2.3.6. Eligibility Re-determination

a) What is the re-determination period upon initial authorization of CCDF services for most families?
☐ 6 months ☐ 12 months ☐ 24 months ☐ Other. Describe:
Length of eligibility varies by county or other jurisdiction.  Describe:

b) Is the re-determination period the same for all CCDF eligible families?

Yes. No. If no, check the categories of families for whom authorizations are different and describe the redetermination period for each.
Families enrolled in Head Start and/or Early Head Start Programs.  Re-determination period:
Families enrolled in pre-kindergarten programs.  Re-determination period:
Families receiving TANF.  Re-determination period:
Families who are very-low income, but not receiving TANF. Re-determination period:
Other. Describe:
c) Does the Lead Agency use a simplified process at re-determination?  Yes.  If yes, describe:
☑ 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	e those families:	
□Waitir Describe	ng lists are a county/local decision.	
Other Describe		
_ 500.10		

### 2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations:

If an application for the CC Financial Assistance Program (CC FAP) is denied or the applicant is dissatisfied with the level of eligibility determination, the eligibility decision may be appealed. Eligible families have the right to appeal the amount of financial assistance authorized, a change in the amount of assistance authorized or the determination of service need.

Appeals must be submitted in writing to the Child Development Division (CDD) within 30 days of a decision. The CDD will conduct a Commissioner's Review

and determine if CC FAP rules were correctly applied. If the appellant is dissatisfied with the outcome of the Commissioner's Review, they may pursue a request for a Fair Hearing with the Human Services Board within 30 days of the CDD determination as provided for in state statute. A Hearing Officer will then review the decision and render a written recommendation to the Human Services Board. The Human Services Board shall conduct a Fair Hearing according to its Rules and shall issue the final decision.

Unless initial eligibility is denied, subsidy to a family shall continue during period(s) of appeal.

### 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).

The attached sliding fee scale was or will be effective as of: January 1, 2010
2.4.2. Will the attached sliding fee scale provided as Attachment 2.4.1. be used in all parts of the State/Territory?
▼Yes □No.
If no, attach other sliding fee scales and their effective date(s) as <b>Attachment 2.4.2a</b> , <b>2.4.2b</b> , etc.
2.4.3. 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: 2009 □Income source and year varies by geographic region. Describe income source and year: □Other. Describe income source and year:
2.4.4. 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 as 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 ☐ No additional fee charged after certain number of children ☐ Fee per family ☐ Fee as 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

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1.

Fee per family
Contribution schedule varies by geographic area.  Describe:
✓ Other. Describe:
Fee as percent of benefit (rate paid by state for age of child/type of provider/quality rating of provider/amount of time authorized). Fee is per child with the same percent of benefit applied for each child.
If the Lead Agency checked more than one of the options above, describe:
Certificate identifies dollar amount state will pay and dollar amount assigned to parent based on determination of benefit level and appropriate state rate
2.4.5. 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? ( $658E(c)(3)(B)$ , $\S98.42(b)$ )
Tyes, and describe those additional factors:
☑No.
2.4.6. 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.
<b>Reminder</b> - 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: 18,300 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:
The Lead Agency waives the fee for the following families:
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.
Children with special needs
Provide the Lead Agency definition of Children with Special Needs:
child has a significant health or specialized developmental need as documented by a licensed physician and/or licensed psychologist or by the assessment determining eligibility for Special Education or Early Intervention Services that includes child care as part of the child's development plan (IEP or IFSP).
Priority rules in this category also apply tochildren meeting protective services definition as described in 2.3.4
Describe:

Children in families with very low incomes

Provide the Lead Agency definition of Children in Families with Very Low Incomes:

Children eligible for 100% benefit on the CC FAP Sliding Fee Scale (at or below 100% 2009 FPL)

Priority rules in this category also apply toeligible children in families receiving TANF benefits.

NB: Priority for these populations are the same as other CCDF-eligible families because Vermont has no waiting list for CC FAP and all eligible children are served.

Describe:

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
Children with special needs	<ul> <li>□ Priority over other CCDF-eligible families</li> <li>☑ Same priority as other CCDF-eligible families</li> <li>□ Guaranteed subsidy eligibility</li> <li>□ Other.</li> </ul>	The time limit is:  ✓ No	<ul> <li>□ Different eligibility thresholds.</li> <li>□ Describe:</li> <li>☑ Higher rates for providers caring for children with special needs requiring additional care</li> <li>☑ Prioritizes quality funds for providers serving these children</li> <li>☑ Other.</li> <li>□ Describe:</li> <li>Provides other supports to promote successful integration of particular populations of children</li> </ul>

with very low incomes	Priority over other CCDF-eligible families  Same priority as other CCDF-eligible families  Guaranteed subsidy eligibility  Other.	The time limit is:	Different eligibility thresholds.  Describe:  Waiving co-payments for families with incomes at or below the Federal Poverty Level  Other.  Describe:  Prioritize quality funds for providers serving these children
needs of familie those attemptine becoming dependence of CCDF for families received to transition off TANF.  Use priority received waive fees (continue)	CCDF funds be used to proses receiving Temporary Asing to transition off TANF the endent on TANF? (658E(c)(298.50(e), 98.16(g)(4)) Reminder and Matching fully and Temporary Assistance TANF through work activities are co-payments) for some or all ith other entities (i.e. TANF of the co-payments) for some or all ith other entities (i.e. TANF of the co-payments) for some or all ith other entities (i.e. TANF of the co-payments) for some or all ith other entities (i.e. TANF of the co-payments) for some or all ith other entities (i.e. TANF of the co-payments)	sistance for Need frough work active 2)(H), Section 418 Inder - CCDF requested to pro- for Needy Families and those at risk NF families (description	dy Families (TANF), vities, and those at risk of (b)(2) of the Social ires that not less than 70 ovide child care assistance (TANF), those attempting of becoming dependent on ribe in 2.5.1 or 2.5.3.) o are below poverty level
Other. Describe:			
that will be esta Reminder - Lead below must com Any priority rules provided in secti Term(s) - Definit		<b>cy.</b> (658E(c)(3)(B) t any eligibility crite ments of §98.20 a	, §98.16(g)(5), §98.20(b)) eria and terms provided and provided in section 2.2.
Describe:			

#### 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.  $(658E(c)(2)(A), \S 98.15(a))$ 

2.	6.	1.	Cł	rila	d (	Care	· Ce	ertifi	cates
	•		•		ч ,	Jaio	•	<i>-</i> 1	July

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))
<ul> <li>□ Certificate form provides information about choice of providers</li> <li>□ Certificate is not linked to a specific provider so parents can choose provider of choice</li> <li>☑ Consumer education materials (flyers, forms, brochures)</li> <li>☑ Referral to child care resource and referral agencies</li> <li>☑ Verbal communication at the time of application</li> <li>□ Public Services Announcement</li> <li>☑ Agency</li> <li>Website: http://dcf.vermont.gov/cdd</li> </ul>
☐ 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? <b>Attach a copy of the child care certificate as Attachment 2.6.1.</b> (658E(c)(2)(A)(iii))
<ul> <li>✓ Authorized provider(s)</li> <li>✓ Authorized payment rate(s)</li> <li>✓ Authorized hours</li> <li>✓ Co-payment amount</li> <li>✓ Authorization period</li> <li>✓ Other.</li> <li>Describe:</li> </ul>
Amount of care authorized (FT/HT)
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)). <b>Note:</b> 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, <b>describe</b> 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.
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?

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.
<ul> <li>✓ Signed declaration</li> <li>✓ Parent Application</li> <li>✓ Parent Orientation</li> <li>✓ Provider Agreement</li> <li>✓ Provider Orientation</li> <li>✓ Other.</li> <li>Describe:</li> </ul>
parent materials, CCR&R guidance and training and information on agency website.
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:

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.  $(658E(c)(2)(C), \S 98.32)$ 

DCF, as the lead agency for the CCDF, utilizes CCDF quality funds to staff the Consumer Education Line. This line is staffed from 8:00 a.m. to 4:30 p.m., Monday through Friday, and voice mail assures 24 hour a day, 7 day a week phone access, for anyone wishing to leave information related to a complaint

or wanting information on the regulatory status of a child care provider.

The staff for the Consumer Education Line register all complaints. If the complaint is of a nature that would indicate a potential regulatory violation, the complaint is referred to a licenser for follow-up. If the complaint is substantiated, the substantiation is part of the permanent public record, which is available for review upon request. Information on substantiated regulatory violations is given over the phone by the Consumer Education Specialist. All substantiated regulatory history information is also available on line through the BFIS system for the public to access.

Regulatory and complaint information is maintained on all providers who are subject to regulation under Vermont law.

The Consumer Education Line also serves as a statewide vehicle for education about what is quality care and how to locate it. The Consumer Education Line is a 1-800 number, which is published in a variety of brochures and information packets and distributed by state agency staff, CCCSAs and other community partners.

### 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. Provide a copy of your payment rates as Attachment 2.7.1.

The attached payment rates were or will be effective as of: January 3, 2010

# 2.7.2. Are the attached payment rates provided in Attachment 2.7.1 used in $\frac{\text{all}}{\text{matter}}$ parts of the State/Territory?

Yes.

□ No. If no, attach other payment rates and their effective date(s) as Attachment 2.7.2a,2.7.2b, etc.

# 2.7.3. 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: Providers are paid every two weeks for care provided and reported for a two week period three weeks prior to payment. Payments are run every week in order to pick up payments for providers who missed the reporting period and reduce payment delays.

Track and monitor the payment process Other. Describe:
Use of an automated attendance reporting and payment system that simplifies attendance reporting and significantly reduces time between provider reporting and payment.
None
2.7.4. 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, 2009). 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/ccb/law/guidance/current/pi2009-02/pi2009-02.htm 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)): 10/2010
as Attachment 2.7.4. For Lead Agencies that use an administrative provider database, provide a copy of the intake form as the instrument. 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.
2.7.5. Will the Lead Agency use the local Market Rate Survey identified in 2.7.4a i.e., the most recent MRS) to set its payment rates?
☐ Yes ☑ No. If no, list the MRS year that the payment rate ceiling is based upon: 2008
2.7.6. At what percentile of the most recent local MRS are or will payment rates be set? Provide the percentile for your payment rate ceiling in relation to the most recent survey and describe:

**Note:** Identify the percentile where payment rates fall according to the most recent local MRS (identified in 2.7.4a) regardless of whether or not you use the most recent survey to set rates. If the percentile(s) varies across categories of care (e.g., different for centers and family child care homes), regions or ages of children, provide the range of the highest and lowest percentile in relation to the most recent survey.

When establishing increased rates in January 2010, Vermont aligned the 75<sup>th</sup> percentile of 2008 reported market rates to establish rates of reimbursement for CC providers serving subsidized children who were participating in the Vermont STARS program and had achieved a quality rating of 4 STARS. Other rates, including the base rate paid to providers not yet participating in STARS, were calibrated around this alignment. Vermont made the decision to focus the resources available to increase rates on higher quality care (as documented by participation in STARS) because it was felt the use of higher quality care by subsidized families increased the value of the investment.

SBR Percentile State	Licensed Programs	Registered Homes
Infant	0.21	0.10
Toddler	0.19	0.10
Preschool	0.19	0.04
School age (FT)	0.23	0.10

In comparison to the 2010 Market Rate Survey responses, the 4 STAR rate used for calibration now corresponds to the following percentiles:

	Licensed Programs	Registered Homes
Infant	51 <sup>St</sup> percentile	66 <sup>th</sup> percentile
Toddler	52 cnd percentile	74 <sup>th</sup> percentile
Preschool	58 <sup>th</sup> percentile	58 <sup>th</sup> percentile
School age (FT)	62 percentile	45 <sup>th</sup> percentile

2.7.7. 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.

☐ Differential rate for nontraditional hours.  Describe:	
Describe.	

Differential rate for children with special needs as defined by the State/Territory. Describe:

Approved Specialized CC Services CC providers serving children with identified special needs as described in 2.5.1 receive a 7% differential in payment rates (this includes children in protective services)

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:
Vermont pays higher rates for providers who participate in the Step Ahead Recognition System (STARS) which includes programs that are nationally accredited. For providers participating in STARS, the established base rate is multiplied by a quality factor in accord with the number of STARS a program has achieved. Quality factors are as follows:
1 STAR 5% 2 STARS 10% 3 STARS 20% 4 STARS 30% 5 STARS 40%
Programs that are nationally accredited must be in STARS in order to use the tiered payment system embedded in the Bright Futures Information System. There is a streamlined application for STARS for nationally accredited programs.
Other differential rate.  Describe:
□ None.
2.7.8. Will the Lead Agency allow providers to charge parents any additional fees? Check the policies, if any, the Lead Agency has chosen to establish regarding additional fees.
<ul> <li>✓ Providers are allowed to charge the difference between the maximum reimbursement rate and their private pay rate</li> <li>✓ Providers are allowed to charge registration fees</li> <li>✓ Providers are allowed to charge for transportation fees</li> </ul>
<ul> <li>✓ Providers are allowed to charge for meals.</li> <li>✓ Providers are allowed to charge additional incidental fees such as field trips or supplies</li> <li>✓ Policies vary across region, counties and or geographic areas.</li> <li>✓ Describe:</li> </ul>

No, providers may not charge parents any additional fees				
Other.				
Describe:				
■				
None				

# 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)):

All families are allowed to select any regulated provider of any type in good standing or afamily member, friend or neighbor who meets the minimum—health and safety qualifications required to serve as a legally exempt provider—in the CC FAP to care for their children. Our tiered reimbursement rates are structured so that higher quality care, as indicated by STARS ratings of 3 or above, is as affordable as unrated or legally exempt care for low income—families. We have established payments policies that reflect industry standards and payment practices that reimburse providers for services proximal to the time of delivery thus increasing the number of providers who are willing to serve families with CC assistance.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

Vermont increased rates of reimbursement by 17 - 20% on January 3, 2010 reducing the gap between the established state rates and 2008 Market Rates in Vermont. Increases were focused on providers demonstrating the provision of quality services to support and encourage quality enhancements for providers and the use of providers committed to quality standards by subsidized families.

The 2010 Market Rate Survey indicates that licensed center based program rates have risen by an average of about 12% and registered family child care homes rates have risen by an average of about 7%. Subsidized rates have then slipped in comparison. However, data shows that more providers serving subsidized children are entering and improving ratings in STARS thus capturing higher rates of reimbursement and that the number of subsidized children in higher quality care as indicated by a rating of 3 STARS or higher, is also increasing. We are continuing to encourage and support that trend. The average cost per case in the CC Financial Assistance Program has risen over the past state fiscal year due to increasing use of high quality providers and we have budgeted for a similar increase in the next state fiscal year.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

Very low income families receiving 90 – 100% of the Vermont CC Financial Assistance Program benefit typically pay significantly less than 10% of family income for child care services.

Vermont structures the financial assistance sliding fee scale to address a cliff effect for families transitioning off of financial assistance for child care

d) Any additional facts the Lead Agency considered to determine that its payment rates
ensure equal access:

#### 2.7.10 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 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):

#### **High Quality Early Care and Education and Afterschool Services:**

The number of regulated child care providers of every type indicating a commitment to continuous quality improvement evidenced by participation in the Vermont Step Ahead Recognition System (STARS) will increase by at least 10% each year of the biennium.

The number of regulated providers of every type achieving a STARS rating of 3 or above will increase by 5% each year of the biennium.

The number of subsidized children participating in regulated programs who have achieved a STARS rating of 3 or above will increase by 7% each year of the biennium.

#### **Developmentally Beneficial Comprehensive Services and Continuity of Care for Children:**

Vulnerable populations of young children in Vermont, including children in protective services, children with special needs, and children challenged by economic instability and other environmental risk factors will have affordable access to high quality inclusive and comprehensive early care and education programs committed to: implementing program strategies that build Protective Factors as described in the Strengthening Families Logic Model; supporting continuity of care and regular attendance for enrolled children; supporting food security, healthy nutrition and physical activity; and engaging families as active participants in their children's development and care.

Progress Toward a Unified Early Childhood Comprehensive, Longitudinal Data Infrastructure: Vermont's capacity to continually collect, analyze, and disseminate information and outcomes, and track program participation in order to measure results and drive continued improvement of children's well-being will be expanded.

Vermont will establish targeted child outcomes and measurable indicators of program and

system performance and hold ourselves accountable to these.		

#### PART 3

#### **Health and Safety and Quality Improvement Activities**

# 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. 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.

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. 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)) Section 3.1 asks the State/Territory to identify and describe the components of both the licensing and CCDF health and safety requirements, indicate which providers are subject to the requirements, and describe compliance and enforcement activities. (658E(c)(2)(F), §98.41)

# 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 ( $\S98.40(a)(1)$ ). 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.

a) is the Lead Agency responsible for child care licensing? (§98.11(a))	
✓ Yes.	
□ No.	
Please identify the State or local (if applicable) entity/agency responsible for licensi	ng:

b) **Provide a brief overview** of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory. At a minimum, describe whether the State/Territory's licensing requirements serve as the CCDF health and safety requirements.

Licensing requirements serve as CCDF health and safety requirements for all regulated providers participating in the Vermont Child Care Financial Assistance Program (CC FAP). Any person or program providing child care or child development services to children from two or more families other than their own is subject to CC regulation.

c) 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. Within each CCDF category of care, please identify which types of providers are exempt from licensing in your State/Territory in the chart below.

CCDF Category of Care	,	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 exempt from licensing in your State/Territory.  For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs 21 St Century Learning Centers in schools are not required to apply for an afterschool license but may not participate in the CCDF subsidy unless they voluntarily become licensed
Oroup Home Child Care  N/A. Check if your  State/Territory does not have group home child care.	child care services for fewer	Describe which types of group homes are exempt from licensing:  None
Family Child Care	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 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. 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.	Describe which types of family child care home providers are exempt from licensing: Family child care providers caring for children in no more than two families other than their own

In-Home Care	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	Describe which types of in- home child care providers are exempt from licensing: Vermont does not regulate in- home care outside of approval to receive child care subsidies
	requirements.	

**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/ 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:** 

- d) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care\*.
- \*Source: National Resource Center for Health and Safety in Child Care and Early Education. (2003) Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards, 2nd Ed. Health Resources and Services Administration, Maternal and Child Health Bureau. Available online: http://nrckids.org/stepping

Indicator Center-Based Group Home Child Care Child Care	Family Child In-Home Care Care
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Do the licensing requirements Child:staff ratio Child:staff ratio Child:staff ratio Child:staff ratio include child:staff requirement: requirement: requirement: requirement: ratios and 6 weeks - 23 A second staff During school group sizes? If months 1:4, 24-35 person is present year: 6 children yes, specify age group, where and on duty when any age including months 1:5, 3 Group size appropriate: the number of up to 2 children years to requirement: kindergarted 1:10, children exceeds 6 under the age of 2 1st grade-15 years and there are no per caregiver; 4 1:13 more than 2 school age No children under 24 children not to requirements. months of age per exceed 4 hours per Group size staff person; or child. Summer requirement: vacation: up to 12 when children 6 weeks-23 under age 3 are children in care months max 8, 24provided that at enrolled: there is at 35 months max 10, least 1 staff person least 6 have been 3 yearspresent and on to kindergarten or kindergarten max duty when 3 or graded school and 20, 1st grade-15 fewer children are a second caregiver years no max in care and there is present and on П are at least 2 staff duty when the No persons present number exceeds 6. requirements. Infant care: 3 and on duty when 4-7 children are in children under age care and there are 2 years or 6 at least 3 staff children under age persons present 2 and the and on duty when Registrant and another caregiver 8 or more children are in care. on duty. Group size Group size requirement: requirement:

A second staff During school person is present year: 6 children any age including and on duty when the number of up to 2 children children exceeds 6 under the age of 2 per caregiver; 4 and there are no more than 2 school age children under 24 children not to months of age per exceed 4 hours per staff person; or child. Summer when children vacation: up to 12 under age 3 are children in care enrolled: there is at provided that at least 1 staff person least 6 have been present and on to kindergarten or duty when 3 or graded school and fewer children are a second caregiver in care and there is present and on are at least 2 staff duty when the number exceeds 6. persons present and on duty when Infant care: 3 4-7 children are in children under age care and there are 2 years or 6 at least 3 staff children under age 2 and the persons present and on duty when Registrant and 8 or more children another caregiver are in care. on duty. No No requirements. requirements.

<b>D</b> 41 11 1			acets.	over.
Do the licensing requirements		☑		
identify specific	High	High	High	High
experience and	school/GED	school/GED	school/GED	school/GED
educational credentials for				
child care	Child	Child	Child	Child
directors?	Development	Development	Development	Development
	Associate	Associate	Associate	Associate
	(CDA)	(CDA)	(CDA)	(CDA)
	State/ Territory	State/ Territory	State/ Territory	State/ Territory
	Credential	Credential	Credential	Credential
		☑		
	Associate's	Associate's	Associate's	Associate's
	degree	degree	degree	degree
	v			
	Bachelor's	Bachelor's	Bachelor's	Bachelor's
	degree	degree	degree	degree
			V	
	No credential	No credential	No credential	No credential
	required for	required for	required for	required for
	licensing	licensing	licensing	licensing
	V	ゼ		☑
	Other:	Other:	Other:	Other:
	For programs with	Plus 2 years		N/A
	less than 60	experience		
	children a CDA	'		
	credential or AA is			
	accepted.			
	Experience is also			
	required.			

Do the licensing	П	П	П	
requirements	(Feeder)		□	L
identify specific	High	High	High	High
experience and	school/GED	school/GED	school/GED	school/GED
educational credentials for	☑			
child care	Child	Child	Child	Child
teachers?	Development	Development	Development	Development
	Associate	Associate	Associate	Associate
	(CDA)	(CDA)	(CDA)	(CDA)
	State/ Territory	State/ Territory	State/ Territory	State/ Territory
	Credential	Credential	Credential	Credential
	V			
	Associate's	Associate's	Associate's	Associate's
	degree	degree	degree	degree
	Bachelor's	Bachelor's	Bachelor's	Bachelor's
	degree	degree	degree	degree
				☑
	No credential	No credential	No credential	No credential
	required for	required for	required for	required for
	licensing	licensing	licensing	licensing
	V		V	
	Other:	Other:	Other:	Other:
	Plus experience	Director and	Director and	
		teacher are the	teacher are the	
		same	same	

specify that directors and caregivers must attain a specific number of training hours	At least 30 training hours required in first year	At least 30 training hours required in first year	At least 30 training hours required in first year	At least 30 training hours required in first year		
per year?	At least 24 training hours per year after first year  No training requirement  Other:	At least 24 training hours per year after first year  No training requirement  Other:	At least 24 training hours per year after first year  No training requirement  Other:	At least 24 training hours per year after first year  No training requirement  Other:		
	12 hours annually	12 hours annually	6 hours annually and CPR achieved and renewed after first year			
e) Do you expect the licensing requirements for child care providers to change in FY2012-2013?						
Yes.  Describe: Afterschool regulations are currently being reviewed and changes are anticipated in FFY2012. Early Childhood Program Regulations and both sets of regulations for home-based Family CC Providers will be reviewed and revised over the coming year (FFY12) with promulgation and implementation occurring in FFY13.						

Do the licensing

□ No.

## 3.1.2. 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)

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))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers		In-home child care providers
Physical exam or health statement for providers				
	V		ゼ	ゼ
Physical exam or health statement for children				
Tuberculosis check for providers				
Tuberculosis check for children				
Provider immunizations				
☑	V	V	V	
Child				
immunizations				
Hand-washing policy for providers and children				
Diapering policy and procedures				

ゼ					
Providers to					
submit a self-					
certification or					
complete health					
and safety					
checklist					
П					
Providers to					
meet the					
requirements of					
another					
oversight entity					
that fulfill the					
CCDF health					
and safety					
requirements					
☑		☑			
Other.					
Describe:					
Universal					
precautions for					
blood born					
pathogens, policy					
to exclude sick					
children and staff					
b) <b>Describe</b> 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	Center-based	Family child	Group home	In-home child	
Agency requires:	child care providers	care home providers	child care providers	care providers	
V					
Fire inspection					
	☑				
Building					
inspection	and the second		a com-	a serve	

Health inspection

Inaccessibility of toxic substances policy		
Safe sleep policy		
Tobacco exposure reduction		
Transportation policy		
Providers to submit a self-certification or complete health and safety checklist		
Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements		
Other.  Describe: Lead paint inspection and annual Essential Maintenance Practices to prevent lead poisoning		

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))

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	CPR (Child Care Centers)	N/A	All staff shall obtain training in rescue breathing, airway obstruction and infant/child CPR
	First Aid (Child Care Centers)	N/A	Within six months of hire all paid staff counted in staff/child ratios shall have obtained training in basic first aid for children, injury prevention and emergency readiness.
	Training on infectious diseases (Child Care Centers)	N/A	Regulated programs must establish written procedures related to this and must communicate this to staff and monitor implementation
	SIDS prevention (i.e., safe sleep) (Child Care Centers)	N/A	N/A
	Medication administration (Child Care Centers)	N/A	Regulated programs must establish written procedures related to this and must communicate this to staff and monitor implementation
	Mandatory reporting of suspected abuse or neglect (Child Care Centers)	Required for all staff working in center based program	N/A
	Child development (Child Care Centers)	N/A	Required for all staff working in center based program

Supervision of children (Child Care Centers)	N/A	Regulations are explicit about supervision of children and programs are required to train all staff on contents of regulation
Behavior management (Child Care Centers)	N/A	Regulations are explicit about positive behavior management and programs are required to train all staff on contents of regulation
Nutrition (Child Care Centers)	N/A	Regulations include clear guidelines about child nutrition and programs are required to train all staff on contents of regulation
Breastfeeding (Child Care Centers)	N/A	N/A
Physical activity (Child Care Centers)	N/A	Regulations include clear guidelines about physical activity and programs are required to train all staff on contents of regulation
Working with children with special needs or disabilities (Child Care Centers)	N/A	Regulated programs must establish written procedures related to this and must communicate this to staff and monitor implementation
Emergency preparedness and response (Child Care Centers)	N/A	Regulations require CC programs to establish written procedures related to emergency preparedness and response and must communicate this to staff
Other. (Child Care Centers) Describe:	N/A	N/A

Group Home Child Care	CPR (Group Home Child Care)	N/A	All staff shall obtain training in rescue breathing, airway obstruction and infant/child CPR
	First Aid (Group Home Child Care)	N/A	Within six months of hire all paid staff counted in staff/child ratios shall have obtained training in basic first aid for children, injury prevention and emergency readiness.
	Training on infectious diseases (Group Home Child Care)	N/A	Regulated programs must establish written procedures related to this and must communicate this to staff and monitor implementation
	SIDS prevention (i.e., safe sleep) (Group Home Child Care)	N/A	N/A
	Medication administration (Group Home Child Care)	N/A	Regulations are explicit about medication administration and licensee is required to train all staff on contents of regulation
	Mandatory reporting of suspected abuse or neglect (Group Home Child Care)	Required for all staff	N/A
	Child development (Group Home Child Care)	N/A	Required for all staff
	Supervision of children (Group Home Child Care)	N/A	Regulations are explicit about supervision of children and licensee is required to train all staff on contents of regulation

	Behavior	NI/A	Dogulations are synlicit
	management (Group Home Child Care)	N/A	Regulations are explicit about positive behavior management and licensee is required to train all staff on contents of regulation
	Nutrition (Group Home Child Care)	N/A	Regulations include clear guidelines about child nutrition and licensee is required to train all staff on contents of regulation
	Breastfeeding (Group Home Child Care)	N/A	N/A
	Physical activity (Group Home Child Care)	N/A	Regulations include clear guidelines about physical activity and licensee is required to train all staff on contents of regulation
	Working with children with special needs or disabilities (Group Home Child Care)	N/A	Regulated programs must establish written procedures related to this and must communicate this to staff and monitor implementation
	Emergency preparedness and response (Group Home Child Care)	N/A	Regulations require CC programs to establish written procedures related to emergency preparedness and response and must communicate this to staff
	Other. (Group Home Child Care) Describe:	N/A	N/A
Family Child Care	N/A CPR (Family Child		
Family Child Care Providers	CPR (Family Child Care Providers)	N/A	required annually
	First Aid (Family Child Care Providers)	N/A	Included in annual training requirements
	Training on infectious diseases (Family Child Care Providers)		Included in annual training requirements

	SIDS prevention (i.e., safe sleep) (Family Child Care Providers)	N/A	N/A
	Medication administration (Family Child Care Providers)	N/A	Included in annual training requirements
	Mandatory reporting of suspected abuse or neglect (Family Child Care Providers)	Licensing is explicit in regard tp provider responsibilities	Included in annual training requirements
	Child development (Family Child Care Providers)	N/A	Included in annual training requirements
	Supervision of children (Family Child Care Providers)	N/A	Included in annual training requirements
	Behavior management (Family Child Care Providers)	N/a	Included in annual training requirements
	Nutrition (Family Child Care Providers)	N/A	Included in annual training requirements
	Breastfeeding (Family Child Care Providers)	N/A	N/A
	Physical activity (Family Child Care Providers)	N/A	Included in annual training requirements
	Working with children with special needs or disabilities (Family Child Care Providers)	N/A	Included in annual training requirements
	Emergency preparedness and response (Family Child Care Providers)	N/A	Regulation sare explicit about emergency preparedness
	Care Providers)	N/A	N/A
	Describe: N/A		
In-Home Child Care Providers	CPR (In-Home Child Care Providers)	N/A	N/A
	First Aid (In-Home Child Care Providers)	N/A	N/A
	Training on infectious diseases (In-Home Child Care Providers)	N/A	N/A
	SIDS prevention (i.e., safe sleep) (In- Home Child Care Providers)	N/A	N/A

Medication administration (In- Home Child Care Providers)	N/A	N/A
Mandatory reporting of suspected abuse or neglect (In-Home Child Care Providers)	N/A	N/A
Child development (In-Home Child Care Providers)	N/A	N/A
Supervision of children (In-Home Child Care Providers)	N/A	N/A
Behavior management (In- Home Child Care Providers)	N/A	N/A
Nutrition (In-Home Child Care Providers)	N/A	N/A
Breastfeeding (In- Home Child Care Providers)	N/A	N/A
Physical activity (In- Home Child Care Providers)	N/A	N/A
Working with children with special needs or disabilities (In-Home Child Care Providers)		N/A
Emergency preparedness and response (In-Home Child Care Providers)	N/A	N/A
Other. (In-Home Child Care Providers) Describe:	N/A	N/A
N/A		

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? ( $\S98.41(A)(ii))(A)$ )

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

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 available: N/A					
3.1.3 Enforcement of Licens	sing 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 3.1.3a through 3.1.3e 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 <b>announced</b> and/or <b>unannounced</b> 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			

☑		
Center-Based Child Care	Once a Year	Once a Year
	More than Once a Year	More than Once a Year
	Once Every Two Years	Once Every Two Years
		☑
	Other.	Other.
	Describe:	Describe:
	No schedule	when a complaint is recieved
☑		<b>(</b>
Group Home Child Care	Once a Year	Once a Year
	More than Once a Year	More than Once a Year
	Once Every Two Years	Once Every Two Years
	<b>☑</b>	☑
	Other.	Other.
	Describe:	Describe:
	No schedule	when a complaint is recieved
☑		
Family Child Care Home	Once a Year	Once a Year
	More than Once a Year	More than Once a Year
	Once Every Two Years	Once Every Two Years
	ゼ	⋉
	Other.	Other.
	Describe:	Describe:
	No schedule	once every 3 years

In-Home Child Care	Once a Year		Once a Year	
	More than On	ce a Year	More than Once a Year	
	Once Every T	wo Years	Once Every Two Years	
	V			
	Other.		Other.	
	Describe:		Describe:	
	VT does not reg	ulate or visit in-	N/A	
	home child care	programs		
☑Yes. If "Yes" please refer □No.	to the chart belo	ow and check a	ll that apply.	
Licensing Procedures		Describe which State/Territory licensing requi	th procedures are used by the for enforcement of the rements.	
The State/Territory requires				
attend or participate in training a child care facility	ing relating to prior to issuing	Yes.		
a license.	prior to localing	Describe:		
		No.		
		Other.		

Describe:

Registered Family CC Homes are visited by a Resource Development Specialist for a Welcome to CC visit from the local CCR&R prior to issuing a

registration. NLCDC Level I "Fundamentals"

which is taught by Licensing staff

training program includes a session on licensing

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.		
	Licensing staff approve the plans of		
	correction submitted by providers.		
	☑		
	Licensing staff verify correction of violation.		
	Licensing staff provide technical assistance		
	regarding how to comply with a regulation.		
	No procedures in place.		
	☑		
	Other.		
	Describe:		
	Licensing staff conduct a closing interview with		
	providers to discuss what was observed including		
	what will be cited as a violation		
Licensing staff has procedures in place to issue a negative sanction to a noncompliant			
facility.	Provisional or probationary license		
	☑		
	License revocation or non-renewal		
	Injunctions through court		
	Emergency or immediate closure not		
	through court action		
	Fines for regulatory violations		
	No procedures in place.		
	Other.		
	Describe:		

The State/Territory has procedures in place to respond to illegally operating child care facilities.	Cease and desist action		
radiffics.			
	Injunction		
	Emergency or immediate closure not		
	through court action		
	Fines		
	No procedures in place.		
	Other.		
	Describe:		
The State/Territory has procedures in place			
for providers to appeal licensing	Yes.		
enforcement actions.	Describe:		
	Providers may appeal any individual violations or		
	licensing actions or a set of violations or licensing		
	actions. The Commissioner's designee will		
	investigate provider's statements and licensing		
	staff evidence and provide a written		
	Commissioner's Review decision upholding or		
	overturning violations and/or actions the provider		
	has appealed. If the provider is not satisfied with		
	the results of the Commissioner's Review, they may continue their appeal before the Human		
	Services Board (HSB). A Hearing Officer assigned		
	by the HSB investigates the facts as presented by		
	the provider and the Licensing Unit and makes a		
	recommendation which is acted upon buy the		
	HSB. If the provider is not satisfied with the		
	decision of the HSB they may pursue further legal		
	action.		
	No.		
	Other.		
	Describe:		

c) Describe what types of licensing violations, if any, would make a provider ineligible to participate in CCDF:

d) Does your	State/1	erritory of	use <b>back</b>	kground	checks	as a	way to	effectively	enforce	the
licensing req	uiremer	nts?								

Yes.

If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please **also provide a brief overview** of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

CDD Licensing Technicians (state employees) process background checks using social security numbers supplied by individuals applying to work in CC. They are authorized to securely access the confidential Vermont Criminal Information Center, which includes information about involvement in criminal activities and the Sex Offenders Registry, as well as the confidential Vermont Child Protection Registry and the Adult Abuse Registry. The administrative personnel and technology costs are included in the CDD operating budget. There is no costs to providers. Persons:

## convicted of fraud;

a felony;

an offense involving violence or unlawful sexual activity or other bodily injury to another person including, but not limited to abuse, neglect or sexual activity with a child; or

found by a court to have abused, neglected or mistreated a child, elderly or disabled person or animal;

adults or children who have had a report of abuse or neglect substantiated against them under Chapters 49 & 69 of Title 33 Vermont Statutes Annotated, are considered prohibited persons and may not operate, reside, be present at (within one hour before or after care is being provided), or be employed at a child care program.

There are two avenues to appeal a records check finding. The child care provider may request a variance from the CDD to restrictions on a prohibited person in relation to child care approval. These requests are handled by a Records Check Committee administered by CDD which meets weekly to ensure a timely response to these requests. If a provider is not satisfied with the results of that request they may appeal the denial of the variance request using the process described in 3.1.3 (b) above. The second avenue is for the prohibited individual to appeal to the entity which manages the system that identified a finding such as the Vermont Child Protection Registry and seek to expunge the finding. The CDD provides information on these separate appeals processes when a denial due to a failed background check is communicated. If a finding is expunged, the records check is repeated to confirm the record is clear.

LINO.		
<b>CCDF Categories of Care</b>	Types of Background	Frequency

Check

	<b>☑</b>	<b>☑</b>
Center-Based Child Care	Child Abuse Registry	Initial Entrance into the
Who is subject to		System
background checks for		<b>☑</b>
center-based care? For		Checks Conducted Annually
example, director, teaching		
staff, non-teaching staff,		Other.
volunteers:		Describe:
all persons who have regular		
contact with children	☑	☑
	State/Territory Criminal	Initial Entrance into the
	Background	System
		V
		Checks Conducted Annually
		Other.
		Describe:
		Initial Entrance into the
	FBI Criminal Background	System
	(e.g., fingerprint)	
		Checks Conducted Annually
		Other.
		Describe:
	_	Initial Entrance into the
		System
	Sex Offender Registry	
		Checks Conducted Annually
		Other.
		Describe:

	☑	<b>☑</b>
<b>Group Child Care Homes</b>	Child Abuse Registry	Initial Entrance into the
Who is subject to		System
background checks for		☑
group homes? For example,		Checks Conducted Annually
provider, non-provider		
residents of the home:		Other.
all persons who have contact		Describe:
with children and all residents of		
the home	☑	☑
	State/Territory Criminal	Initial Entrance into the
	Background	System
		☑
		Checks Conducted Annually
		Other.
		Describe:
		Initial Entrance into the
	FBI Criminal Background	System
	(e.g., fingerprint)	
		Checks Conducted Annually
		Other.
		Describe:
	_	Initial Entrance into the
		System
	Sex Offender Registry	
		Checks Conducted Annually
		Other.
		Describe:

Family Child Care Homes	Child Abuse Registry	Initial Entrance into the
Who is subject to background checks for family child care homes? For example, provider, non-provider residents of the home: all persons who have contact with children or may potentially	✓	System Checks Conducted Annually Checks Conducted Annually Other. Describe:
have contact with children (associated parties such as substitutes, emergency care providers etc), all residents of the home	State/Territory Criminal Background	Initial Entrance into the System Checks Conducted Annually Other. Describe:
	FBI Criminal Background (e.g., fingerprint)	Initial Entrance into the System  Checks Conducted Annually  Other.  Describe:  Initial Entrance into the
	Sex Offender Registry	System Checks Conducted Annually Other. Describe:

In-Home Child Care Providers	Child Abuse Registry	Initial Entrance into the System
Who is subject to background checks for inhome child care? For example, provider, non-		Checks Conducted Annually  Other.
provider residents of the home:		Describe: N/A
VT does not regulate in home care providers	State/Territory Criminal Background	Initial Entrance into the System
		☐ Checks Conducted Annually ☑
		Other.  Describe:  N/A
	FBI Criminal Background	Initial Entrance into the System
	(e.g., fingerprint)	Checks Conducted Annually  Other.
		Describe:
		Initial Entrance into the System
	Sex Offender Registry	Checks Conducted Annually  Other.
		Describe:

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)):

CDD interacts with CC providers clarifying regulation and providing technical assistance on compliance The CDD provides regular training opportunities to communicate regulations and regulatory procedures to providers and potential providers. The CDD provides written information and information on its website regarding compliance with 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:
Licensing regulations are available on the CDD website. The Bright Futures Information System, which is accessible to the public through the CDD website, includes a searchable on-line database that communicates licensing status and regulatory history as a matter of public record.

CDD Licensing staff respond to all relevant complaints and concerns reported to the division regarding regulated providers by conducting complain investigations which usually involve an unannounced visit.

**3.1.4 Describe the State/Territory's policies for 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 above for licensed providers, please describe the health and safety enforcement measures in place. Include in this description whether and how the State/Territory uses on-site visits (announced and unannounced) and background checks and any other enforcement policies and practices for the health and safety requirements.

□ No.

CDD processes background checks on all Legally Exempt Child Care providers and all members of their households before approving participation in the CC FAP (CCDF assistance). They are required to certify compliance with health and safety requirements. On-site visits are not a regular component of enforcement procedures but the licensing staff will visit legally exempt providers to monitor health and safety requirements in response to complaints reported to the division.

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
All child care programs are encouraged to make referrals to local Children's Integrated Service (CIS) Teams when they have concerns about a child's development or behavior. There are 12 regional CIS Teams across Vermont (one in every Agency of Human Services Region) responsible for Early Intervention (IDEA Part C), Nursing and Family Support (MEC Home Visiting), Early Childhood and Family Mental Health and Specialized Child Care Services. CIS Teams, which include an Intake Coordinator and a Specialized Child Care Services Coordinator, provide a range of services to children and families pre-natal – age 6 and to CC providers including developmental screening and assessment services as well as a full menu of follow up services and integrated case management for families.
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
Some child care programs in Vermont have this capacity but many small programs and registered homes lack resources and expertise to consistently implement developmental screening. We are working to build and strengthen this capacity in child care programs through training, mentoring and consultation activities.
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

Regional CIS Teams provide an integrated approach to a continuum of early childhood early intervention services for children pre-natal to six and their families. One call to the CIS Intake Coordinator or

provider sets as assessment process linked to a continuum of multi-disciplinary services in motion. These include specialized child care supports designed to assist children with special needs succeed in integrated child care settings. The CDD, which administers CC services and the CIS model, provides information about this resource to CC providers and requires regional CIS teams to conduct outreach activities to raise awareness about the services they provide to CC providers in their communities.
□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):  number, licensed capacity & regulatory status of licensed programs
☐ Numbers of programs operating that are legally exempt from licensing.  Describe (optional):
Number of programs whose licenses were suspended or revoked due to non-compliance.  Describe (optional):

Specialized Child Care Coordinator from the child care provider or a family referred by the child care

☐ Number of injuries and fatalities in child care as defined by the State/Territory.  Describe (optional):
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) <b>Performance measurement.</b> What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?  None at this time
c) <b>Evaluation.</b> 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. CDD is implementing process improvements to licensing processes and will be evaluating the effect of

**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. 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 of 3.1. 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

these changes on our effectiveness in conducting regular monitoring visits for all types of regulated

providers.

(e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

**Improving Child Care Licensing Regulations and Processes** 

VermontCDD will conduct a major review and revision of child care regulations and processes in the next biennium. Our goal is to reform 6 separate sets of regulations with varied formats and definitions into three sets of regulations, covering all provider types, that set clear, objective, developmentally appropriate standards, based on structural characteristics known to protect and promote the health, safety and well-being of children in out of home care. Regulations will use common definitions and formats, create comparable alignment of standards across provider types, and incorporate provider qualifications and professional development activities identified in Vermont's Northern Lights Career Development Center which was not yet in place when the current standards were written.

## 3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines include the expectations for what children should know (content) and be able to do (skills). The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These guidelines are voluntary in that States/Territory are not mandated 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. <b>Skip to 3.2.6.</b>

If yes, insert web addresses, where possible:

http://education.vermont.gov/new/pdfdoc/pgm\_earlyed/pubs/vels\_03.pdf and http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/2006-03-29-VELS\_booklet.pdf

Which State/Territory agency is the lead for the early learning guidelines? Vermont Department of Education and Vermont Department for Children and Families share responsibility for Vermont Early Learning Guidelines

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			<b>☑</b>
Social and emotional development			
Approaches to learning			
Logic and reasoning (e.g., problem-solving)			<b>☑</b>
Language development			☑
Literacy knowledge and skills			v
Mathematics knowledge and skills			
Science knowledge and skills			<b>☑</b>
Creative arts expression (e.g., music, art, drama)			V
Social studies knowledge and skills			
English language development (for dual language learners)			
List any domains not covered in the above:			
Other. Describe:			
	ne early learning guide and methods that your S		
	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<b>☑</b>		
Parents using child care more broadly			

Practitioners in child care centers			
Providers in family child care homes			
Practitioners in Head Start			
Practitioners in Early Head Start			
Practitioners in public Pre-K program			
Practitioners in elementary schools			
Other. List:			
all parents, general			
public; ECE			
trainers; mentors and			
consultants and higher			
education instructors.			
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.			
□ None.			
<b>3.2.5</b> Are voluntary early learning guidelines 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.			
<ul> <li>☑ Cross-walked to align with Head Start Outcomes Framework</li> <li>☑ Cross-walked to align with K-12 content standards</li> <li>☑ Cross-walked to align with State/Territory pre-k standards</li> </ul>			

Cross-walked with accreditation standards Other.
□ 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 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:
Describe.
b-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:
b-2) If yes, is information on child's progress reported to parents?  Yes.  Describe:
□ No
Other. Describe:

□ No
Other. Describe:
Preschool programs participating in state funded Pre-K are required to conduct ongoing assessment of children's progress using Teaching Strategies GOLD which are aligned with Vermont Early Learning Standards (VELS). State funded Pre-K programs are encouraged to use information from ongoing assessments to improve practice, meet children's individual needs and communicate development and progress with parents. All regulated providers are invited to participate in training related to child assessment and encouraged to conduct ongoing assessment of children.
b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children as they enter kindergarten?  Yes.  Describe:
c-1) If yes, do the tools cover the developmental domains identified in 3.2.2?  Yes.  Describe:
□ No
Other. Describe:
c-2) If yes, are the tools used on all children or samples of children?  All children.  Describe:
☐ Samples of children.
Describe:
□ Other.
Describe:

c-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:
Vermont uses a Kindergarten readiness survey conducted voluntarily by Kindergarten teachers on children entering Kindergarten classes. This is a long standing practice in the state and aggregate results are tracked over time and used as an indicator of the effectiveness of state and local investments in improving school readiness. The survey tool has not been tested for validity and reliability but does cover the domains identified in VELS.
c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?  Yes.
Describe:
□ No
Mot applicable. State does not have an SLDS.
3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)
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):
Cother. 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?

All foundational pre-service preparation and in-service training and professional development for Early Care and Education (ECE) practitioners in Vermont will incorporate knowledge of, alignment with and application of Vermont Early Learning Standards (VELS) and Vermont First Steps as a foundation for developing curriculum and assessment for young children.

All practitioners working in ECE in Vermont will participate in professional development experiences that incorporate VELS and Vermont First Steps as part of their Individual Professional Development Plan.

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? 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.

Not at this time

## 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?

#### **Infant Toddler Learning Guidelines**

VermontCDD and Vermont DOE will collaborate with stakeholders to complete a final version of Vermont First Steps – early learning guidelines for infants and toddlers. (FFY12)

Professional Development materials and experiences will be developed and implemented to disseminate an understanding and application of Vermont First Steps in home-based and center based programs serving infants and toddlers in Vermont. (FFY13)

#### **Updated Crosswalk and Alignment Across Early Learning Guidelines**

Vermont CDD and Vermont DOE will collaborate with experts and stakeholders to crosswalk and align completed Vermont First Steps (Infant Toddler ELGs), VELS (Preschool ELGs) and updated Vermont Framework of Standards and Learning Opportunities Grade Expectations for K – Grade 3 to create a current, coordinated continuum of early learning guidelines for children birth – 8 years of age. (FFY13).

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

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.

Vermont Child Development Division(CDD), Vermont Department of Education (DOE), and the STep Ahead Recognition System (STARS) Oversight Committee plan and oversee the quality rating and improvement system (QRIS) for early childhood and afterschool programs in Vermont. The STARS Oversight Committee includes representation from the departments and community partners and stakeholders including Head Start grantees, Community Child Care Support Agencies (CCR&R's), participating STARS providers/programs, Vermont Center for Afterschool Excellence, VAEYC and the Vermont Child Care Military Liaison. Vermont CDD contracts with a community partner (Mary Johnson Children's Center, Inc) to administer the state-wide STARS including responsibility to provide training and information on the rating system, standards and application process, review applications and determine ratings.

## 3.3.1 Element 1 - Program Standards

Health, nutrition and safety

**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 indicate covering the following areas beyond what is required for licensing? Check any indicato if any, that your State/Territory has chosen to establish.	
Ratios and group size	

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:
Regulatory Compliance History
□ None. If checked, <b>skip to 3.3.2.</b>
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

Programs that mee part of the quality impressed the part of the quality impressed as Programs that mee quality improvement states.	t Federal Head Start P ovement standards (e. greement between Hea t national accreditation	g., content of the stand ad Start and the quality standards are able to of the standards is the	are able to meet all or dards is the same, or improvement system) meet all or part of the
□ None.			
3.3.2 Element 2 - Sup	ports to Programs to	Improve Quality	
to such activities as te in meeting child care of a child care of a) Check which types	chnical assistance and juality improvement sta of and for what purpos in the following chart.	es the State/Territory ບ	for programs to assist
Types and Purposes of	Information or Written Materials	Training	On-Site Consultation
Support ✓			
Attaining and maintaining licensing compliance	□		☑
V			
Attaining and maintaining quality improvement standards beyond licensing	<b>≥</b>		V
V			

Attaining and maintaining

accreditation

Providing targeted			
technical assistance			
in specialized content			
areas:			
Health and safety	⋁	V	
Infant/toddler care		✓	
School-age care	₹	₹	
Inclusion		✓	V
Teaching dual language learners			
Mental health			☑
Business management practices			☑
Other. Describe:			
<ul> <li>✓ Program improvement</li> <li>✓ Technical assistance</li> <li>✓ Other.</li> <li>Describe:</li> <li>Access to trained observe</li> <li>General on site consultation</li> </ul>	ce on the use of progra	n assessment tools to scor	
c) Is technical assistant forward on QRIS?	nce linked to entering th	ne QRIS or targeted to	help programs
✓ Yes. Describe:			
number of strategies: through the Specialists in 12 regions a for STARS administration Points child care provider	round the state; by STARS	e Support Agency Resourd Coordinators working in the entoring provided by leaded This work includes local of	ce Development the agency responsible ers in over 30 Starting group
☐ No ☐ Other. Describe:			

3.3.3 Element 3 - Fin	ancial Incentives and	Supports	
monetary supports off	oses of this section, fina ered to programs in me y improvement standar	eeting and sustaining li	
- None. <b>3kip to 3.3.</b> -	T.		
Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
Grants to programs to meet or maintain licensing			
Grants to programs to meet QRIS or similar quality level			
$\overline{\mathbf{v}}$			
One-time awards or bonuses on completion of quality standard attainment	☑		
Tiered reimbursement tied to quality for children receiving subsidy	V		
On-going, periodic grants or stipends tied to maintaining quality	□	□	□

Tax avadita tip d to		
Tax credits tied to		
meeting program		
quality standards		
Other.		
Describe:		

### 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.** 

☐ None. **skip to 3.3.5.** 

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License- Exempt Providers
Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS)  Describe, including frequency of assessments.  Within six months of new application or request for increased points	Infant/Toddler ✓ Preschool ✓ School-Age	V	
Classroom Assessment Scoring System (CLASS)  Describe, including frequency of assessments.		N/A	
Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes  Describe, including frequency of assessments.			

<ul> <li>Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs</li> <li>Describe, including frequency of assessments.</li> <li>Within 6 months of a new application or request for increased points, Vermont STARS offers another program assessment option – the "Essential Practices Inventory", developed for Vermont STARS participants - to all types of programs.         Afterschool programs can also choose the National Afterschool Association program assessment tool.     </li> </ul>			
Other.  Describe:			
b) What steps, if any, has the State/Territory monitoring across funding streams and sector Have a mechanism to track different qual duplication Include QRIS or other quality reviews as Have compliance monitoring in one sector State/Territory pre-k) serve as validation for (e.g., QRIS) without further review Have monitoring for meeting accreditation compliance with quality improvement system Other. Describe:	ors in order to minimity assessments/minimity assessments/minimity and start of licensing entropy (e.g., Head Start compliance with quant standards serve and (e.g., QRIS) without	mize duplicationitoring active forcement /Early Head Suality improve as validation fout further rev	on? vities to avoid start, ment system or iew
Streamlined STARS applications and processes ha and nationally accredited programs, however the str compliance. Vermont licensing review remains a cor	eamline applications	do not assume i	regulatory
□ 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, <b>skip to 3.3.6.</b>
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.
<b>☑</b> Print
□ Radio
Television

Web
Telephone
Social Marketing
Other.
Describe:
None.
c) Describe any targeted outreach for culturally and linguistically diverse families.
N/A
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 types of regulated programs
☑ Participation is mandatory for:
Publically funded Pre-K programs (alternately publically funded pre-K programs that have achieved national accreditation through NAEYC or NAFCCP are not required to participate in STARS though mos do.)
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, <b>CHECK</b> 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
<b>☑</b> Head Start programs
☑ Pre-kindergarten programs
☑ School-age programs
<b>☑</b> Other.
Describe:

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:
N/A
3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)
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:
This is maintained for all participating regulated programs in the Bright Futures Information System (BFIS)
Number of programs that move program quality levels annually (up or down).
Describe:
This is available from the community agency responsible for STARS administration
Program scores on program assessment instruments.
List instruments:
Describe:

Classroom scores on program assessment instruments.
List instruments:
Describe:
Qualifications for teachers or caregivers within each program.
Describe:
This is part of the STARS application but is not regularly extracted or reported
✓ Number/Percentage of children receiving CCDF assistance in licensed care.
Describe:
This is available in BFIS
✓ 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:
This is available in BFIS
This is available in BFIS and informs tiered reimbursement in the Child care Financial Assistance Program (CC FAP)
Other.
Describe:

None.
b) <b>Performance measurement.</b> What, if any, are the Lead Agency's performance measures on program quality?
The number of regulated child care providers of every type indicating a commitment to continuous quality improvement evidenced by participation in the Vermont Step Ahead Recognition System (STARS) will increase by at least 10% each year

The number of regulated providers of every type achieving a STARS rating of 3 or above will increase by 5% each year.

The number of subsidized children participating in regulated programs who have achieved a STARS rating of 3 or above will increase by 7% year.

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.

The STARS program is regularly assessed by the STARS Oversight Committee in the context of national research on the elements of a Quality Rating and Improvement System (QRIS) (such as NCCIC Information Document No. 829 "Research Findings and Reports on Quality Elements and Standards" et. al.).

The STARS Oversight Committee also considers feedback on the process and standards from the perspective participating STARS programs. Surveys of participating programs have been conducted twice since the system was implemented in XXXX. There are plans to make conduct such surveys more regularly – perhaps annually.

The CDD is also planning to work with the Building Bright Futures (BBF) Council and other stakeholders to develop and conduct a third party evaluation of STARS in this biennium.

#### 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?

#### **Evaluating Vermont STARS**

The CDD, in collaboration with Vermont DOE, the BBF Council, the STARS Oversight Committee and other key stakeholders, will develop and conduct a comprehensive third party evaluation of Vermont STARS to validate the correlation of STARS ratings with other measures of program quality and positive child outcomes and identify opportunities for streamlining and improvement of the STARS standards and process. Evaluation of all five element of the system will be considered in the development of the evaluation.

# Increase Financial Incentives and Supports for Programs Demonstrating a Commitment to Continuous Quality Improvement Through Participation in Vermont STARS

The CDD will work with Vermont DOE, private funders, the BBF Council, the STARS Oversight Committee and other key stakeholders, to develop a robust and graduated menu of financial incentives, supports, and rewards related to achieving and maintaining high quality program standards adopted in the Vermont STep Ahead Recognition System (STARS). (FFY12)

Vermont will develop a public-private partnership committed to funding and implementing a robust and graduated menu of financial incentives, supports, and rewards related to achieving and maintaining high quality program standards adopted in the Vermont STep Ahead Recognition System (STARS). (FFY12-13)

# 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.

The CDD, Vermont DOE, Vermont Department of Labor, Vermont Department of Health, the Professional Preparation and Development Subcommittee of the BBF Council, the Vermont Child Care Careers and Industry Council, Northern Lights Career Development Center, Community Child Care

Support Agencies; the Head Start Collaboration Office and the Vermont Head Start Association. See 1.5.1 for more specific activites and coordination across these entities.

## 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 oractitioners 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:
c) 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:
□ 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.
<ul> <li>☑ Cross-walked with the Child Development Associate (CDA) competencies</li> <li>☐ Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, Head Start SOLAR staff skills indicators)</li> <li>☑ Cross-walked with apprenticeship competencies</li> <li>☑ Other.</li> <li>Describe:</li> </ul>
Vermont DOE teacher licensure with early childhood related endorsements
□ 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).

Competencies for Program Directors of Early Childhood and Afterschool Programs expand the existing core competencies for both early childhood and afterschool professionals. The Competencies for Program Directors of Early Childhood and Afterschool Programs describe the additional knowledge, skills, and attitudes needed in an administrative role.
Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe:
Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families: Cord Knowledge, Competencies, and Dispositions which collaboratively developed document defines the core knowledge, competencies, and dispositions (CKC) for consultants working in all early care and education settings and sectors serving infants, toddlers, and their families. Vermont plans to adopt this as part of the NLCDC competencies.
Education and training staff (such as trainers, CCR&R staff, faculty).  Describe:
Other. Describe:
Describe:  Early Childhood Family Mental Health Core Competenciesaccompany and broaden the Northern Lights  Core Competencies. They detail the full spectrum of levels (foundational to specialist) in the field. There
Describe:  Early Childhood Family Mental Health Core Competenciesaccompany and broaden the Northern Lights Core Competencies. They detail the full spectrum of levels (foundational to specialist) in the field. There are a wide range of professionals that use these domains in their work.

Describe:

Northern Lights Core Competencies for Afterschool Professionals apply to persons working with school age children, beginning with the kindergarten year, in before or after school programs. They are designed to serve entry level staff persons and build up to competencies typical of afterschool program administrators. The competencies are the first piece of an emerging career lattice system that is diverse and will lead to a broad range of education and human service vocations.

□ None.
3.4.2 Workforce Element 2 - Career Pathways
<b>Definition</b> - 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 Vermont Northern Lights Career Development Center (NLCDC) Career Ladder for early childhood professionals is a tool for tracking and planning professional growth. It is based on the Vermont Core Competencies for Early Childhood Professionalsand the Vermont Department of Education Professional Standards topic areas for early childhood endorsement. Northern Lights awards a certificate for each Level achieved. Each of the six levels combines both education completed and professional experience with children and families. It incorporates a number of different professional stepping stones currently available in Vermont into one Northern Lights Professional Development System
☐ No, the State/Territory has not developed a career pathway. <b>Skip to question 3.4.3.</b>
http://northernlights.vsc.edu/career_ladder_info.html
b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.
Staff working directly with children in centers, including aides, assistants, teachers, master teachers.  Describe:
The NLCDC awards Level Certificates to individuals in the field in all of the roles checked below through an application process that verifies that the practitioner (at any level or in any setting/role). The Career Ladder incorporates or will soon incorporate all of the specialized competencies described in 3.4.1 e & f.

Providers working directly with children in family child care homes, including aides and assistants.  Describe:
The NLCDC awards Level Certificates to individuals in the field in all of the roles checked below through an application process that verifies that the practitioner (at any level or in any setting/role). The Career Ladder incorporates or will soon incorporate all of the specialized competencies described in 3.4.1 e & f.
Administrators in centers (including educational coordinators, directors).  Describe:
The NLCDC awards Level Certificates to individuals in the field in all of the roles checked below through an application process that verifies that the practitioner (at any level or in any setting/role). The Career Ladder incorporates or will soon incorporate all of the specialized competencies described in 3.4.1 e & f.
Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).  Describe:
The NLCDC awards Level Certificates to individuals in the field in all of the roles checked below through an application process that verifies that the practitioner (at any level or in any setting/role). The Career Ladder incorporates or will soon incorporate all of the specialized competencies described in 3.4.1 e & f.
Education and training staff (such as trainers, CCR&R staff, faculty).  Describe:
The NLCDC awards Level Certificates to individuals in the field in all of the roles checked below through an application process that verifies that the practitioner (at any level or in any setting/role). The Career Ladder incorporates or will soon incorporate all of the specialized competencies described in 3.4.1 e & f.
Other. Describe:
□ None.
c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?
☐ Infants and toddlers ☐ Preschoolers ☑ School-age children

<ul> <li>□ Dual language learners</li> <li>□ Children with disabilities, children with developmental delays, and children with other special needs</li> <li>☑ Other.</li> <li>Describe:</li> </ul>
Early Childhood Family Mental Health Core Competencies addresses work with children and families with social and emotional challenges that may manifest in challenging behaviors
□ 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:
Are embedded in Vermont STARS (QRIS) as defintions of staff qualifications but are not required as the only criteria for staffing and staff in rated programs are not required to pursue Level certificates through NLCDC.
Will be embedded in licensing standards as defintions of staff qualifictions in the regulatory review described as a biennium goal in Section 3.1.7 of this plan. The revision process will consider whether or not to require Level certificates for all practitioners working in regulated programs.
□ None.
e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice?)?
Yes. If yes, describe:
NLCDC staff use an agreed upon and publicly known criteria to verify professional development. In many instances this process is streamlined because NLCDC approved Professional Development Sponsors (such as Community Child Care Support Agencies) use an established format linked to the

NLCDC verification process for reporting attendance at professional development events

□ No.
3.4.3 Workforce Element 3 - Professional Development Capacity
<b>Definition</b> - 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.
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:
Some assessment of higher education offerings has been completed and on-line, on-site and hybrid offerings of credit bearing and degree focused courses have been developed and catalogued. The Professional Preparation and Development (PPD Committee) Subcommittee of the Building Bright Futures Council is currently sponsoring a study of professional development delivery capacity in Vermont with the goal of mapping the landscape of what is available to guide future planning and investment. The study and report will be completed by January 2012.
□ 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:
A survey conducted in the past was included in the current CCDF state plan. The PPD Committee study described in 3.3.4 a is part of a more comprehensive assessment currently underway. In addition to the PPD Committee study, the CDD is conducting a survey of all ECE and AS practitioners to identify barriers and challenges to accessing professional development that will further inform the answer to this question. The survey was requested and informed by one of the stakeholder groups described in Section 1.4.1 'Other' of this plan. The practitioner survey also asks practitioners to identify incentives and rewards that would increase participation in professional development activities. The survey and report will be completed by January 2012.

□ No.
c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?
<ul> <li>✓ Standards set by the institution</li> <li>✓ Standards set by the State/Territory higher education board</li> <li>✓ Standards set by program accreditors</li> <li>✓ Other.</li> <li>Describe:</li> </ul>
Registered Child Care Apprenticeship with CCV/State Colleges establishes standards for 6 core courses that correspond to CDA competencies and apprenticeship standards.
□ 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:
Some training is formally approved and fidelity to an established model and quality standard is monitored by NLCDC staff. This includes the "Fundamentals" course and "Beyond Fundamentals" modules (Level I and Level II on the NLCDC Career Ladder) as well as a 6 hr Basic Specialized Child Care training course.
☑ Trainer approval process. Describe:
The Northern Lights Career Development Center manages an instructor registry that includes criteria and standards for maintaining a level of instructor approval that is necessary to conduct trainings for credit in the NLCDC Career Ladder and Provider Registry.
☑ Training and/or technical assistance evaluations. Describe:
STARS Program Assessors who provide both program assessment and TA services to programs are trained and must meet qualifications relevant to the assessment tool they use and maintian an

acceptable level of reliability.

□ 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:
Northern Lights Careeer Development Center (NLCDC) maintains a state-wide web-based calndar of professional development opportunities as part of the Bright Futures Information System (BFIS). It is comprehensive but may not include all PD opportunities that are available. Does not include all higher eduation opportunitites.
□ No.
http://www.brightfutures.dcf.state.vt.us/.
c) What supports, if any, does the State/Territory provide to promote access to training and education activities?
Scholarships. Describe:
The CDD manages a program of tuition assistance for child care providers taking higher education at any accredited higher education institution.
Free training and education.  Describe:
Low cost or free training is generally available through 12 Community Child Care Support Agencies (CCR&R's) across Vermont as well as through Starting Points Child Care provider networks. Both of these entities are the funded by CDD.
Reimbursement for training and education expenses.  Describe:

Describe:
Loans. Describe:
Loan forgiveness programs.  Describe:
Substitute pools. Describe:
Release time. Describe:
Other. Describe:
□ None.
d) Does the State/Territory have career advisors for early childhood and school-age practitioners?
Yes. If yes, describe:
NLCDC staff and Resource Development Specialists in local Community Child Care Support Agencies (CCR&Rs) as well as some higher education providers and CC program directors provide some level of information and support.
□ 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:
NLCDC conducted a survey of professionals who do this kind of work in early care and education and after school settings in Vermont. Over the past year, NLCDC has worked with a group of key stakeholders to develop a framework for recognizing, developing and supporting this aspect of the professional development system which is called "MATCH" (Mentoring, Advising, Teaching, Consulting/Coaching and Helping) .
□ No.
3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce ConditionsDefinition - 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:
in you, doodness.
☑ 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:
Bonuses are awarded for achieving Level Certificates and Specialized Certificates (such as a Director's Credential) on the NLCDC Career Ladder.
□ 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:
☑ 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):
All Regulated providers are required to enter staff names into the Bright Futures Information System (BFIS) use by the CDD.
Data on the demographic characteristics of practitioners or providers working directly with children.  Describe (optional):

Records of individual teachers or caregivers and their qualifications. Describe (optional):

Staff records are required in regulated programs and as part of the information programs submit in applying for STARS ratings. Licensing staff and STARS administrators have access to these records but there is no readily accessible aggregate data available from this source.

Retention rates.

Describe (optional):

BFIS maintains entry and exit dates for home-based providers and for center-based staff. This data is usually entered by providers themselves (Directors in the case of center-based staff) and is not routinely verified except in relation to licensing compliance visits. Theoretically this data could be used to calculate retention and turnover but it would to be extracted from BFIS, cleaned and analyzed which would require a significant amount of IT resources that are not readily available.

Records of individual professional development specialists and their qualifications. Describe (optional):

NLCDC maintains a voluntary Instructor Registry that includes and verifies this data for participants. Professional Developments specialists and trainers offering activities that accrue to credit for NLCDC Level and Specialized Certificates are required to participate in the Instructor Registry

Qualifications of teachers or caregivers linked to the programs in which they teach. Describe (optional):

BFIS includes a voluntary web-based Provider Registry. When individual practitioners begin a professional development (PD) record, NLCDC verifies credentials and qualifications and approved PD activities they participate in are added to the record. Individuals are assigned a record number that links their qualification information to the regulated program they work in. Because the registry is voluntary, it is currently not a complete picture of Vermont's ECE and AS workforce but it has this potential.

Number of scholarships awarded . Describe (optional):

CDD maintains this information in an Excel spreadsheet.

Number of individuals receiving bonuses or other financial rewards or incentives. Describe (optional):

CDD maintains this information in an Excel spreadsheet.

Number of credentials and degrees conferred annually.  Describe (optional):
NLCDC maintains this data.
Data on T/TA completion or attrition rates.  Describe (optional):
☐ Data on degree completion or attrition rates.  Describe (optional):
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?
<b>Definition</b> - 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:
voluntary
Providers working directly with children in family child care homes, including aides and assistants.

Describe:
voluntary
Administrators in centers (including educational coordinators, directors).  Describe:
voluntary
Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).  Describe:
Other professionals in the field may voluntarily establish a BFIS account to track their professional qualifications and on-going training
Education and training staff (such as trainers, CCR&R staff, faculty).  Describe:
Other professionals in the field may voluntarily establish a BFIS account to track their professional qualifications and on-going training
Other. Describe:
□ None.
b-2) Does the workforce data system apply to:
all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13? all practitioners working in programs that receive public funds to serve children birth to age 13? No.
a) Darformanae magaurement What if any parformanae magauree does the

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

The NLCDC and the Professional Preparation and Development Subcommittee of the BBF Council evaluate professional development activities and the system as a whole on a set of principles adopted as the basis for performance measures by the CCD and other partners including the Professional preparation and Development Committee of the BBF Council. A full set of those principles is available on the NLCDC web-site at http://northernlights.vsc.edu/files/final\_pg1principles.pdf

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.

By January of 2012, the CDD in collaboration with Vermont DOE and the PPD Subcommittee of the BBF Council will present the Human Services Committee of the Vermont legislature with a report on the results of two surveys described in Section 3.3 of this plan evaluating the capacity of the professional delivery system in Vermont and the challenges and barriers that limit access for practitioners.

Strengths and gaps in the current system will be identified and plans developed to make progress toward improvement.

#### 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. 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 3.4. 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?

#### **Increase and Improve Workforce Data**

The CDD, in collaboration with the NLCDC, CCCSA's and the Professional Preparation and Development Subcommittee of the Building Bright Futures (BBF) Council and other stakeholders will develop and implement a progressive schedule to mandate the participation of practitioners in regulated programs in the BFIS Provider Registry. Implementation of mandatory participation will be augmented and accelerated by incentives to increase voluntary participation. The plan will be completed and implementation initiated in the next biennium but full participation is likely to ramp up over a period greater than two years. By July 2013, our goal is that current data for at least 75% of the ECE and AS workforce in regulated programs is maintained and accessible in BFIS.

## **Expand Capacity and Improve Access to Meaningful and Effective Professional Development Activities**

The CDD, in collaboration with the Vermont DOE, the NLCDC, the Professional Preparation and Development Subcommittee of the BBF Council, a coalition of private funders and other stakeholders will utilize information collected in survey activities described in Sections 3.4.3 & 3.4.4 of this plan and other assessment and evaluation activities, to plan and implement a set of coordinated strategies and supports to expand capacity and improve access to credit bearing, credential/degree focused education activities integrated with and expanded capacity for relationship-based professional development such

as mentoring, advising, teaching,	consulting/coaching and helping.	