

Child Care and Development Fund (CCDF) Plan For Vermont FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Vermont Department for Children and Families

Street Address: 280 State Drive, NOB 1 North

City: Waterbury

State: Vermont

ZIP Code: 05671

Web Address for Lead Agency: <http://dcf.vermont.gov/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Miranda

Lead Agency Official Last Name: Gray

Title: Interim Deputy Commissioner, Child Development Division, Department for Children and Families

Phone Number: 802-498-3793

Email Address: Miranda.Gray@vermont.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Nicole

CCDF Administrator Last Name: Dubuque

Title of the CCDF Administrator: Policy Director

Phone Number: 802-373-8624

Email Address: nicole.dubuque@vermont.gov

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

CCDF Co-Administrator First Name: Anne

CCDF Co-Administrator Last Name: Rada

Title of the CCDF Co-Administrator: Child Care Benefits Administrator

Description of the Role of the Co-Administrator: State Plan coordination and maintenance

Phone Number: 802-777-4720

Email Address: anne.rada@vermont.gov

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

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

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

A. State or territory

Identify the entity:

N/A

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

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

N/A

C. Other.

Describe:

N/A

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

N/A

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

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

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

A. State or territory

Identify the entity:

N/A

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

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

N/A

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

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

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

A. State or territory

Identify the entity:

N/A

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

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

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

A. State or territory

Identify the entity:

N/A

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

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

N/A

C. Other.

Describe:

N/A

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

N/A

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

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.
Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

N/A

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

Child care financial assistance eligibility determination, referral services to families and quality improvement activities are performed by community-based agencies chosen through a procurement process and executed through written agreements. Written agreements include: Tasks to be performed, Schedule for completing tasks, Budget which itemizes categorical expenditures in accordance with CCDF requirements, Monitoring and auditing procedures, and Indicators or measures to assess performance of those agencies. A lead agency staff person is assigned the role of grant manager and is responsible for conducting a risk assessment upon execution of the written agreement and is the person responsible for desk monitoring, on-site visits and accompanying DCF financial monitoring teams as needed. In addition, CCFAP eligibility determination and referral services are monitored by two grant monitors who conduct monthly onsite case file sampling and provide implementation support.

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

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

When requested division staff meet with other states to share the child care information

system created for Vermont, Bright Futures Information System (BFIS). Multiple states have requested tours of the software; however, most would like customized options for their state, which is not easily accomplished with BFIS and states have opted out of receiving any additional information. The Division will be launching one module of a new information system and is working on the other modules in Salesforce and will share the data dictionary and other requirements and information about the technology upon request.

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

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

The State of Vermont has policies in place to protect all personally identifiable information about children and families receiving services. Additionally, the State has policies specific to use of technology to access PII to ensure the information is protected. The rules outline when and how data can be shared with and without the individual's permission. The policies also apply to all CDD grants and contracts. CDD grants and contracts related to CCDF assistance contain the following safeguards: Protected Health Information: The Grantee shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this grant. The Grantee shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations. Other Confidential Consumer Information: The Grantee agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to information. The Grantee agrees to comply with any applicable Vermont State Statute, including but not limited to 12 VSA §1612 and any applicable Board of Health confidentiality regulations. The Grantee shall ensure that all its employees and subgrantees performing services under this agreement understand the sensitive nature of the information that they may have access to and sign an affirmation of understanding regarding the information's confidential and non-public nature. Social Security numbers: The Grantee agrees to comply with all applicable

Vermont State Statutes to assure protection and security of personal information, including protection from identity theft as outlined in Title 9, Vermont Statutes Annotated, Ch. 62.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

Consultation

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

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

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

The CCDF State co-state administrator connected with leadership from the Vermont Association of Planning and Development Agencies (VAPDA) to provide a PowerPoint overview of the State Plan. The PowerPoint included an orientation to the plan and the ongoing implementation work of the lead agency on the State Plan. The CCDF administrator requested that input from VAPDA on the development of the plan be submitted directly to her for review and potential inclusion into the final draft of the plan. VAPDA is a non-profit corporation composed of the eleven Regional Planning Commissions of Vermont created and operating under the provisions of the Municipal and Regional Planning and Development Act. (

<https://legislature.vermont.gov/statutes/chapter/24/117>) The mission of VAPDA is to increase the effectiveness of Vermont's Regional Planning Commissions, and public and private planning by the Municipalities, Regions, and the State of Vermont. Vermont's Municipal and Regional Planning and Development Act includes Planning Goal 13 (<https://legislature.vermont.gov/statutes/section/24/117/04302>) : To ensure the availability of safe and affordable child care and to integrate child care issues into the planning process, including child care financing, infrastructure, business assistance for child care providers, and child care work force development.

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

The Building Bright Futures Statewide Advisory Council (BBF SAC) has designated their newly established Families and Communities Committee (FCC) to consult on the plan development. In May 2021, the CCDF administrator presented to a joint meeting of BBF Early Childhood Action Plan Committees (including FCC) and Regional Councils on the information contained in the preprint, discussed the timeline and activities for developing the Plan and BBF attendees provided input. In June of 2021, the FCC reviewed and provided final input to the final draft of the Plan (following the incorporation of feedback through the public hearing and comment period).

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal

leadership. Many states and tribes have consultation policies and procedures in place.

N/A

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

N/A

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

Reminder:

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

a) Date of the public hearing. 06/02/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05/10/2021

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

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

The notice was posted on the division's blog (<http://dcf.vermont.gov/cdd-blog>) which is a fully compliant website tool. In addition, an email announcement was sent to anyone that is interested in receiving information from the division, which includes advocacy groups, parents, legislators, and the general public. An email announcement went to all regulated

child care programs, center based, afterschool and family child care homes, and was sent to Child Care Financial Assistance eligibility agencies, referral agencies and parent child centers. It was also posted on the Division's Facebook page for families:

<https://www.facebook.com/VTDCF.CDD> and Facebook group for child care providers: <https://www.facebook.com/groups/751690461852182>

d) **Hearing site or method, including how geographic regions of the state or territory were addressed.** The meeting was held virtually using Microsoft Teams technology, information about accommodations and interpreter services was sent with the notice for any individuals that needed services. Additionally, a SurveyMonkey link was used to collect comments from individuals unable to attend the hearing.

e) **How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)** The plan was made available to the public on 05/26/2021 on the division's website which is a fully compliant website tool. The plan was also emailed out to anyone interested in receiving information from the division, which includes advocacy groups, parents, legislators, and the general public. An email announcement went to all regulated child care programs, center based, afterschool and family child care homes, and was sent to Child Care Financial Assistance eligibility agencies, referral agencies and parent child centers.

f) **How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?** Edits were made to the state plan to accurately represent the current state of our data systems and reflect the state's work to start building a new data system. Additional changes were made to update the partners that were consulted on the plan and who the Division regularly works with to support system development. Additional comments were received about how the state could improve in the next 5 to 10 years, and those suggestions will be taken into consideration with our State Advisory Committee as steps for the State to take in the future.

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

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

<http://dcf.vermont.gov/cdd/reports>

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

Working with advisory committees.

Describe:

N/A

Working with child care resource and referral agencies.

Describe:

N/A

Providing translation in other languages.

Describe:

N/A

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

Describe:

N/A

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

Describe:

Once the plan is approved, provider groups and others interested in division reports who opt into email are notified by email announcement.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

a. The Lead Agency is required to coordinate with the following agencies. Provide a description

for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The Vermont Association of Planning and Development Agencies (VAPDA). The mission of VAPDA is to increase the effectiveness of Vermont's Regional Planning Commissions, and public and private planning by the Municipalities, Regions, and the State of Vermont. Vermont's Municipal and Regional Planning and Development Act includes Planning Goal 13: To ensure the availability of safe and affordable child care and to integrate child care issues into the planning process, including child care financing, infrastructure, business assistance for child care providers, and child care work force development. Work with VAPDA during the 2022-2024 plan cycle will include identifying and providing the support needed by regional and local planning commissions to effectively realize Planning Goal 13 in order to increase the supply of quality child care and out-of-school time settings.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

Building Bright Futures (BBF) is Vermont's Governor designated Early Childhood State Advisory Council (SAC) charged with creating an integrated system of services for Vermont children and families, from the prenatal period through age eight. BBF has a multi-tiered infrastructure consisting of 12 Regional Councils and seven committees that move the Vermont Early Childhood Action Plan (VECAP) forward; both of which inform the priorities and recommendations from the SAC. This network links community-based and state level planning and program development with the SAC. BBF's committee infrastructure facilitates optimal engagement of stakeholders in identification of gaps and barriers and then elevating them to inform changes to policy and practice. To build integration and collaboration across public and private partners, BBF's committees have a public and private co-chair. Lead Agency staff serve and facilitate each of these committees. In addition, we engage with BBF's Regional Council leadership regularly by participating in monthly coordination calls and attending their regional meetings as needed or requested. The goals of this coordination include:

- Aligning the quality of services for infants and toddlers through school age children

- Promoting constructive partnerships across sectors
- Linking comprehensive services to children in child care or school-age settings
- Smoothing transitions for children between programs and as they age into school
- Developing the supply and quality of child care and out-of-school time settings

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

N/A

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

DCF/CDD is responsible for IDEA Part C. We co-administer this program with the Agency of Education who is responsible for IDEA Section 619 under an Interagency Agreement that has been approved by the Federal Department of Education. In Vermont Early Intervention (IDEA Part C) is embedded in Children's Integrated Services (CIS) within DCF/CDD. CIS is a unique model for integrating early childhood health, mental health, evidence-based home visiting, family support, early intervention and specialized child care services for pregnant and post-partum women and children birth to age six. The model is designed to improve child and family outcomes for vulnerable populations by providing family-centric holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion and accountability. DCF/CDD administers CIS overseeing services delivered to children and families by 12 regional CIS coalitions of local partners unified under a single fiscal agent in each region. CIS services and supports are delivered in homes and in child care programs. The goals of this coordination include:

- Developing the supply and quality of child care and out-of-school time settings willing to serve children with high needs
- Linking comprehensive services to children with special needs in child care

- Supporting families to build protective factors that improve their stability and capacity as children's first teachers
- Supporting the success of children with high needs in child care and out of school time settings
- Smoothing transitions for children between programs and as they age into school

v. [State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

The Head Start State Collaboration Office (HSSCO) is in the Statewide Systems and Community Collaboration Unit in DCF/CDD. The HSSCO Director attends monthly meetings of the Head Start Association and acts as a liaison between Head Start grantees and state agencies, including DCF/CDD, AHS and the Agency of Education (AOE). Supporting partnerships between Head Start grantees and prekindergarten programs in public school and community settings and promoting Head Start/Early Head Start -Child Care Partnerships is a strategic priority for CDD. The goals of this coordination include:

- Extending the day or year of services for families eligible for head start
- Smoothing transitions for children eligible for head start between programs or as they age into school
- Enhancing aligning the quality of services for infants and toddlers to school- age children
- Linking comprehensive services to children in child care programs
- Developing the supply of quality care for vulnerable populations in child care programs

vi. [State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

The Vermont Department for Health (VDH) is the State agency responsible for public health, including immunizations and, like CDD/DCF, is a part of the Agency of Human Services. Coordination happens at all levels: commissioners and deputy commissioners across AHS meet weekly with the Secretary and central office leadership; The Director of the Maternal Child Health Division (MCH) of VDH meets regularly with the CDD Leadership; leadership and staff of CDD and MCH serve together on Building Bright Futures (BBF) State Council and BBF Committees to advance strategies in Vermont's Early Childhood Action Plan. CDD and MCH staff work together as lateral partners on Vermont's Early Childhood Coordinating Council to align state policy efforts for a more cohesive voice of state government in Vermont's early childhood system. MCH staff

regularly attend the CDD Systems and Community Collaboration unit team meetings.

The goals of this coordination include:

- A holistic, cross-sector approach to early childhood development and learning
- Enhancing the health and safety of child care and out-of-school time settings
- Aligning quality of services
- Coordinating services to families
- Linking comprehensive services to children in child care and out-of-school time settings

vii. State/territory agency responsible for employment services/workforce development.

Describe the coordination goals, processes, and results:

The Vermont Department of Labor (DOL) is the State agency responsible for employment services and workforce development, including the administration of the Workforce Innovation and Opportunity Act (WIOA) programs funded through the US Department of Labor. CDD works in partnership with DOL on childcare workforce training needs by meeting regularly with staff from DOL's Workforce Development Division. One area of collaboration is our shared support for the Vermont Child Care Apprenticeship Program, administered by Vermont Association for the Education of Young Children (VtAEYC). Goals for this coordination are:

- To ensure Vermont's child care workforce and child care employers have the supports they need to provide high quality services to working Vermonters with young children
- To build the supply and quality of child care and out-of-school time settings

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Vermont Agency of Education is responsible for public education (Prekindergarten through Grade 12) and has joint agency oversight on Universal Prekindergarten Education under Act 166 with AHS/DCF/CDD. Joint agency oversight includes designation of roles and responsibilities that supports the Universal PreK Education application verification processes and joint agency approval. Joint agency efforts have also established and implemented VT's UPK Accountability and Continuous Improvement System (ACIS). Leadership from AOE and AHS/DCF/CDD work together on the Early Childhood Coordination Team (ECICT) to coordinate services and supports for children and families to advance positive educational outcomes from the earliest years. The ECICT maintains a broad view of the collective work across the early childhood world to foster a collaborative and collective approach across state

government to realizing the promise of every Vermont child. This broad view includes federal and state grants that support this vision, such as the Preschool Development B-5 grant and early childhood programs with shared inter-agency responsibility, including, but not limited to: Publicly Funded PreK under Act 166: Monitoring, Fingerprinting, Program Evaluation; Head Start Collaboration; Vermont Early Learning Standards; Special Education IDEA Part C and 619; Kindergarten Readiness Survey and VT Step Ahead Recognition System (STARS). In addition, DCF/CDD and Agency of Education (AOE) co-administer publicly funded prekindergarten education to support a robust mixed delivery system that strives to identify, address, and meet the needs of each and every child and their family. Public Education dollars fund Universal PreK Education for approximately 8,900 children. These funds are layered with Head Start funding, CCDF subsidies and parent paid tuition to increase affordable access to high quality child care. While AOE employs the state's UPK Coordinator a member of the Early Education Team and UPK ACIS team, fiscal and data collection/analysis team, the UPK interagency-team meets twice monthly to address implementation of UPK/ACT 166 requirements, review data to support and benefit policy and procedures that ensure high quality PreK Education for each and every child enrolled in private and public PreK programs across the state.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

DCF/CDD is the entity responsible for child care licensing. The Director of Child Care Licensing collaborates with many entities: Division of Fire Safety, Agency of Natural Resources, Vermont Department of Health, Child, and Adult Care Food Program, DCF's Family Services Division, Agency of Education. In addition, the director works with community entities such as Vermont Afterschool, Let's Grow Kids, Building Bright Futures, STARS (Vermont's QRIS), and etcetera. Through these collaborations and this work, the director remains well informed, promotes services that meet families' needs, and identifies ways to strengthen the regulatory system.

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

The Agency of Education (AOE) is responsible for administering the Child and Adult Care Food Program (CACFP) for the state. The Department of Children and Families

(DCF)/Child Development Division (CDD), 3Squares VT (SNAP) and AOE CACFP staff collaborate with Hunger Free Vermont and food security advocates to promote meals and nutrition services available for children as part of early childhood and school age programs to increase food security and proper nutrition among young children and households. Leadership from the AOE and DCF/CDD participate together on the BBF SAC. AOE and DCF/CDD collaborate and coordinate together to align and improve the quality of child care programs and afterschool programs by increasing access to nutritious meals and snacks, connecting households to comprehensive services available for children and providing access to state and Federal funding to help support these improvements.

[xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:](#)

The Vermont Agency of Education is the designated McKinney-Vento state coordinating agency for homeless education. Within DCF/CDD, the Vermont Head Start Collaboration Office supports access to services for children and families experiencing homelessness through coordination with state and local education agencies implementing McKinney-Vento requirements. These entities include the state McKinney-Vento Coordinator, local education agency McKinney-Vento Liaisons, the VT Office of Economic Opportunity (including Family Supportive Housing programming), statewide domestic and sexual violence shelters, Specialized Child Care programs and services, and VT Head Start/Early Head Start grantees. Specifically, the VHSCO has partnered with HS/EHS grantees and their local Continua of Care to review and update Coordinated Entry Housing Crisis Referral and Coordinated Entry Partnership Agreement forms to improve the effectiveness of referral processes for families served by HS/EHS programs and community organizations providing housing services. The VHSCO also participates in the national HSSCO Learning Community on Homelessness which informs its work to identify potential collaboration models for providing access to housing for vulnerable families and the development and implementation of strategies with an ultimate goal of increasing the percentage of HS/EHS families experiencing homelessness that acquire housing.

[xii. State/territory agency responsible for the Temporary Assistance for Needy Families \(TANF\) program. Describe the coordination goals, processes, and results:](#)

The Economic Services Division (ESD) is responsible for the Reach Up Program (Vermont's TANF) and is in DCF with CDD. Deputies in both divisions are on the DCF Leadership Team which meets weekly. The two divisions work closely together on budget and policy development and supporting families to achieve economic stability. They collaboratively implement a two-generation approach to mitigating the impacts of poverty on family well-being and child development. CDD staff provides training and technical assistance regarding child care to Reach Up workers. The goals of this coordination include:

- Providing viable options for part day or full day services for families
- Ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings
- Linking comprehensive services to children in child care and out-of-school time settings
- Coordinating services to families
- Building protective factors in families to support and enhance their capacity as the children's first teachers

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

The Department for Vermont Health Access (DHVA), in AHS, is responsible for Medicaid and the state Children's Health Insurance Program: Dr Dynasaur. DHVA Leadership sits on the AHS Interagency Policy and Operations Team with the CCDF Co-Administrator. DCF/CDD leadership work with staff in DHVA to identify ways to leverage Medicaid resources to provide individualized supports for Medicaid-eligible children with high needs to ensure their ability to successfully access high quality, State regulated, early learning and development programs. The goals of this coordination include:

- Improving the quality of State-regulated early learning and development programs
- Assisting families to identify and access these programs
- Providing individualized supports to support children's development and stability within regulated care settings in accordance with developmental or medical service plans (ex. Part C of the Individuals with Disabilities Education Act)
- Supporting successful transitions for children between programs and as they enter the public school system

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The Department of Mental Health (DMH) is responsible for mental health and is part of the AHS with DCF/CDD. Commissioners and deputy commissioners across AHS meet

weekly with the Secretary and central office leadership. The Children's Integrated Services (CIS) Unit in CDD includes a focus on Early Childhood and Family Mental Health that includes mental health (ECFMH) consultation to child-care providers and ECFMH treatment for children through the designated community mental health agencies. Staff from DMH consult with CDD staff to develop, implement, and improve those services to support the social and emotional development of children. The goals of this coordination include:

- A holistic, cross-sector approach to early childhood development and learning
- Supporting the social-emotional development of children in child care and out-of-school time settings
- Aligning quality of services
- Coordinating services to families
- Linking comprehensive services to children in child care and out-of-school time settings

As well, the CDD is a member of the State Interagency Team which is comprised of relevant departments at AHS and the AOE who meet monthly to identify systems issues so supports for children and families can be provided as flexibly as possible.

[xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

DCF/CDD contracts individually with 12 regional Community Child Care Support Agencies (CCCSA) to: determine income eligibility and referral for the Child Care Financial Assistance Program (CCFAP). The CCCSAs manage certificates that link children in eligible families with participating providers; and provide consumer education and referral services for families, particularly families participating in CCFAP. CDD program staff and leadership meet regularly with leadership in member agencies. We worked closely together to reasonably interpret consumer education requirements in the CCDBG Act of 2014 and incorporate these into CCCSA grants. On an on-going basis the CCCSAs and CDD work with BBF Regional Councils, child care providers and providers of professional development to assess and increase the capacity for high quality early care and learning programs to serve children and families in their communities. The goals of this coordination include:

- Providing viable options for part day or full day services for families
- Ensuring continuity of care
- Smoothing transitions for children between programs and as they age into school
- Enhancing and aligning quality of services across settings

- Linking comprehensive services to children in child care and out of school time settings
- Building the supply of child care and out of school time opportunities for all children

Vermont does not fund a statewide CCR&R system.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

Vermont Afterschool, Inc is an independent 501C-3 organization that works with afterschool programs, summer programs, youth serving-organizations, and community partners throughout the state to strengthen out- of-school time programming for children and youth in Vermont, to expand the number and types of programs being offered, and to improve access for all children and youth regardless of race, creed, color, religion, sexual orientation, family income, family situation, or geographic location. Vermont Afterschool is the statewide afterschool network organization in Vermont and also serves as the state affiliate for the National Afterschool Association. Vermont Afterschool has been providing in-depth project support, resources, technical assistance, and evaluation services in the areas of afterschool and summer programming and positive child and youth development in Vermont since 2009. Vermont Afterschool also provides training and technical assistance to programs and practitioners across the state with 80% of Vermont towns with out-of-school time programs and/or youth-serving organizations being supported and/or impacted by Vermont Afterschool's initiatives in recent years. In addition, Vermont Afterschool hosts an annual statewide conference serving 250-300 participants each year; runs yearlong leadership strands for Vermont's afterschool directors and site coordinators; serves on state and national committees supporting quality school-age programming; and has led a strong statewide initiative around social emotional learning (SEL) and trauma informed care. Through the SEL effort Vermont Afterschool has provided in-depth training and onsite coaching in afterschool programs across Vermont and fostered many new partnerships across afterschool, youth services, foster care, restorative justice, mental health, youth in transition, early childhood, and more. Growing out of that initiative has come a deep focus on positive child and youth development, including an emphasis on youth voice, belonging, and engagement. The work of Vermont Afterschool is supported by private funds from the C.S. Mott Foundation, the Afterschool Alliance, the Overdeck Foundation, the Vermont Community Foundation, the Northfield Savings Bank Foundation, and the STEM Next Education Foundation; as well as, federal and state funds from the Vermont Agency of Education, the Vermont Student Assistance

Corporation, the Vermont Department of Health, the Vermont Department of Mental Health, and the Child Development Division in the Department of Children and Families, Vermont Agency of Human Services (including CCDF quality funds). Goals for coordination include:

- Enhancing and aligning the quality of services for school-age children
- Building staff training and experience levels
- Linking comprehensive services to children in out-of-school time settings
- Supporting staff development along the career pathways
- Developing the supply and quality of out-of-school time settings

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The Vermont Agency of Human Services, Emergency Management and Department of Public Safety are responsible for the state's Continuity of Operations Plan (COOP) and State Emergency Operations Plan. The Department for Children and Families, Child Development Division coordinated the development of the Emergency Response Planning Guide for Child Care Providers. These plans were developed in coordination with the Agency of Human Services, Department of Health, Agency of Education, Regional Planning Commissions, committee members from the State Advisory Council and others. The goals of this coordination include:

- Technical assistance to child care providers
- Continuation of subsidy payments and determination of eligibility
- Provide emergency child care services where needed
- Ensure post disaster recovery services are in place

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

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

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

Describe

The Head Start State Collaboration Director works in the Child Development Division

(CDD) and in partnership with the CCDF Child Care Administrator. The director attends the Head Start Association Executive Director monthly meetings and acts as a liaison between CDD and federal Head Start grantees which are the local agencies that have been awarded Early Head Start and Child Care Partnership (EHS/CCP) funding in Vermont. CDD staff have attended Region I conferences and meetings for EHS/CCP with grantees. CDD has worked with grantees to align child care subsidy policies to support goals of the EHS and CCP programs and support high quality full day, full year comprehensive early childhood services for Vermont families with young children. EHS-CCPs are a strategy for developing the supply of high-quality child care that meets the needs of vulnerable children and families. EHS-CCPs can expand the supply of stable community-based early childhood programs that are child-focused, built on identified community needs and strengths, meet the child care needs of parents and the developmental needs of children, draw on and help coordinate existing services in a community, provide high-quality, comprehensive care and services for children and families who are low income, meet Federal Head Start Program Performance Standards (HSPPS), employ highly qualified professionals, and maximize Federal and State funding. The HSSCO Director is actively working with the OHS Region I Office and other Region I HSSCOs to learn how other state systems have employed the use of EHS-CCPs to expand the supply of high-quality child care and explore how Vermont might participate in future EHS-CCP funding opportunities as they become available.

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

[Describe](#)

The Community College of Vermont (CCV) was selected as CDD's partner in transforming the Early Childhood and Afterschool Professional Development System in Vermont - Northern Lights at CCV. Low or no cost training is offered statewide through Northern Lights at CCV to ensure that child care workers have opportunities to meet training and qualification requirements in Child Care Licensing regulations. Northern Lights at CCV employs regionally located Resource Advisors dedicated to the early childhood and afterschool workforce to help individuals create attainable Individual Professional Development Plans to achieve their professional goals. Staff and leaders from CDD work closely with staff and leaders from CCV to grow and support a skilled and knowledgeable professional workforce for early childhood

programs and services and afterschool programs in Vermont.

Early Childhood Higher Education Consortium (ECHEC), made up of all institutions of higher education (IHE) offering early childhood classes, certificates and degrees in Vermont and representatives from Vermont early childhood agencies and organizations, was successfully launched and supported through Vermont's Early Learning Challenge Grant (ELCG). That group has created and successfully implemented an annual week-long summer Early Childhood Educators Institute that has been enthusiastically received and well attended by professionals in public and private early childhood programs across the state. The group has also worked on alignment of course content and articulation agreements. The ECHEC continues to meet quarterly since the end of the ELCG and is co-chaired by a CCV Associate Academic Dean affiliated with Northern Lights and Director of Education from Castleton University.

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

[Describe](#)

In addition to responsibility for early childhood and afterschool child care services in Vermont, CDD is responsible for Children's Integrated Services (CIS), an innovative model for integrating early childhood health, mental health, a continuum of evidence-based home visiting, early intervention and specialized, child care services for pregnant and postpartum women and children birth to age six. The model is designed to improve child and family outcomes by providing family-centric holistic services, effective service coordination, and flexible funding to address prevention, early intervention, health promotion, and accountability. CDD administration of CIS in Vermont includes regular and on-going: coordination with federal partners including US Department of Education, Office of Special Education Programs (IDEA Part C) and US Department of Health and Human Services: Administration for Children and Families, Children's Bureau (CBCAP), Substance Abuse and Mental Health Services Administration (Early Childhood and Family Mental Health), and Health Resources and Services Administration, Maternal and Child Health Bureau (MIECHV Program.)

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

Describe

CDD leadership and staff work hand in hand with leadership and staff from the Maternal Child Health (MCH) Division at the Vermont Department of Health. Both Divisions sit within the Agency of Human Services and partner closely on population health initiatives for young children and families. Specific areas of collaboration include creating a continuum of effective evidence based and evidence informed home visiting services available state-wide. Home visiting services are often involved in coordinating access to childcare and financial assistance for care when this a goal of the family or need due to caregiver health issues. The evidenced based Strong Families VT Nurse Home Visiting Program completes regular Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) developmental screenings, one of several performance measures, in childcare settings and partners with these and other involved service providers. Additional areas of collaboration include providing high-quality health consultation to child care programs and standing up Help Me Grow (HMG) Vermont, a statewide coordinated referral and intake system. HMG promotes universal developmental screening and improves access to existing resources and services for expectant parents and families with young children through age eight. HMG helps families, child care providers, educators and others navigate resources and referrals through a centralized system to better connect families with information, resources, and social supports. HMG staff help families access to childcare and financial assistance for care when needed. HMG offers quality improvement training for early educators to screen children across multiple domains of development, including screening for social determinants of health. Training includes use of the ASQ Enterprise online system and tools as well as use of the Hunger Vital Sign (<https://childrenshealthwatch.org/public-policy/hunger-vital-sign/>) food insecurity two-question screener.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

In Vermont, the Department for Vermont Health Access (DHVA) in the Agency of Human Services is responsible for EPSDT. The Deputy Commissioner for CDD meets regularly (at least weekly) on an AHS Leadership Team with DHVA leadership. The Director of CIS in CDD participates in an agency wide EPSDT work group. CDD staff and DHVA staff interact regularly to ensure Medicaid eligible children receive the

services to which they are entitled.

vi. State/territory agency responsible for child welfare.

Describe

The Family Services Division (FSD) is part of Vermont Department for Children and Families, as is CDD. Teams from FSD and CDD meet regularly to collaborate on prevention programs and services, to coordinate policies and practices and to ensure that children in state custody and children at risk of child abuse and neglect and their families have access to services and supports that address trauma, minimize, or mitigate the impact of toxic stress, build protective factors in families and advance optimal child development. In addition, our collaboration has informed FSD's Policy 73: Protective Services Child Care (<https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/73.pdf>).

vii. Provider groups or associations.

Describe

CDD has positive relationships with the Vermont Association for the Education of Young Children and the Vermont Child Care Provider Association. CDD staff is available to meet and consult with smaller, local Child Care Director collaboratives and groups and with regional and local Vermont Early Childhood Networks which are local groups of early childhood professionals across 12 regions in Vermont who take initiative through leadership, professional development, and peer support to encourage, learn and grow together. CDD helps to fund the Vermont Early Childhood Networks.

viii. Parent groups or organizations.

Describe

N/A

ix. Other.

Describe

CDD has a strong and positive collaborative relationship with philanthropic partners in Vermont with a mission committed to early learning and development including the AD Henderson Foundation, and the Turrell Fund. Staff from these organizations

participate on many groups, committees, and councils that CDD staff participate on, including the Building Bright Futures Early Childhood State Advisory Council. We consult with one another about strategic partnerships and coordinate our efforts to increase access to affordable, high quality child care and early learning for all Vermont children.

Optional Use of Combined Funds:

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

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

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

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Blending multiple funding streams, and/or layering funds together from multiple funding streams in order to leverage them to expand and/or enhance comprehensive high quality early care and learning and out of school time services for children and families that are developmentally beneficial for children and strengthen families.

b) Which funds you will combine

CCDF, TANF, Medicaid, IV-E foster care, IV-E adoption assistance, IDEA, Part C, Head Start, Early Head Start, Early Head Start - Child Care Partnership (EHS_CCP) Grants, Social Services Block Grant, IV-B, IV-B II and State: State General Funds, State Education Funds.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Goals of combining funds include:

- Supporting high quality full-day, full year child care and out-of-school time services for working families
- Providing continuity of care for children
- Smoothing transitions for children
- Enhancing and aligning the quality of child care and out of school time programs across settings and sectors
- Linking comprehensive services to children in child care and out of school time programs
- Supporting the success of children with high needs in integrated high quality child care and out of school time programs
- Building the capacity for high quality child care and out of school time opportunities for all children in diverse socio-economic and ethnic-cultural groups

reflective of the communities they live in

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

Vermont combines funding using different methods appropriate to the funds involved. At the state level, Medicaid funds are combined with matching state funds and leveraged against IDEA Part C funds to provide supports for successful integration of children with high needs into high quality ELD programs. Often these are combined at the program level with federal CCDF and state General Funds in the Child Care Financial Assistance Program (CC FAP). (CIS, Specialized CC Services). For children eligible, IV-E foster care, IV-E adoption assistance and IV- B are used to leverage CCDF and state general funds in CC FAP and to provide additional support services for children in protective services in ELD programs. TANF, TANF transfer and Social Services Block Grant are combined with CCDF at the state level to increase access to early care and learning and out of school time programs for low-income families. At the local level, Vermont Education Fund dollars for publicly funded preschool are layered with Head Start funds, CC FAP funds and parent tuition to support full day, full year programs that wrap around prekindergarten hours. In the case of Head Start partnerships these programs are comprehensive in nature of the most vulnerable children. For children eligible for IDEA Part B Section 619, IDEA dollars are combined with state Education Funds to support least restrictive integrated ELD settings. And MCO Medicaid funds and MCO Investment funds and state matching funds are combined with CCDF funds and state General Funds in the CC FAP at the program level to support comprehensive services in high quality ELD programs serving vulnerable populations. Some of the participating programs are Head Start grantees who leverage these funds to expand Head Start programming and partnerships. Strengthening Families Program Grants: EHS-CCP combine federal grant funds with CCDF and state general funds to support full day-full year services for infants and toddlers.

e) How are the funds tracked and method of oversight

Each funding stream is accounted for by the agency with oversight responsibility for those funds. The responsible state agency enters into agreements with programs to report data on participants and outcomes and tracks those investments in accordance with state rules for procurement and monitoring. Sometimes this is invisible to state

and local partners but more often they comply with multiple reporting requirements to assure responsible oversight of blended or layered funds.

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

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

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

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds:
State funds.
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be

counted for match purposes (98.53(f)).

i. If checked, are those funds:

A. Donated directly to the State?

B. Donated to a separate entity(ies) designated to receive private donated funds?

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

N/A

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

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

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

N/A

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

N/A

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

N/A

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

N/A

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

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

N/A

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? N/A

1.6 Public-Private Partnerships

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

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

The public-private partnerships highlighted below are important in leveraging and advancing an integrated early care and learning and afterschool system in Vermont in order to achieve Vermont's early childhood vision: To realize the promise of every Vermont child. Building Bright Futures (BBF), Vermont's Early Childhood State Advisory Council (SAC) is the entity responsible for coordination of early childhood in Vermont and we partner with the BBF SAC and its committees on the state level and with the BBF Regional Councils on a regional level. The main goal in this public-private partnership is advancing the goals and corresponding

results of Vermont's Early Childhood Action Plan (VECAP). This work is accomplished primarily through the BBF Committee infrastructure where local, regional, and state level stakeholders come together through monthly meetings to develop and implement priority strategies outlined in work plans. The VECAP, Vermont's early childhood strategic plan, is a bold, collaborative approach to building a comprehensive and integrated early childhood system that promotes healthy child development and family stability. The VECAP outlines a cohesive vision by the year 2026 and establishes shared accountability to achieve statewide priorities for children and families from the prenatal period through age eight. Originally established in 2013 along with the Vermont Early Childhood Framework, the updated VECAP is a structure around which to build coordinated action across public and private stakeholders throughout Vermont. It centers around making measurable changes in early childhood outcomes through identification of common goals, strategies to reach those goals, and the use of common language to align initiatives. It is built on Vermont's Guiding Principles which articulate Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness, and success now and into the future. All early childhood partners, including state agencies, community partners, and families are held responsible for working toward this vision by creating positive change in the early childhood system. Together, we implement this plan and hold each other accountable to the goals, objectives, strategies, and outcomes identified within this plan.

The charge of the Child Outcomes Accountability Team is to improve integration and coordination of early childhood public and private partners committed to the health and well-being of children and their families. The group informs strategies and monitors progress toward Goal 1 of Vermont's Early Childhood Action Plan: All children have a healthy start. Goal 1's focus is to ensure that children are healthy, thriving and developmentally on track from the prenatal period to third grade by promoting and monitoring outcomes in the following domains: physical health, development and educational outcomes, mental health outcomes, and basic needs outcomes. Goal 1 also promotes the importance of prevention and early identification across the same domains.

The BBF Families and Communities Committee works to develop a statewide approach that enriches and expands family partnership and leadership at the provider, agency, and community levels. The committee is entirely virtual and open for parents and providers to join anytime. The Committee strives to be made up of majority parents and caregivers, with

providers in partnership, to help create an early childhood system that mirrors the diverse needs of Vermont families. By providing parents and caregivers opportunities to bring forward thoughts and concerns, and partner in systems conversations and decision-making processes, families become leaders in designing a responsive system that works for them. The group informs strategies and monitors progress toward Goal 2 of Vermont's Early Childhood Action Plan: Families and communities play a leading role in children's wellbeing. Goal 2's focus is to advance policies, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences. Building a system that listens to the needs of families and creates space at the table to make decisions together, are core to success. To achieve this goal, Vermont will work to create safe and stable home environments, economic stability, family friendly workplace policies, parent and family leadership, and communities with social and physical infrastructure to nurture resilient children and families.

The Early Learning and Development committee works to strengthen the access and quality of early childhood services throughout the early childhood system through a focus on alignment and best practices. The group informs strategies and monitors progress toward Goal 3 of Vermont's Early Childhood Action Plan: All children and families have access to high-quality opportunities that meet their needs. The aspects of Goal 3 that this committee focuses on are giving children the strongest start possible by building an equitable and integrated early childhood system in the same 4 primary domains for children to thrive: physical health, social and emotional wellness, developmental and educational results, and adequate basic needs to improve family outcomes. The Committee prioritizes and identifies inequities impacting vulnerable children and builds strategies to counter systemic racism and discrimination to create more equitable access to healthcare, mental health services, childcare, early identification, and intervention, and learning outcomes.

The Professional Preparation and Development committee seeks to develop, coordinate, and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school professionals. The committee builds on assets and prioritizes needs for professional opportunities with a focus on educators, though expanding to include needs of CIS professionals and others working with children and families. The PPD facilitates communication about professional development to consumers, practitioners, and the general public. The group informs strategies and monitors progress

toward Goal 3 of Vermont's Early Childhood Action Plan: All children and families have access to high-quality opportunities that meet their needs. The aspects of Goal 3 that this committee focuses on are delivering quality services depends on a skilled and stable early childhood workforce.

The Data and Evaluation Committee guides the collection, analysis, and application of high-quality data within the early childhood system. The group is composed of data stewards and evaluation experts working together to ensure data informs policy and practice. The group wants to help partners understand what high-quality data is, where it exists and is accessible to early childhood stakeholders. The group informs strategies and monitors progress toward Goal 4 of Vermont's Early Childhood Action Plan: The early childhood system will be integrated, well-resourced, and data informed. The aspect of Goal 4 that this committee focuses on is to collect and report high quality data to understand how services, supports and resources are reaching the kids and families they intend to, and to measure the extent strategies and investments are making the desired impact.

The Early Childhood Investment also works toward goal 4 of the VECAP. This committee seeks to increase the investment in Vermont's children and families. This is the newest VECAP committee convened in 2019 and includes advocacy partners, public policy leaders and early childhood systems leaders to make long lasting and innovative changes to benefit Vermont's children and families. The committee incorporates the recommendations of Building VT's Future Think Tank into their strategies and engagement of new partners and diversified funding sources.

The Early Childhood Interagency Coordinating Team (ECICT) seeks to identify and eliminate barriers to collaboration, collaborate on efforts related to the VECAP or any other issues that local/regional partners may bring to the Team's attention. The ECICT's efforts result in a more cohesive voice of state government in Vermont's early childhood system by convening representatives of the state agencies represented on the BBF State Council (Agency of Human Services, Education, Child Development Division, Vermont Department of Health, Department of Commerce). The ECICT works as a lateral partner of the BBF State Council to inform the Council on state policy matters, and to receive feedback and input on state policy matters from the Council.

Vermont's response to the COVID-19 pandemic did not result in the emergence of any new public-private partnerships. Rather, Vermont relied heavily on the existing partnerships that BBF and its structure have fostered. Through this structure we were able to fill gaps in services as well as ensure opportunities for communication, collaboration, and engagement with a broad array of stakeholders in order to mitigate the effects of the pandemic response.

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

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

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in

areas of the state and submit the information to the State.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

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

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

N/A

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T.

Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

We reviewed and revised the "Emergency Response and Recovery Guide for Child Care Providers" and finalized the Division's internal procedure called, "Emergency Response and Recovery for Child Care Procedure." We also created a new document titled, "Vermont Child Care Emergency Preparedness Plan." This new document explains the different supports, procedures, and resources designed to ensure continuity of operation for child care programs during an emergency, disaster, or pandemic event.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

iv. State health department or public health department

v. Local and state child care resource and referral agencies

- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

The "Vermont Child Care Emergency Preparedness Plan, " and the "Emergency Response and Recovery Guide for Child Care Providers" are at:

<https://dcf.vermont.gov/childcare/providers/health-safety>. The child care licensing regulations which outline what is required to be in a child care program's emergency response plan and the child care licensing guidance manual with additional resources are at:

<https://dcf.vermont.gov/cdd/laws-regs/childcare>. The Child Development Division's procedures for supporting continuity of operations for child care programs who may experience an emergency, disaster, or pandemic event is available upon request.

2 Promote Family Engagement through Outreach and Consumer Education

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

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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

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

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

Application and other materials have a statement on them that interpreter service are available.

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

N/A

2.2 Parental Complaint Process

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

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

The Child Development Division maintains a Child Care Consumer Line that anyone, including parents, can call to make complaints about child care providers. This line is staffed by child care licensors who are trained to also provide information to families about the health and safety of children in child care. Additionally, the state has an information system public website that allows anyone, including parents to submit complaints online:

<http://brightfutures.vermont.gov>

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Each day a licensing supervisor reviews the complaint queue. Complaints that allege regulatory non-compliance are assigned to a licensing inspector for investigation. Licensing inspectors prioritize investigations of more serious complaints with a goal that all investigations will be completed within 30-days. They begin an investigation by contacting the complainant (when the complainant has provided their name and contact information). The investigation plan may include observations; a review of records, documentation, materials, and/or physical space; interviews with relevant parties (e.g., parents, staff, etcetera); and review of video footage (when programs use this technology). Licensing inspectors develop an investigation plan based upon the type of allegations made by the complainant. When appropriate, licensing inspectors co-investigate complaints with other entities who share jurisdiction/authority (e.g., Division of Fire Safety, Vermont Department of Health's Lead and Asbestos Program, DCF's Family Services Division, Law Enforcement, etcetera). Upon the conclusion of the investigation, a licensing site visit report is issued with findings. When violations are cited, corrective action is identified to include completion dates. The licensing inspector follows up with the complainant (when the complainant has provided their name and contact information) and shares the outcome of the investigation. A licensing

supervisor does a quality assurance review before officially closing the complaint. When a complaint doesn't allege regulatory non-compliance and the complainant has provided their name and contact information, the complaint is assigned to a licensing inspector who contacts the complainant; discusses the concerns; and if no regulatory non-compliance is alleged, the licensing inspector explains that the complaint will not be accepted for investigation and provides guidance on how the complainant can address the concerns directly with the childcare program and/or provides referrals to others who may have jurisdiction/authority. This complaint process applies to all licensed childcare programs whether they participate in CCDF or not. Complaints may be submitted about programs that are not licensed that may be operating illegally, however programs that are exempt from licensing do not participate in CCDF and are not monitored by the Division.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints are maintained in our Bright Futures Information System (BFIS – data system) within a licensed childcare program's account. Each complaint has a section for identifying the specific regulatory non-compliance allegations which are then linked to a specific childcare licensing regulation. Upon conclusion of the complaint investigation, the licensing inspector identifies one of three allegation outcomes (substantiated, unsubstantiated, or unable to determine). In addition, the licensing inspector issues a licensing site visit report which identifies the findings. This report is linked to the complaint investigation log. This process applies to all licensed childcare programs whether they participate in CCDF or not.

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

When violations are cited during a complaint investigation, the licensing inspector issues a licensing site visit report that cites the violation(s), requires corrective action, and issues a

completion date for the required corrective action. Licensing site visit reports for complaints in which one or more violations are cited result in the violations automatically being posted to the public BFIS website which any community member may review. Licensing site visit reports that cite violations are also required to be posted in a location clearly visible to childcare parents for at least fifteen days. When a serious violation is cited, the childcare program is required to mail or email the full licensing site visit report to all parents.

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

Afterschool Program rules 18.15 - 18.17, Center Based Child Care and Preschool Program rules 2.3.6.1 - 2.3.6.3, and Family Child Care Home rules 2.3.5.1 - 2.3.5.3 provide information on the complaint process and are accessible on CDD's website:

<http://dcf.vermont.gov/cdd/laws-regs/childcare>

2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The consumer education website is designed specifically based on the parent user, the navigation is built on the language used by consumers. The website is Section 508 compliant and is mobile friendly. Information is written in plain language and at an 6th grade reading level or lower whenever possible. All electronic materials are in file formats that are accessible.

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

The website has a Google Translate option for individuals to translate the information on the webpage to another language. Some materials are available in multiple languages.

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

The websites are Section 508 compliant and are accessible through screen readers and other devices. Outreach materials are written in plain language and at an 6th grade reading level or lower whenever possible. All electronic materials are in file formats that are accessible.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

Vermont statute requires child care providers to be licensed by DCF's Child Development Division unless identified exemption criteria apply. See 33 V.S.A. § 3502 (<https://legislature.vermont.gov/statutes/section/33/035/03502>). Licensing rule 2.1.2 in Center Based Child Care and Preschool Programs Regulations and licensing rule 1.5 in Afterschool Child Care Programs Regulations allow for exemptions in addition to Vermont statute (<http://dcf.vermont.gov/cdd/laws-regs/childcare>) on non-residential property. Any program that wants to participate in CCDF is required to become licensed and follow all licensing regulations and processes. In the situations in which exemption from being licensed exists, programs have either another oversight entity or the time that children are present is limited minimizing level of risk. The division provides information to the public and prospective child care providers on our website here <http://dcf.vermont.gov/childcare/providers/becoming-provider>. The page outlines the process to become regulated in Vermont.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

Center Based Child Care and Preschool Programs licensing rules in section 2.3.1 and 2.3.6 and licensing rules 2.3.8.13 and 2.3.9.4. Family Child Care Home licensing rules in section 2.3.1 and 2.3.5 and licensing rules 2.3.7.16 and 2.3.9.4. Afterschool Child Care Programs licensing rules 18.2 - 18.5, 18.15 - 18.17, 18.30, and 18.47. All 3 sets of

licensing regulations may be found on the Vermont Child Development Division website <http://dcf.vermont.gov/cdd/laws-regs/childcare>.

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

Center Based Child Care and Preschool Programs licensing rules in section 2.3.8.2 and 7.2 and licensing rules 2.3.9.3, 2.3.10.4.1, 3.2.6, 6.2.6.6, 7.6.4, 7.7.5, and 7.7.5.1. Family Child Care Home licensing rules in section 2.3.7.3 and 7.2, and licensing rules 2.3.8.3, 2.3.9.5.1, 3.1.6, 6.2.4.7, 7.6.1, 7.7.5, and 7.7.5.1. Afterschool Child Care Programs licensing rules in section 18.26, and licensing rules 5.11 - 5.18, and 18.43.a. All 3 sets of licensing regulations may be found on the Vermont Child Development Division website (<http://dcf.vermont.gov/cdd/laws-regs/childcare>).

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Center Based Child Care and Preschool Programs licensing rules in section 2.3.8.2 and 7.2 and licensing rules 2.3.9.3, 2.3.10.4.1, 3.2.6, 6.2.6.6, 7.6.4, 7.7.5, and 7.7.5.1. Family Child Care Home licensing rules in section 2.3.7.3 and 7.2, and licensing rules 2.3.8.3, 2.3.9.5.1, 3.1.6, 6.2.4.7, 7.6.1, 7.7.5, and 7.7.5.1. Afterschool Child Care Programs licensing rules in section 18.26, and licensing rules 5.11 - 5.18, and 18.43.a. All 3 sets of licensing regulations may be found on the Vermont Child Development Division website (<http://dcf.vermont.gov/cdd/laws-regs/childcare>).

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

http://www.brightfutures.dcf.state.vt.us/vtcc/process.do?0Mmr3gjumkz13-SgYEjWekr3%3dxguw3YEa.aU7zaju.xnn.xGOGS-Oh-Oh%2bOF%256U0F%256U6F.6q0gwEkeUs3peYY.wjRszYgwUVm3kmLmkkUs_umUkY_AgsUWVjUVm3mWgwkmpwUVm31mLUjsegkz13SdGOGGGhqF0hh_S0

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

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

N/A

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

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

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

Meals served, allergy friendly, transportation provided, school district, area and building description, religious activity, vacancies.

- ii. License-exempt CCDF center-based providers.

Describe

N/A

- iii. License-exempt CCDF family child care providers.

Describe

N/A

- iv. License-exempt, non-CCDF providers.

Describe

N/A

v. Relative CCDF providers.

Describe

N/A

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

i. Quality rating and improvement system

ii. National accreditation

iii. Enhanced licensing system

iv. Meeting Head Start/Early Head Start Program Performance Standards

v. Meeting Prekindergarten quality requirements

vi. School-age standards, where applicable

vii. Other.

Describe

N/A

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

i. Licensed CCDF providers.

Describe the quality information:

Information is available on their STARS rating (QRIS), current accreditation, and if they are an approved prequalified prekindergarten program.

ii. Licensed non-CCDF providers.

Describe the quality information:

Information is available on their STARS rating (QRIS), current accreditation, and if they are an approved prequalified prekindergarten program.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

N/A

iv. License-exempt FCC CCDF providers.

Describe the quality information:

N/A

v. License-exempt non-CCDF providers.

Describe the quality information:

N/A

vi. Relative child care providers.

Describe the quality information:

N/A

vii. Other.

Describe

N/A

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-

compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

N/A

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

Serious health and safety violations which caused a fatality or serious injury are cited as a serious violation. The factual basis includes the statement that the violation is a serious violation.

- Corrective action plans taken by the state and/or child care provider.

Describe:

In addition to citing the factual basis for the violation, the licensing inspector states what is required for corrective action and when the corrective action is required to be completed. When the corrective action has been completed, the licensing inspector enters the completion date in the BFIS data system. This all appears in the licensing site visit report required to be posted within the childcare program in a location clearly visible to parent or mailed/emailed to parents if the violation is cited as a serious violation and on the BFIS public website which is accessible to all community members.

A minimum of 3 years of results, where available.

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

i. Provide the direct URL/website link to where the reports are posted.

http://www.brightfutures.dcf.state.vt.us/vtcc/process.do?0Mmr3gjumkz13-SgYEjWekr3%3dxguw3YEa.aU7zaju.xnn.xGOGS-O0-Od%2bGO%256UOh%256U60.d00gwEkeUs3peYY.wjRszYgwUVm3kmLmkkUs_umUkYAgSUVVjUVm3mWgwkmpwUVm3kmLmkkUs_zWLEgkz13SdSqgh6F6DFDS_d

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

Licensing inspectors are required to issue their licensing site visit report within five business days from the completion of the licensing visit. This is an established performance expectation monitored by licensing supervisors.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

When violations are cited in a licensing site visit report, licensing supervisors and the Director of Child Care Licensing (who supervises the licensing supervisors) receive a BFIS automated notice. This notice allows them the ability to do a quality assurance review. In addition, to ongoing supervisory feedback from the quality assurance reviews, licensing inspectors and licensing supervisors also receive ongoing training in using plain language in licensing site visit reports.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

If an inaccuracy is identified within a licensing site visit report, the licensing supervisor or the Director of Child Care Licensing expunge the report and have a new report issued that provides accurate information. This might be identified through a supervisory quality assurance review process. If an appeal identifies an inaccuracy, the violation could be overturned/expunged without needing to issue a new licensing site visit report. Or a violation could result in a split decision where the licensing site visit report is expunged, and a revised licensing site visit report is issued correcting the inaccuracy in the factual basis of the violation or correcting an inaccuracy by citing the correct childcare licensing regulation.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

Licensed childcare programs are required to file an appeal within 30-days from when the licensing inspector issued the licensing site visit report. The appeal is issued to the Director of Child Care Licensing. If the Director of Child Care Licensing has a conflict of interest, the appeal is assigned to the licensing supervisor who is not responsible for the territory in which the licensed childcare program is located. The appeal is required to be completed within 30-days unless the investigation is such that longer time is needed (e.g., witnesses for the childcare program are not readily available and more time is needed). When conducting the investigation, several people are interviewed (e.g., the licensing inspector who cited the violation, the Family Child Care Provider/Program Director, staff and/or parents as relevant), records and other documentation are reviewed

as relevant to the appeal, and video footage and/or photos are reviewed. A decision letter documents all evidence collected and reviewed as part of the appeal investigation; findings with an explanation; and when violations are upheld, appeal rights to the Vermont Human Services Board. When violations are overturned, they are expunged from the licensing site visit report which automatically removes the violation citation from the BFIS public website which is accessible to all community members. Or a violation could result in a split decision where the licensing site visit report is expunged, and a revised licensing site visit report is issued correcting the inaccuracy in the factual basis of the violation or correcting an inaccuracy by citing the correct childcare licensing regulation.

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

Licensing site visit reports are maintained on the BFIS public website accessible to all community members for as long as the childcare program maintains a license to operate. If there are no repeat violations of a particular regulation within the five years following the citation, the childcare program may request the Division remove the public violation record from the BFIS public website after that time. If the request is approved, the violation will be hidden from the BFIS public website. However, the violation remains part of the public record and is information provided to families who call the consumer education line requesting this information.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status.

Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

Licensed child care providers are required by regulation to submit reports on serious injuries or deaths to the Vermont Department for Children and Families, Child Development Division through the incident report on the State's Bright Futures Information System. The regulations require these reports be made within 24 hours. Once the report is received it is evaluated by a licensing field specialist and investigated if necessary. It is also evaluated to determine if the appropriate information was provided, including if there was a serious injury or death

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

The definition of abused or neglected child is a child whose physical health, psychological growth and development or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare. Also, a child who is sexually abused or at substantial risk of sexual abuse by any person and a child who has died as a result of abuse or neglect (33 VSA § 4912(1)).

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

An injury in which a child has sustained a permanent loss or impairment of function of any body part and/or has sustained serious disfigurement.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

i. the total number of serious injuries of children in care by provider category/licensing status

- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

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

<https://dcf.vermont.gov/cdd/reports>

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The general website (<http://dcf.vermont.gov/childcare/parents>) has information about the community agency and contact information for each agency. On the Bright Futures Information System site, when a parent searches for child care and clicks on the details of a child care program a link to the list of referral agencies is available on that page (<http://brightfutures.vermont.gov/>). In addition, the Division provides an online form for families to complete when looking for referrals. The form is automatically directed to the appropriate referral agency based on the town for which the parent is looking for care. The form can be found under get help finding child care on this page:

<https://dcf.vermont.gov/childcare/parents>

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

The website for consumer education is <http://dcf.vermont.gov/childcare/parents>. This website

provides the following links for parents: voice a concern about child care, search for quality child care on-line, paying for quality child care (subsidy), child care tax benefits, information about the Step Ahead Recognition System (STARS) program, and regulations for child care programs. Clicking on a link directs parents to a page with additional information on the program and a phone number, or email address of a contact person. In addition, the website contains a link <http://dcf.vermont.gov/cdd/cccsa> which directs parents to a list of the Community Child Care Support Agencies that help families find child care providers and apply for the Child Care Financial Assistance Program. Phone numbers, and addresses are listed for each agency.

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

Consumer information: <http://dcf.vermont.gov/childcare/parents> and child care search: <http://brightfutures.vermont.gov>

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

<http://brightfutures.vermont.gov> allows families, child care providers, and the general public to search for and view program information on all regulated child care programs in Vermont, including those that provide afterschool care, public school preschool, and other services. Eligibility determination is completed in community agencies that also do the child care referral services. Families that are applying for child care financial assistance are asked if they would like to receive information about child care providers and a referral specialist is available to support that search. The Child Care Financial Assistance Program booklet for families has some information about looking for child care and to talk to the local referral specialist. This booklet is provided to families who apply for financial assistance. We also have two booklets for parents on how to find child care and what to expect from regulated care – Child Care and You and Using Regulated Child Care in Vermont. Both are available to families, child care providers and the general public through the eligibility/referral agency and on our website at: <http://dcf.vermont.gov/cdd/publications>

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

The Department for Children and Families is the lead agency for TANF and as such has information about the program and how to apply on our website:

<https://dcf.vermont.gov/>. In addition, eligibility specialists and referral specialists

provide information to families that are seeking services and support. The Agency of Human Services has a contract with the state 2-1-1 system to also provide information and referrals for TANF. The Child Care Financial Assistance application includes a resource page for information to call for financial supports.

b. Head Start and Early Head Start programs:

Head Start and Early Head Start programs are required to be regulated and as such are listed as child care programs on the <https://brightfutures.vermont.gov> website. Our website also has information about Head Start services with contact information for the local Head Start agency. In addition, eligibility specialists, referral specialists, local Children's Integrated Services staff, and Parent Child Centers provide information to families that are seeking services and support.

c. Low Income Home Energy Assistance Program (LIHEAP):

The Department for Children and Families is the lead agency for LIHEAP through Economic Services Division and as such has information about the program and how to apply on our website: <https://dcf.vermont.gov>. In addition, eligibility specialists and referral specialists provide information to families that are seeking services and support. The Agency of Human Services has a contract with the state 2-1-1 system to also provide information and referrals for LIHEAP and other home heating and energy programs.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

The Department for Children and Families is the lead agency for SNAP through Economic Services Division and as such has information about the program and how to apply on our website: <https://dcf.vermont.gov>. In addition, eligibility specialists and referral specialists provide information to families that are seeking services and support. The Agency of Human Services has a contract with the state 2-1-1 system to also provide information and referrals for SNAP.

e. Women, Infants, and Children Program (WIC) program:

Vermont's WIC program is identified as a resource for parents under the economic help section on the DCF/CDD website with a direct link to the WIC section of the Department of Health's website: <https://www.healthvermont.gov/family/wic>. In addition,

CCCSA staff, Children Integrated Services (CIS) staff, including home visitors and staff in Parent Child Centers provide information about the benefits of WIC and how to access WIC in their area.

f. [Child and Adult Care Food Program\(CACFP\):](#)

Staff in the CCCSAs provide information to child care providers and families about the CACFP. Outreach staff from Hunger Free Vermont encourage providers to participate in the program as a strategy for increasing food security and good nutrition for children. Regional BBF Councils also encourage participation in the CACFP in their regions.

g. [Medicaid and Children's Health Insurance Program \(CHIP\):](#)

CCCSA staff, Children Integrated Services (CIS) staff, including home visitors and staff in Parent Child Centers provide information about Medicaid and CHIP. The Department's website also has a link to Vermont Health Connect which is the state's health care resource under Health/Mental Health Resources. The Child Care Financial Assistance application includes a resource page for information to call for health insurance and financial supports.

h. [Programs carried out under IDEA Part B, Section 619 and Part C:](#)

The Division administers IDEA Part C services through the Children's Integrated Services program, and as such all information about Part C is available on the website and division print materials. This also connects families to IDEA Part B services through the Vermont Agency of Education. Information is also given to families with questions through the state's parent hotline - "Help Me Grow", and through local grantees - child care referral, Parent Child Centers, Children's Integrated Services local providers, and home visiting programs. In addition, the Division conducts outreach activities specific to Part C including visiting medical offices to give information to the staff and leave materials for families and distributing information at local community events.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

The Division links to research and best practice information for parents through the website: dcf.vermont.gov and requires through a grant for child care referral specialists to provide information to families and the community. The division also oversees the Children's Integrated Services Program that provides resources to families, and medical professionals about concerns they have about their child's development. The services offered through CIS include IDEA Part C, home visiting, parent education, and child care consulting. In addition, a partner of the division is the Department of Health which provides a grant for a statewide Help Me Grow hotline, which is housed at the 2-1-1 center. Information available at these resources includes general ages and stages information and resources to call if a parent has concerns. These resources include what to expect from each stage of development, and what are areas of concern about a child's development and who to call. The website is written specifically for parents but is available to anyone. Partners have opportunities for trainings on the information, and also have general information available to them.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

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

Description:

The division oversees the Children's Integrated Services (CIS) Program which provides mental health consultation and information about social-emotional/behavior to families directly. Information is on the division's website: <http://dcf.vermont.gov/child-development/cis> and the local agencies receiving grants to provide direct services provide local outreach with materials to medical offices, community fairs and other local places parents may access. In addition, Parent Child Centers and trained referral staff are referring families to Vermont's Help Me Grow hotline for information about parenting and child development. CIS home visitors and Parent Child Center staff provide information and resources in person to families based on the needs and questions of the family. Information is provided on what to expect at different stages of development, and what could be possible areas of concern. This includes who to call when a parent has a concern. The local CIS partners do outreach to a variety of partners including pediatricians and child care providers to help them understand the services available and how to make referrals.

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

Rule 6.2.8.4 in Center Based Child Care and Preschool Programs licensing regulations and section 6.2.6.1 in Family Child Care Home licensing regulations requires programs to engage in planning and implementation that support continued enrollment of children. In the event that a child's continued enrollment is at risk, rules 6.2.8.4.1 and 6.2.8.4.2 provide guidance on transition planning. In all instances the program director shall consult with the child's parents and professionals, as appropriate to develop and implement a plan to address concerns, with the goal of continuing the child's enrollment. These 2 sets of regulations may be accessed by families, providers, and the general public on DCF's Child Development Division's website (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). In addition, the Division publishes a booklet for parents called Using Regulated Child Care in Vermont: A Booklet for Parents. This booklet is distributed by child care referral specialists to families looking for child care and is also provided to child care providers to distributed to families in their care. This booklet includes an overview of regulatory requirements of programs and what parents can expect, this includes the suspension/expulsion regulations required of all regulated child care programs.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid

program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

Vermont Help Me Grow has established a centralized phone resource, to provide families and caregivers with tools to track children's developmental milestones and get a referral and on-going support to connect with resources and services in their community, including Children's Integrated Services, which includes IDEA Part C (CIS Early Intervention), and IDEA Part B Section 619 administered by Local Education Agencies. The Vermont Department of Health has also developed and implemented an on-line Developmental Screening Registry as part of the Health Department's Child Health profile which will be used to track and communicate developmental screening results. Child care providers can obtain access to the statewide person-centered database which now includes Vermont's Developmental Screening Registry. Developmental screening tool results can be entered and shared across sectors using this registry to support improved screening rates, collaboration, and communication. The registry supports the Ages & Stages Questionnaire®, Third Edition and the Ages & Stages Questionnaire: Social Emotional, Second Edition®, and the Modified Checklist for Autism in Toddlers™ and the Modified Checklist for Autism in Toddlers, Revised with Follow up.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). A family resource sheet is part of the Child Care Financial Assistance application. The

resource sheet provides information about services available to families including the EPSDT, IDEA Part B and C, developmental screening services, and how to find out about child care options and specific information about a regulated child care program.

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

A family resource sheet is part of the Child Care Financial Assistance Program application and mailed with Child Care Financial Assistance Program certificates. The resource sheet provides information about services available to families including the EPSDT, IDEA Part B and C, developmental screening services, and how to find out about child care options and specific information about a regulated child care program. In addition to intake and mailings about Child Care Financial Assistance eligibility, these are provided by child care referral specialists and Children's Integrated Services coordinators when appropriate.

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

Vermont's parents and caregivers can call Vermont Help Me Grow, 2-1-1, operated by United Ways of Vermont, and be connected with trained Help Me Grow child development specialists who can answer questions about children's behavior and development and connect families to resources and services in their community. Child development specialists are available from 9 a.m. to 6 p.m., Monday - Friday. Callers can leave messages after hours, as Vermont 2-1-1 is available 24 hours a day, 7 days a week, 365 days a year. Children at risk for cognitive or other developmental delays are connected with Children's Integrated Services (CIS) administered by the Child Development Division and provided by community partners in a local integration model using a federally approved One Plan that includes the elements of EI IFSP. CIS includes IDEA Part C (Early Intervention), Nursing and Family Support Services and Home Visits, Evidence Based Home Visiting Programs, Specialized Child Care Services and Early Childhood and Family Mental Health Services.

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

As part of the Provider Outreach component of VT Help Me Grow, the Vermont Child Health Improvement Program (VCHIP) trains child health and early care and education practitioners on developmental monitoring, screening and how to link families to local resources and services. The Vermont Child Health Improvement Program through the Vermont Department of Health has coordinated professional development trainings to promote comprehensive developmental surveillance and screening training to early care and education providers in center and home-based child care settings. Many trainings have been offered to child care providers through Vermont's early childhood professional development system on the Ages & Stages Questionnaire, Third Edition, and the Ages & Stages Questionnaire: Social Emotional, Second Edition. These will continue to be offered through our early childhood professional development system.

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

https://dcf.vermont.gov/sites/dcf/files/CDD/Forms/CCFAP_Application_web.pdf. The link to the Consumer Statement which contains information on developmental screenings may be found on the policy.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

A family resource sheet is part of the Child Care Financial Assistance Program application and placed in re-determination applications sent to clients. This is a written fact sheet.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

https://dcf.vermont.gov/sites/dcf/files/CDD/Forms/CCFAP_Application_web.pdf

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 6 weeks

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

Established when the primary caretaker(s) can demonstrate that his/her 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.

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

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

Living in the same household.

ii. "in loco parentis":

An individual other than a parent, age 18 or older, fulfilling a parental role in caring for a dependent child by providing physical care, guidance and decision-making related to

the child's health, school, medical care, and discipline.

3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

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 required) This includes activity related to employment, including hours of rest or sleep, as needed for 2nd or 3rd shift employment.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

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 is required to maintain employment. Allowable activities include work programs, training programs, and activities approved by the Economic Services Division or the Department of Labor. No minimum hours required.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Demonstrated participation in an educational program which is likely to lead to employment within one year after completion of the program. This need can also be established if the education program is required to maintain employment. No minimum hours required. Allowable activities include the following: 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 institution of higher education offering certification or associate and bachelor's degree course work. No minimum hours required.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

One hour of child care per class credit. If credits are not assigned, a letter from the school/training program, clearly designating the hours of class time, is acceptable.

One hour of child care per school credit for study time. If credits are not assigned, a letter from the school/training program designating the study hours required, per class, is acceptable. Up to 2 hours of travel time may be authorized per day.

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

N/A

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "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 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.

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

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

- No
 Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- No
 Yes

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

- No
 Yes

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

- No
 Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

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 below:

- Income received from the sale of real or personal property (house, car, boat, stocks, bonds) unless the primary caretaker(s) was engaged in the business of selling such property, in which case the net proceeds will be counted as income from self-employment.
- Withdrawal from bank deposits
- Money borrowed
- Tax refunds including Renters Rebate and Earned Income Credit
- Public assistance income (such as income received in DCF Economic Services Division's financial assistance programs, including but not limited to 3SquaresVT, Medicaid, Fuel Assistance, Reach Up, Reach First, and Postsecondary education program payments, General Assistance and Emergency Assistance)
- Value of USDA donated foods and home produce consumed by the family
- Wage, salary, or other earned income of a person under age 18 living in the household who is not the primary caretaker
- Loans, grants, scholarships, or work-study income received for training or education
- Incentive payment for training or education or other programs or activities authorized in a Reach Up plan or other case plan
- Supplemental Security Income (SSI)
- Child Support paid out on a regular basis to another household
- Adoption assistance payments under Title IV-E of the Adoption Assistance and Child Welfare Act of 1980 or under the State's Adoptions Assistance Program
- Payments to foster parent(s) from DCF's Family Services Division to subsidize the care and maintenance of a foster child
- Self-employment business expenses other than depreciation charges, Section 179, per current IRS procedures
- Money received from federal and or sponsored programs as stipends
- Military pay for household members deployed on active duty

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$4,085	\$3,472		
2	\$5,343	\$4,542		
3	\$6,599	\$5,610	\$5,430	82%
4	\$7,857	\$6,678	\$6,550	83%
5	\$9,114	\$7,747	\$7,670	84%

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

N/A

d. SMI source and year.

https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm_liheap_im2002smiattachment_fy2021.pdf

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

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Statewide data was used; income guidelines apply to the entire state.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? October 25, 2020

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

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/Sliding_Fee_Scales.pdf

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

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

Applicant must certify by checking yes or no on the Childcare Financial Assistance Program application.

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

No.

Yes.

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

When Family Services opens a case for a child and is authorizing child care, a Protective Services Authorization (PSA) is submitted by the FSD Social Worker. The child is considered to be in DCF custody and the need for child care is determined on a case by case basis based upon the needs of the child and family/foster parent.

Income and assets are waived if child care is authorized as part of the safety plan.

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/2008_DCF_CDD_Child_Care_Subsidy_Regulations.pdf.

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/V.CIS_PROTECTIVE_SERVICE_S.pdf

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

When a child resides with both primary caretakers in the same household, income eligibility is based on the gross income of the primary caretakers whether the individuals are married or parties to a civil union.

When a child in the household is the legal responsibility of one primary caretaker and other children are considered the legal responsibility of both primary caretakers, separate eligibility may be determined based on the income of each primary caretaker individually if the primary caretakers are not married. In determining eligibility of a family in which a child is residing with only one of his/her primary caretakers and an "unrelated adult", income eligibility is based on the gross income of the primary caretaker only and the unrelated adult is not considered to be a member of the household.

b. eligibility redetermination.

Eligibility redetermination rules are the same as initial determination.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

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

sensory, physical, or other disabilities

i. Other.

Describe:

N/A

3.1.7 Fluctuation in earnings.

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

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

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

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

Other.

Describe:

N/A

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Application self-declaration to include name, SSN (optional), address, birthdate. Will verify information through direct interface with ESD benefit programs as needed.

Required annually.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Application self-declaration - Will cross reference with Economic Services Division (ESD) data as needed. Required annually

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

Required at Initial Determination

Required at Redetermination

Describe:

Application self-declaration to include name, social security number, birth date. Will verify information through direct interface with ESD benefit programs as needed.

Required annually.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Request, from applicant, employment verification form, pay stubs, or tax return information. Required annually.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Request, from applicant, school registration and training plan. Letter from training coordinator is also acceptable. Required annually.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Based upon an individual's service need we request employment verification, pay stubs, contracts, tax returns, and letters from SSA. If needed, child support disbursement statements, or court orders for support are requested. Information may be verified against other benefit programs in ESD. Required annually.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Application self-declaration - Will cross reference with Economic Services Division (ESD) data for other benefit programs as needed. Required annually.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Application self-declaration - Will cross reference with Economic Services Division (ESD) data for other benefit programs as needed. Required annually.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

Communication with other Departments, Division and Programs staff regarding adoption agreements, Reach Up participation, foster care, etc.

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

Contractual performance measure requirement for Community Child Care Support Agencies (CCCSAs) - 7 business days to initiate determination process and final eligibility determination must be completed within 30 days. Able to track compliance through Vermont Data Information System.

Track and monitor the eligibility determination process

Other.

Describe:

N/A

None

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

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

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

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

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency

to determine whether the parent has a demonstrated inability to obtain needed child care.

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

a. Identify the TANF agency that established these criteria or definitions: Department for Children and Families, Economic Services Division

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

i. "Appropriate child care":

An available child care slot with a licensed or registered provider within 5 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 an Approved Relative Child Care (ARCC) provider who is in compliance with the law over a regulated child care provider.

ii. "Reasonable distance":

Located within five miles of the parent or caretaker's residence or on a normal route to a program activity or employment that corresponds to the days and hours care is needed.

iii. "Unsuitability of informal child care":

Child care that the Child Development Division (CDD) classifies as Approved Relative Child Care (ARCC), 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.

iv. "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 the individual penalties associated with the TANF work requirements?

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

N/A

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

2302.2 Notification - At the time of application for financial assistance and at the time of any redetermination of eligibility, the commissioner will provide each Reach Up participating family with information about the requirement that adults participate in the services component of Reach Up. During the time a family is participating in the financial assistance component, the department shall keep adults informed of factors that affect their required participation in the services component. The department shall notify all applicants and participants, in writing, of the following:

the individual's participation status

- a change in participation status
- the rights and responsibilities associated with the participant's status
- the availability of deferments and modifications to the work requirement
- the potential sanctions for noncooperation
- the right to request conciliation
- the right to a fair hearing for participants who do not agree with the status determination

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	\$1,901	\$7.75	0.4%	\$5,430	\$698	12.9%
2	\$1,901	\$7.75	0.4%	\$5,430	\$698	12.9%
3	\$1,901	\$7.75	0.4%	\$5,430	\$698	12.9%
4	\$2,293	\$7.75	0.3%	\$6,550	\$698	10.7%
5	\$2,685	\$7.75	0.3%	\$7,670	\$698	9.1%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

N/A

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

c. What is the effective date of the sliding-fee scale(s)? October 25 2020

d. Provide the link(s) to the sliding-fee scale:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/Sliding_Fee_Scales.pdf

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

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

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

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

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

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

v. The fee is per family.

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

Describe:

N/A

vii. Other.

Describe:

The families benefit level is assigned in accordance with Vermont's sliding fee scale. Benefit level ranges from 100% at 100% FPL to 10% at 300% FPL. Family contribution is calculated for each eligible child as that percent of the state rate that the Child Care Financial Assistance Program (CC FAP) benefit does not cover. For example, a family at 100% FPL with 100% benefit is not assigned a contribution - CCFAP pays the full state rate including the quality differential determined by the provider's level in the QRIS (Vermont STARS). A family with a 25% benefit is assigned 25% of the state rate for that child - CC FAP pays 75% of the rate which includes the quality differential determined by the provider's level in the QRIS. Per the waiver approved by the Office of Child Care on November 24, 2020, we have received additional time to achieve full compliance with this requirement. To date,

we have completed the following work toward meeting this requirement: State FY22 is year 3 of our 5 year plan to improve access to care and meet the equal access benchmarks. In October 2020, VT implemented the allocated funds to bring rates closer to the 25th percentile benchmark established in our corrective action plan. 4 out of the 8 reported rates are now above the 25th percentile; 2 out of the 8 rates are above the 20th percentile and only 2 rates remain below the 15th percentile. The 2021 legislative session began Jan 2021, and the budget process includes year 3 of the 5 year plan proposal which not only will bring all rates to the 50th percentile, but it also changes how eligibility is determined, basing it on what a family can afford to pay. If this is approved and implemented in State fiscal year 2022, VT will be in compliance with the CCDF equal access standards. The State is currently working with a technology vendor to put the database in place for this change, and it anticipates the change to occur late in calendar year 2021.

- b. The fee is a percent of income and (check all that apply):
 - i. The fee is per child, with the same percentage applied for each child.
 - ii. The fee is per child, and a discounted percentage is applied for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional percentage is charged after certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

N/A

- vii. Other.

Describe:

N/A

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

N/A

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

Describe:

Vermont's sliding fee scale payment rate is set with a base rate and pays a higher rate on behalf of families based on the number of Stars (QRIS) the program has. 1 Star programs receive 5% above the base rate; 2 Star programs receive 10% above the base rate; 3 Star programs receive 20% above the base rate; 4 Star programs receive 30% above the base rate; 5 Star programs receive 40% above the base rate.

c. Other.

Describe:

N/A

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

N/A

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

CCFAP pays the full provider rate for children in state custody to increase access for this most vulnerable population with no lost revenue for providers or additional costs to foster families or kin placements.

- c. Families meeting other criteria established by the Lead Agency. Describe
- Describe the policy.

N/A

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility

threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

Procedure for Graduated Phase Out

- Child Care Financial Assistance eligibility is determined annually and all authorizations are for 12 months.
- If during an eligibility period a client reports a change in income and they exceed 85% SMI, the certificate is terminated one service period from date of notice. An end enrollment notice is sent to both the family and child care provider.
- Reported changes to income that negatively impacts a family's subsidy percentage during their 12-month eligibility period is not implemented, provided the income does not exceed 85% of SMI.
- The exit eligibility for a family of 3, 4 and 5 is currently set below 85% of SMI on the Child Care Financial Assistance Sliding Fee Scale. To meet graduated phase out at redetermination, if a family of 3, 4 or 5 does not fall above 85% of SMI and a service need is established, the family's eligibility will be approved for an additional 12 months. This eligibility will continue in 12 month increments until the family exceeds the 85th percentile. A redetermination fee scale for graduated phase out has been developed for internal eligibility purposes only.
- This graduated phase out for a family of 3, 4 and 5 may occur at redetermination and anytime a family reports, during their 12 month authorization, a change of income that does not exceed 85% of SMI. New Child Care Financial Assistance Program families must meet the publicly posted sliding fee scale income guidelines.

B. Provide the citation for this policy or procedure.

<https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY-DETERMINATION-CASE-MANAGEMENT-Redetermination-SMI.pdf>

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

A. Provide the income level for the second tier of eligibility for a family of three:

N/A

B. Describe how the second eligibility threshold:

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

N/A

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

stability:

N/A

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

N/A

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

N/A

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

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

N/A

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

N/A

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child qualifies as having a significant health or specialized developmental need when documented by a licensed physician or psychologist or by the assessment determining eligibility for special education or early intervention that includes child care as part of the child's plan. CDD reimburses at higher rates for providers receiving specialized training to care for these children. In addition, quality funds are allocated for providers serving these children.

b) "Families with very low incomes":

Families at 100% eligibility. Priority rules in this category also apply to eligible children in families receiving Reach UP (TANF) benefits. The CDD reimburses at higher rates for providers who receive specialized training to care for these children. Quality funds are provided to providers serving these children. At several Center based and FCC programs across the state, designated as Strengthening Families (SF) Programs, and supported with grant funding to provide comprehensive services, families at 100% eligibility are not charged any additional co-payment as a requirement of the SF Grants.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

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

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

CDD reimburses at higher rates for providers receiving specialized training to care for children with special needs. At several Center based and FCC programs across the state, designated as Strengthening Families (SF) Programs, and supported with grant funding to provide comprehensive services, families with zero co-payment are not charged any additional amounts as a requirement of the SF Grants.

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

N/A

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

N/A

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

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

The Child Care Financial Assistance Program (CCFAP) application requests information regarding homelessness status. If client identifies as homeless, the application is forwarded to the Specialized Child Care Coordinator in Children's Integrated Services (CIS) for processing as a Family Support application. The Specialized Child Care Coordinator meets with the family to provide assistance in completing the eligibility paperwork. Eligibility for Family Support child care is determined by a Family Support Team. This team may authorize enrollment in the Child Care Financial Assistance Program prior to obtaining all eligibility documentation. Once eligibility is approved, a certificate containing the start date of care is created to the family's child care provider. The CIS Child Care Coordinator will continue to work with the family to collect any necessary eligibility documentation until the case file is complete.

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

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

N/A

Note: The Lead Agency shall pay any amount owed to a child care provider for services

provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

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

Note:

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

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

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

Center Based Child Care Rule 3.4.4.2 and Registered/Licensed Family Child Care Rule 3.3.4.2 is a revised requirement to accommodate Homeless and Foster children. The new rule states that the child's file shall be complete within the first week that the child begins to attend care and the required annual physical shall be obtained within 45 days of enrollment. This means that the child may begin care with documentation provided within the first week. The licensing guidance manuals state that if a parent discloses that they are homeless, or the provider has information that indicates a family might be homeless, documentation to this effect is placed in the child's enrollment file while the required documentation is being obtained. Licensing staff will use this documentation to give the child care program additional time to complete enrollment requirements. This means that the child may continue in child care while the additional time to comply with documentation is provided. If a family experiencing homelessness does not have immunization records in the registry, the provider will work with the family to obtain the records and/or with refer families to 2-1-1 if they need assistance with finding a pediatrician and obtaining immunizations and/or a well child check for their child(ren). This means that the child may attend child care while this is occurring. When immunization records are received and reviewed and a child is

not current, then the child can continue in child care on a provisional basis. Provisional admittance must be for a reasonable length of time that is consistent with the immunization schedule and is not to exceed 6 months after the child is admitted. In addition, if a parent needs additional time to come into compliance with a health and safety requirement, the child care provider may request a variance, per the rules in CBCCPP Section 2.7.

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

These regulations/guidance manuals may be accessed on DCF's Child Development Division's website (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). Information regarding child care rule 3.4.4.2 is found in the Center Based Child Care Regulations on page 32 and 3.3.4.2 may be found in the Registered/Licensed Family Child Care Regulation on page 29. Center Based Child Care and Preschool Programs licensing rules section 5 and Family Child Care Home licensing rules section 5 describe the requirements for the well child exam. Vermont Center Based Child Care & Preschool Programs Guidance Manual, pages 41-43 and Vermont Family Child Care Homes Guidance Manual, pages 31-33 provide additional guidance on provisional enrollment, immunizations, well child exams and homelessness. DCF's Child Development Division's website (<https://dcf.vermont.gov/childcare/providers/health-safety>) provides additional information and resources to child care programs regarding immunization compliance including a link to the Vermont Department of Health's website. Vermont Department of Health is the lead agency for regulating immunization compliance.

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

Center Based Child Care Rule 3.4.4.2 and Registered/Licensed Family Child Care Rule 3.3.4.2 is a revised requirement to accommodate Homeless and Foster children. The new rule states that the child's file shall be complete within the first week that the child begins to attend care and the required annual physical shall be obtained within 45 days of enrollment. This means that the child may begin care with documentation provided within the first week. Licensing staff will provide guidance that children in foster care in which more time is needed to obtain immunization or well-child exam documentation should have this noted in the child's enrollment file while the required documentation is being obtained. Licensing staff will use this documentation to give the child care program additional time to complete enrollment requirements. This means that the child may continue in child care while the additional time to comply

with documentation is provided. If a child does not have immunization records in the registry, the provider will work with the foster family and/or DCF Social Worker to obtain the records. This means that the child may attend child care while this is occurring. When immunization records are received and reviewed and a child is not current, then the child can continue in child care on a provisional basis. Provisional admittance must be for a reasonable length of time that is consistent with the immunization schedule and is not to exceed 6 months after the child is admitted. In addition, if a foster family needs additional time to come into compliance with a health and safety requirement, the child care provider may request a variance, per the rules in CBCCPP Section 2.7.

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

These regulations/guidance manuals may be accessed on DCF's Child Development Division's website (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). Information regarding child care rule 3.4.4.2 is found in the Center Based Child Care Regulations on page 32 and 3.3.4.2 may be found in the Registered/Licensed Family Child Care Regulation on page 29. Center Based Child Care and Preschool Programs licensing rules section 5 and Family Child Care Home licensing rules section 5 describe the requirements for the well child exam. Vermont Center Based Child Care & Preschool Programs Guidance Manual, pages 41-43 and Vermont Family Child Care Homes Guidance Manual, pages 31-33 provide additional guidance on provisional enrollment, immunizations, well child exams and homelessness. DCF's Child Development Division's website (<https://dcf.vermont.gov/childcare/providers/health-safety>) provides additional information and resources to child care programs regarding immunization compliance including a link to the Vermont Department of Health's website. Vermont Department of Health is the lead agency for regulating immunization compliance.

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

Child Care Licensing is part of the Child Development Division. Child Care Licensing and the Community Child Care Support agencies will refer families to Help Me Grow for assistance with immunizations and other health and safety requirements. Help Me Grow has four primary functions: Family and Community Outreach, Child Health Provider

Outreach, Centralized Phone Access Point and Data Collection & Analysis. Help Me Grow Vermont is a statewide system for improving access to existing resources and services for expectant parents and families with young children through age 8.

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

No.

Yes.

Describe:

All children are subject to Center Based Child Care Rule 3.4.4.2 and Registered/Licensed Family Child Care Rule 3.3.4.2 which states that a child's file shall be complete within the first week that the child begins to attend care and the required annual physical shall be obtained within 45 days of enrollment. Once the immunization records are reviewed, if a child is not current then enrollment may occur on a provisional basis. Provisional admittance must be for a reasonable length of time that is consistent with the immunization schedule and is not to exceed 6 months after the child is admitted. In addition, if a parent needs additional time to come into compliance with a health and safety requirement, the child care provider may request a variance, per the rules in CBCCPP Section 2.7.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the

minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

CDD Child Care Financial Assistance Regulation III B Duration of Eligibility, page 10 states that "Eligibility for child care services based on a service need of employment, self-employment, training, special health needs, protective services, or family support will be re-determined annually". Child Care Policy, Eligibility Determination - Application, under reporting changes- states that it is the family's responsibility to report any changes that may affect their file (e.g., change in family composition, address change, job loss, termination of educational studies) during their 12 month eligibility period. If the reported change decreases the financial assistance for the family, no eligibility change is necessary. The child care financial assistance amount remains the same during the 12 month eligibility period. If the change increases the financial assistance for the family, the application must be re-determined immediately to reflect the increase in the eligibility percentage."

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/2008_DCF_CDD_Child_Care_Subsidy_Regulations.pdf

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed

below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Temporary change is defined as a change in eligible activities including a change or reduction in participation in work or a training or educational activity, a time-limited absence from work, interruption of work for seasonal workers, and student semester/holiday breaks. A temporary change can also be defined as any other cessation of work or attendance at a training or education program that does not exceed three months. Termination of eligibility will not occur during a temporary change in activities. In addition, subsidy percentage and certificate hours remain the same during a temporary change unless the family provides documentation which shows a change in income or hours which may benefit the family.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_CASE_MANAGEMENT_REPORTING_CHANGES.pdf

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Temporary change is defined as a change in eligible activities including a change or reduction in participation in work or a training or educational activity, a time-limited absence from work, interruption of work for seasonal workers, and student semester/holiday breaks. A temporary change can also be defined as any other cessation of work or attendance at a training or education program that does not exceed three months. Termination of eligibility will not occur during a temporary change in activities. In addition, subsidy percentage and certificate hours remain the same during a temporary change unless the family provides documentation which shows a change in income or hours which may benefit the family.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_CASE_MANAGEMENT_REPORTING_CHANGES.pdf

[ATION CASE MANAGEMENT REPORTING CHANGES.pdf](#)

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

Temporary change is defined as a change in eligible activities including a change or reduction in participation in work or a training or educational activity, a time-limited absence from work, interruption of work for seasonal workers, and student semester/holiday breaks. A temporary change can also be defined as any other cessation of work or attendance at a training or education program that does not exceed three months. Termination of eligibility will not occur during a temporary change in activities. In addition, subsidy percentage and certificate hours remain the same during a temporary change unless the family provides documentation which shows a change in income or hours which may benefit the family.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_CASE_MANAGEMENT_REPORTING_CHANGES.pdf

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Temporary change is defined as a change in eligible activities including a change or reduction in participation in work or a training or educational activity, a time-limited absence from work, interruption of work for seasonal workers, and student semester/holiday breaks. A temporary change can also be defined as any other cessation of work or attendance at a training or education program that does not exceed three months. Termination of eligibility will not occur during a temporary change in activities. In addition, subsidy percentage and certificate hours remain the same during a temporary change unless the family provides documentation which shows a change in income or hours which may benefit the family.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_CASE_MANAGEMENT_REPORTING_CHANGES.pdf

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

Temporary change is defined as a change in eligible activities including a change or reduction in participation in work or a training or educational activity, a time-limited absence from work, interruption of work for seasonal workers, and student semester/holiday breaks. A temporary change can also be defined as any other cessation of work or attendance at a training or education program that does not exceed three months. Termination of eligibility will not occur during a temporary change in activities. In addition, subsidy percentage and certificate hours remain the same during a temporary change unless the family provides documentation which shows a change in income or hours which may benefit the family.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_CASE_MANAGEMENT_REPORTING_CHANGES.pdf

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

A child retains their eligibility until the next re-determination regardless of any change in age, including turning 13 years old during the eligibility period.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_APPLICATION.pdf

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Upon notification that a client is moving to another district, the current eligibility specialist leaves open the child care authorization and closes the certificate if there is a change in provider. A new certificate is created by the district where the client

has legal residence. If there is no change in provider, the certificate remains open.

Additional procedures are as follows:

1. If client is switching providers, the current eligibility specialist will ask for closure date and end current certificate. If there is no change in provider, the certificate remains open.
2. The client is given the name and phone number of the agency in the district where they reside.
3. When contacted by the client, the new eligibility specialist will transfer the file in in the data system, request the hard copy file from the previous agency and update client's address.
4. If the client is switching providers, the eligibility specialist will the verify the start date at the new provider and create a certificate.
5. If client reports that they no longer have a service need, the eligibility specialist will inform them that they may utilize the service need of Seeking Employment for a period of 3 months. If after 3 months, the client does not have a service need, the file may be closed. No change in subsidy percentage or certificate hours will occur under Seeking Employment unless it benefits the family.
6. If the client reports new job income, the eligibility specialist will determine whether the total family income now exceeds 85% SMI. If the family is over income, the new information is entered into the system and a denial letter is sent to the client. If the family income does not exceed 85% SMI then no change in subsidy percentage or certificate hours will occur unless it benefits the family.

Citation:

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY%20DETERMINATION_FILE%20TRANSFER.pdf

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility

redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

No.

Yes.

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

The Commissioner has determined that Seeking Employment may be authorized for up to 12 weeks (3 Months) for an income eligible parent/caretaker. In addition, if a client requests to use the service need of Seeking Employment more than once during their 12-month eligibility period or at re-determination the request will be granted.

Additional qualifications are as follows:

- At initial application, a client applying under Seeking Employment will be required to have a service need at the end of 3 months or the case will be closed. If the client reports at any time during the 3 months that they have obtained a new service need of employment, education, training, or special health need, the file is redetermined to place the family under the appropriate service need. The eligibility percentage remains the same unless the family reports income that would increase their percentage. The 12 month authorization end date remains the same

as previously determined.

- At initial application, eligibility will be denied if both primary caretakers are requesting the service need of Seeking Employment. However, if 12-month eligibility is in place and both parents lose their job simultaneously, seeking employment may be authorized for both.
- A client that permanently loses their job during their 12-month eligibility period may utilize the service need of Seeking Employment for a period of 3 months. Eligibility will be redetermined, the service need will be changed to Seeking Employment and the income from the job will be removed. If the client reports at any time during the 3 months that they have obtained a new service need of employment, education, training, or special health need, the file is redetermined to place the client under the appropriate service need. The eligibility percentage remains the same unless the family reports income that would increase their percentage. The 12 month authorization end date remains the same as previously determined.
- A client receiving part time child care financial assistance for their school age child may continue to receive a part time certificate if they lose their job during their 12-month eligibility period.
- If a client loses their job at the end of their 12-month eligibility and is unable to use all 3 months of seeking employment, their seeking employment eligibility will be extended under their current eligibility until the full 3 months are complete.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

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

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

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

If a client reports that they are no longer employed or in school, they may utilize the service need of Seeking Employment for a period of 3 months. If after 3 months, the client does not have a service need the file may be closed. If during an eligibility period a client reports a permanent change in income and they now exceed 85% SMI, the certificate is terminated one service period from date of notice. An end

enrollment notice is sent to both the family and child care provider.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

The client reports a change in job status.

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

3 months

iv. Provide the citation for this policy or procedure.

[http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/III.ELIGIBILITY_CRITERIA_S
EEKING_EMPLOYMENT.pdf](http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/III.ELIGIBILITY_CRITERIA_S
EEKING_EMPLOYMENT.pdf)

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

i. Not applicable.

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

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

N/A

B. Provide the citation for this policy or procedure:

N/A

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

Provide the citation for this policy or procedure:

Child Care Financial Assistance Regulation IIA- Eligibility Criteria

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/2008_DCF_CDD_Child_Care_Subsidy_Regulations.pdf

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

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

Parents must certify on the Child Care Financial Assistance application that the information given is true and correct to the best of their knowledge and that they understand they are subject to prosecution for fraud if incorrect or misleading information is given. In addition, the Child Care Financial Assistance Regulations state that CDD may permanently deny access to the subsidy program to any family substantiated for engaging in fraudulent practices within the program.

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/2008_DCF_CDD_Child_Care_Subsidy_Regulations.pdf

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

Describe:

A family must report any change that may affect eligibility within 10 business days including income that may exceed 85% SMI. If during an eligibility period a client reports a change in income and they exceed 85% SMI, the certificate is terminated one service period from date of notice. Reported changes to income that negatively impacts a family's subsidy percentage during their 12-month eligibility period is not implemented, provided the income does not exceed 85% of SMI.

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

Describe:

The family must report, within 10 business days any change in address or phone number.

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

Describe:

The family must report a change in provider in order for a payment certificate to be created to the new provider.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on

continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

N/A

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

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

A family may report, at any time during their 12 month eligibility period, any change in their household circumstance that they feel could result in an increase in their subsidy percentage.

ii. Provide the citation for this policy or procedure.

Child Care Financial Assistance Program Policies for Service Needs,

<http://dcf.vermont.gov/cdd/ccfap-policies>and

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/IV.ELIGIBILITY_DETERMINATION_CASE_MANAGEMENT_REPORTING_CHANGES.pdf

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

3.4.4 Prevent the disruption of employment, education, or job training activities.

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

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

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

N/A

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

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

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the

option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

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

The child care certificate is issued after the parent has selected a provider. It contains information on the provider rate, CDD base rate, STARS Quality Factor, and total CDD rate paid to provider. In addition, it contains hours authorized (part time, full time, or extended care), the subsidy percentage, name and address of provider, name, and phone number of eligibility specialists and how to appeal the decision if they are not satisfied.

CDD is working on a new system of Child Care Financial Assistance that is projected to be launched in late 2021, in this new system the child care certificate is issued after the parent has selected a provider. It contains information on the total CDD rate paid to provider, and if the co-payment is due to the provider. It will continue to contain the hours authorized (part time, full time, or extended care, name and address of provider, name, and phone number of eligibility specialists and how to appeal the decision if they are not satisfied.

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care

- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

N/A

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

Child Care Financial Assistance Program (CCFAP) payments are available to all regulated child care programs that charge for their services. Regulated programs include Center Based Child Care and Preschool Programs, Registered and Licensed Family Child Care Homes and Afterschool Child Care Programs. Head Start programs and public school preschool programs are also regulated in Vermont and are part of the child care landscape available to assisted families. CCFAP eligible families may also use informal care provided by relatives (Approved Relative Care providers) who agree to maintain appropriate health and safety standards.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

80% of all regulated providers in Vermont have an active CCFAP Rate Agreement indicating that they accept CCFAP assisted families for enrollment. Public preschool programs are included in regulated Center Based Child Care and Preschool Programs. Many of these do not provide child care services after regular school hours and so do not charge for services or have an active rate agreement for CCFAP which impacts this data point. Payment records indicate that approximately 78% of regulated providers including all provider types are receiving CCFAP payments on behalf of assisted families at a given point in time. Approximately 21% of children in

regulated child care are participants in CCFAP. This data point has remained fairly consistent over time.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

The Division's current rates do not meet the threshold of 25th percentile of market rates in all categories, the Division is changing the system of co-payment and payments to child care providers to reduce the barriers previously identified with the program. These changes are anticipated to take place in late 2021, and the Division will continue to collect feedback from programs on any additional barriers.

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

We have 3 sets of childcare licensing regulations. Each set has a regulation that requires the childcare program provide parents unlimited access to their child. (See CBCCPP and FCCH rule 4.2 and ASP rule 3.9: <https://dcf.vermont.gov/cdd/laws-regs/childcare>) When a childcare program has not complied with this regulation, a violation is cited, and corrective action is required.

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

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

N/A

- b. Restricted based on the provider meeting a minimum age requirement.

Describe:

The childcare provider is required to be at least 18-years of age.

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

Describe:

N/A

- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

A relative of children receiving Child Care Financial Assistance per the Child Care Financial Assistance Approved Relative Child Care Provider Requirements.

Protection and supervision of children on a regular or continuous basis for less than 24 hours a day by a relative of the eligible child which meets minimal health and safety standards and is provided to children whose families are eligible for child care subsidy. Relatives are defined as grandparents, great-grandparents, siblings (if the sibling lives at a separate residence), aunt, or uncle by birth, by marriage, or by court decree.

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

Describe:

N/A

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

Describe:

N/A

g. Other.

Describe:

Vermont statute also restricts the number of families being served to no more than two families (regardless of the number of hours each family is served). See 33 V.S.A. § 3502 (b) (1): <https://legislature.vermont.gov/statutes/section/33/035/03502>

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

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

N/A

Yes, statewide. If yes, describe:

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

N/A

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

N/A

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

N/A

4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

N/A

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

The Division monitors the declines in the supply of care types that meet parents needs through a report called "Vermont Regulated Child Care and Early Learning Program Report on Program Closures, Capacity and Enrollment" and available here <https://dcf.vermont.gov/cdd/reports>. There has been a decrease in the capacity for infant, toddler, and preschool care in Vermont from December 2015 through December 2020. Afterschool child care capacity has increased over that time period. Additionally, we partner with a statewide organization called, Let's Grow Kids, and our state advisory council at Building Bright Futures to estimate parents' needs for child care. This report is called "Stalled at the Start" and is available here https://www.letsgrowkids.org/client_media/files/pdf/StalledatStart2020.pdf and an easy to understand analysis is available at <https://vermontkidsdata.org/vecap-dashboard/all-children-have-a-healthy-start/basic-needs-outcomes/percent-of-families-with-access-to-0-5-early-care-and-education/>. This report analyzes parents needs for infant, toddler, and preschool care in Vermont. Based on the latest analysis there is a shortage of infant, toddler, and preschool care. For example, it was estimated that 8,173 infants in Vermont need child care, however there were only 3,076 infant spaces in Vermont. The gap exists for toddlers and preschoolers as well; however, it is not as large. The data is analyzed by Vermont county, and in 2020 all Vermont counties have a shortage of infant care; one county out of fifteen had enough toddler care, and two counties had enough preschool care.

The "Vermont Regulated Child Care and Early Learning Program Report on Program Closures, Capacity and Enrollment" report also tracks enrollment of infants, toddlers, and preschoolers in regulated child care settings as one method to look at trends in parent needs. It was found that in 2020 the enrollment in child care programs dropped in all age categories. It is assumed that this drop in enrollment, while the stable capacity of programs was due to the COVID-19 pandemic. We are assuming that the demand for child care will return to pre-pandemic levels in 2021 and will continue to use the assumptions in the "Stalled at the Start" report for parent demand.

b. In child care homes.

The Division monitors the declines in the supply of care types that meet parents needs through a report called "Vermont Regulated Child Care and Early Learning Program Report on Program Closures, Capacity and Enrollment" and available here

<https://dcf.vermont.gov/cdd/reports>. There has been a decrease in the capacity for infant, toddler, and preschool care in Vermont from December 2015 through December 2020. Afterschool child care capacity has increased over that time period. Additionally, we partner with a statewide organization called, Let's Grow Kids, and our state advisory council at Building Bright Futures to estimate parents' needs for child care. This report is called "Stalled at the Start" and is available here https://www.letsgrowkids.org/client_media/files/pdf/StalledatStart2020.pdf and an easy to understand analysis is available at <https://vermontkidsdata.org/vecap-dashboard/all-children-have-a-healthy-start/basic-needs-outcomes/percent-of-families-with-access-to-0-5-early-care-and-education/>. This report analyzes parents needs for infant, toddler, and preschool care in Vermont. Based on the latest analysis there is a shortage of infant, toddler, and preschool care. For example, it was estimated that 8,173 infants in Vermont need child care, however there were only 3,076 infant spaces in Vermont. The gap exists for toddlers and preschoolers as well; however, it is not as large. The data is analyzed by Vermont county, and in 2020 all Vermont counties have a shortage of infant care; one county out of fifteen had enough toddler care, and two counties had enough preschool care.

The "Vermont Regulated Child Care and Early Learning Program Report on Program Closures, Capacity and Enrollment" report also tracks enrollment of infants, toddlers, and preschoolers in regulated child care settings as one method to look at trends in parent needs. It was found that in 2020 the enrollment in child care programs dropped in all age categories. It is assumed that this drop in enrollment, while the stable capacity of programs was due to the COVID-19 pandemic. We are assuming that the demand for child care will return to pre-pandemic levels in 2021 and will continue to use the assumptions in the "Stalled at the Start" report for parent demand.

c. Other.

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with

disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

The Division provides a grant for administration of local networks of early childhood educator leaders across 12 regions in Vermont to utilize professional development opportunities and peer support to encourage, learn, and grow together. The networks are run by providers in the regions, this supports children in underserved areas by having mentors, leaders and support individuals that are in those underserved areas.

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

The Division provides materials to communities to use for recruitment: <https://dcf.vermont.gov/cdd/publications>. Additionally, we use a social media platform called "Front Porch Forum" to run recruitment messages across the state. This platform is an online bulletin board and is community specific. It reaches underserved areas as a community posting. This approach builds recruitment in

underserved areas because it is targeted to that community, which in Vermont has a bigger impact.

[vi. Tiered payment rates \(as in 4.3.3\).](#)

Describe:

The Division currently pays a tiered payment rate to regulated child care programs based on the State's STARS program with 1 star programs receiving a 5% over the base rate, 2 star 10%, 3 star 20%, 4 star 30% and 5 star 40% increase over the base. The Division is working on a system change to the Child Care Financial Assistance Program that is anticipated to occur in late 2021, that system will pay the child care provider's rate up to a capped rate. The capped rates are based on a tier payment to recognize that it is more expensive to provide higher quality child care. The capped rate for one star providers is set at 55th percentile of the Market Rate, while the five star provider rate is set at the 90th percentile of the Market Rate. This strategy provides an incentive for programs to increase quality of care provided to children. Quality child care is critical in underserved areas.

[vii. Support for improving business practices, such as management training, paid sick leave, and shared services.](#)

Describe:

The Child Care Financial Assistance Program provides coded days for providers to take including a sick code for children that are sick, provider closed day codes, and vacation day codes. Technical assistance is available through a shared services website that has resources and sample policies and procedures for child care programs. Children in underserved areas are more likely to be absent for a variety of reasons. Additionally, the child care providers in these areas have a harder time charging for time when they are not open because parents are less likely to be able to afford to pay them. These policies support the families and providers with affording the same practices as in other areas of the state.

[viii. Accreditation supports.](#)

Describe:

The Division providers grants to support the cost of NAFCC or NAEYC accreditation. This strategy provides an incentive for programs to increase quality of care provided to children. Quality child care is critical in underserved areas.

ix. Child Care Health Consultation.

Describe:

Child care health consultation is available through the Vermont Department of Health maternal child health nurses. This includes providers being able to call with health questions, and trainings required by regulation. These health consultants are in the local areas and individuals that live in these communities. This supports underserved areas as they are most familiar with the needs of the area and are individuals that child care providers feel comfortable talking to because they are from their own community.

x. Mental Health Consultation.

Describe:

The Vermont Children's Integrated Services provides mental health consultation, and behavioral consultation to child care programs. This consists of phone and onsite consultations. This consultation is conducted by consultants that are in the local areas and individuals that live in these communities. This supports underserved areas as they are most familiar with the needs of the area and are individuals that child care providers feel comfortable talking to because they are from their own community.

xi. Other.

Describe:

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

- ii. Family Child Care Networks.

Describe:

N/A

- iii. Start-up funding.

Describe:

The Division provides a grant for administration of start-up and expansion grants for infant and toddler care.

- iv. Technical assistance support.

Describe:

N/A

- v. Recruitment of providers.

Describe:

N/A

- vi. Tiered payment rates (as in 4.3.3).

Describe:

The Division currently pays a tiered payment rate to regulated child care programs based on the State's STARS program with 1 star programs receiving a 5% over the base rate, 2 star 10%, 3 star 20%, 4 star 30% and 5 star 40% increase over the base.

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

Describe:

The Child Care Financial Assistance Program provides coded days for providers to take including a sick code for children that are sick, provider closed day codes, and vacation day codes. Technical assistance is available through a shared services

website that has resources and sample policies and procedures for child care programs.

viii. Accreditation supports.

Describe:

The Division provides grants to support the cost of NAFCC or NAEYC accreditation.

ix. Child Care Health Consultation.

Describe:

Child care health consultation is available through the Vermont Department of Health maternal child health nurses. This includes providers being able to call with health questions, and trainings required by regulation.

x. Mental Health Consultation.

Describe:

The Vermont Children's Integrated Services provides mental health consultation, and behavioral consultation to child care programs. This consists of phone and onsite consultations.

xi. Other.

Describe:

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

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

Describe:

The Child Care Financial Assistance Program provides coded days for providers to take, including a sick code for children that are sick, provider closed day codes, and family vacation day codes. Technical assistance is available through a shared services website that has resources and sample policies and procedures for child care programs.

viii. Accreditation supports.

Describe:

The Division provides grants to support the cost of NAFCC or NAEYC accreditation.

ix. Child Care Health Consultation.

Describe:

Child care health consultation is available through the Vermont Department of Health maternal child health nurses. This includes providers being able to call with health questions, and trainings required by regulation.

x. Mental Health Consultation.

Describe:

The Vermont Children's Integrated Services provides mental health consultation, and behavioral consultation to child care programs. This consists of phone and onsite consultations.

xi. Other.

Describe:

When child care programs provide care for children with special needs that are eligible for the Child Care Financial Assistance Program, they receive an additional amount over their rate as an incentive for that care.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

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

Describe:

The Child Care Financial Assistance Program provides coded days for providers to take including a sick code for children that are sick, provider closed day codes, and family vacation day codes. Technical assistance is available through a shared services website that has resources and sample policies and procedures for child care programs.

viii. Accreditation supports.

Describe:

The Division provides grants to support the cost of NAFCC or NAEYC accreditation.

ix. Child Care Health Consultation.

Describe:

Child care health consultation is available through the Vermont Department of Health maternal child health nurses. This includes providers being able to call with health questions, and trainings required by regulation.

x. Mental Health Consultation.

Describe:

The Vermont Children's Integrated Services provides mental health consultation, and behavioral consultation to child care programs. This consists of phone and onsite consultations.

xi. Other.

Describe:

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Coronavirus Response and Relief Supplemental Appropriations Act 2021. Applications closed on 3/31/21 and three monthly award distribution cycles have been completed in the CRRSA federal funding program. The Department for Children and Families (DCF) has \$12.2 million to run the grant program to assist regulated child care programs with the additional costs associated with COVID to provide care to Vermont's children. The grant amount was determined using a formula that was dependent on the total number of applications and staffing

numbers associated with the licenses of applicants. Eligible programs are registered or licensed Family Child Care Homes, Center Based Child Care and Preschool Programs, and Afterschool Child Care Programs who are located in Vermont and currently serving Vermont children or plan to be serving Vermont children by June 30, 2021. 792 applications were funded, which is 70% of the registered programs in VT. Awards range from \$450 a month for small programs to \$11,000 a month to large programs. Funding is only awarded to programs for the months they are open and serving children in person. Many regulated summer programs received funding. Payments will continue on a monthly basis until December as long as the program is open. Funds may be used in any of the following single or combination of categories, and the categories can vary month to month: PPE and other mitigation strategies to prevent the spread of COVID-19, Capital Improvement Projects, Occupancy (rent, insurance, mortgage, utilities, etc.), Materials/Supplies, Replenishment of Lost Revenue and/or Reduced Enrollment, Wages/Spot-Bonuses, Professional Development or Technical Assistance. The CDD did not employ strategies to target providers in low-income communities and we do not have the data yet on the impact or results on providers. The CDD American Rescue Plan Act programs will be shared once they have been approved.

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

N/A

- vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

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

Describe:

N/A

- viii. Accreditation supports.

Describe:

N/A

- ix. Child Care Health Consultation.

Describe:

N/A

- x. Mental Health Consultation.

Describe:

N/A

- xi. Other.

Describe:

N/A

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

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

The Division uses the U.S. Census information of percentage of families living at or below 125% FPL by county.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs CDD provides infant and toddler capacity building grants to increase the number of high-quality infant and toddler spaces. The grant application prioritizes applications from areas of high need such as significant concentrations of poverty, or child care deserts

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the

cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

October 2019

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

N/A

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

N/A

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

N/A

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. N/A

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The State Advisory Council has a Data and Evaluation Committee that focuses on early childhood data in Vermont. The Division consulted with the Data and Evaluation Committee prior to analyzing the data to determine any considerations in the report.

b) Local child care program administrators:

Child care program administrators were invited to the Data and Evaluation Committee to advise on considerations. In addition, several program administrators were asked to review the Cost of Care analysis for accuracy.

c) Local child care resource and referral agencies:

Child care referral agencies were invited to the Data and Evaluation Committee to advise on considerations in the report.

d) Organizations representing caregivers, teachers, and directors:

There are several organizations that represent caregivers, teachers and directors that are part of the State Advisory Council and were invited to the Data and Evaluation Committee.

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

[i. Represent the child care market: Click or tap here to enter text.](#)

The Division uses administrative data collected through the Bright Futures Information System (BFIS). Provider Rates are collected from all providers at the time of licensing and are requested to be updated once every two years, however, may be updated more frequently at the providers' request. At the time of the 2019 Market Rate Survey there were 693 licensed providers and 487 registered home providers. Of those 531 (77%) licensed, and 428 (88%) home providers had reported rates. In addition, 139 publicly operated preschool programs do not charge families, this means that 96% of licensed programs that charge families had reported rates.

[ii. Provide complete and current data:](#)

The Division uses administrative data collected through the Bright Futures Information System (BFIS). Provider Rates are collected from all providers at the time of licensing and are requested to be updated once every two years, however, may be updated more frequently at the providers' request.

[iii. Use rigorous data collection procedures:](#)

The Department for Children and Families (DCF) recognizes that child care programs charge in a variety of different ways and rates also differ based on available discounts from the program. In an effort to gather valid data that is statically comparable, child care programs are asked to report their rates to DCF in several price modes (please see definitions for details on the price modes): part time weekly, full time weekly and extended care weekly. These modes are broken down into four age groups - infant, toddler, preschool, and school age, and by provider type: licensed and registered. These price modes match the CCFAP system of eligibility and payment for child care programs. Child care programs are asked to convert their own rates to the price modes paid through the CCFAP system. They are given the guidance to record the rate to accurately represent what a parent who is not eligible for CCFAP would pay for the price mode based on the age category and number of hours the child attends the program. Programs that do not charge for their services are encouraged to submit their rates as zero, so their information can appropriately be excluded from the Market Rate Survey.

[iv. Reflect geographic variations:](#)

The Agency of Human Services (AHS) was created by the Vermont Legislature in

1969 to serve as the umbrella organization for all human service activities within state government. AHS serves the state through 12 districts. The rates charged by both licensed and registered programs vary by AHS district. Overall Barre, Bennington, Brattleboro, Burlington, and Hartford districts rates are more expensive than the statewide rate, while the remainder of the districts are lower than the statewide rate. Comparison of the market rates across the AHS districts shows a variation in rates, however that the variation is not consistent. In licensed programs the preschool market rate is higher in Brattleboro, Burlington, and Hartford. The other districts range from \$10 to \$65 lower than the statewide rate. The registered home rates are different than the licensed rate trends. Brattleboro and Burlington are still higher than the other districts, however some districts have the same preschool market rate as the statewide rate.

v. Analyze data in a manner that captures other relevant differences:

The data was also analyzed by STARS (QRIS) level, and county.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

N/A

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

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

The Agency of Human Services (AHS) was created by the Vermont Legislature in 1969 to serve as the umbrella organization for all human service activities within state government. AHS serves the state through 12 districts. The rates charged by both licensed and registered programs vary by AHS district. Overall Barre, Bennington,

Brattleboro, Burlington, and Hartford districts rates are more expensive than the statewide rate, while the remainder of the districts are lower than the statewide rate. Comparison of the market rates across the AHS districts shows a variation in rates, however that the variation is not consistent. In licensed programs the preschool market rate is higher in Brattleboro, Burlington, and Hartford. The other districts range from \$10 to \$65 lower than the statewide rate. The registered home rates are different than the licensed rate trends. Brattleboro and Burlington are still higher than the other districts, however some districts have the same preschool market rate as the statewide rate.

b) Type of provider. Describe:

The data is analyzed by license type and reported separately for licensed programs and registered home programs.

c) Age of child. Describe:

The data was collected and analyzed by age category, infants (birth to 2nd birthday), toddlers (2 years old), preschool (3-5 years old), and school age.

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

N/A

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Division used a study of cost in Vermont called the Blue Ribbon Commission Report to develop a cost model. The model was compared to the Provider Cost of Quality Calculator (PCQC) and updated for 2019 costs and Vermont specific expenses. The Blue-Ribbon Commission approximated the "true cost of care" by

estimating the costs associated with running a high-quality child-care program. National research and Vermont provider feedback submitted to the Commission suggests that child care providers often operate at a loss, or, for smaller centers and home-based programs, directors and owners operate without a pay check. The cause is largely due to providers' focus on the reimbursement rate from the government. The Division then used these costs categories and amounts as a starting place to estimate updated costs. Research was completed on average costs of the categories and how they were updated, for example cost of a phone and internet was estimated by gathering the cost of a commercial contract from one of the state's largest internet providers. The updated estimates were checked with two registered child care home providers and two licensed child care program directors of varying stars levels for accuracy. The basic cost of providing care was considered, and then additional factors were considered for varying levels of quality and age of the children. For example, in high quality programs it was estimated that the program included additional staff, such as a licensed teacher. Geographic location was not considered as many of the costs were compared using data from across the state and found that costs were not impacted by geography as much as other internal factors. Those factors included in the program was offering prequalified prekindergarten education services, and those were accounted for in the quality level estimates. Costs were estimated for home providers and licensed centers separately, and each was estimated at three different levels of quality-one star, three star and five stars. The age of children was taken into consideration based on the ratios of staffing for the different age groups. Using the expense estimates, a weekly cost per child per age group was determined. It was then assumed that the program needed to either break even or make a profit, so additional tuition charges were added to ensure that a program would not lose money. These weekly rates were used to compare to the market rates of programs.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The cost model includes the costs of maintaining basic health and safety

standards, costs of fingerprinting and other specific requirements, such as water testing. It was developed based on the cost for three different levels of quality, one, three and five star programs.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

The cost model included the additional requirements, expenses, and income opportunities at different levels of quality. The one star program assumed that the program operated at basic regulations and licensing ratios, while the five star program costs assumed a licensed teacher, higher qualifications of staff, lower ratios.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

The Child Care Financial Assistance rates were compared against the narrow cost analysis to determine the gaps. The average licensed child care market rate as compared to the estimated cost of care shows that one star programs are charging families the rates to cover their basic expenses. However, as the quality of the program increases, the tuition rates charged to families does not cover the basic expenses of the program, except for preschool care which covers the preschool costs. The average registered child care market rate as compared to the estimated cost of care is not enough to cover the basic expenses at any age category.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS

system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. April 12, 2021

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

The Division posted the report on the website <https://dcf.vermont.gov/cdd/reports> and emailed an announcement about the report's availability to partners and child care providers.

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

The Department for Children and Families, Child Development Division (CDD) has collected feedback on the survey methodology, cost analysis, and community needs of data reported at the Vermont Building Bright Futures (BBF) Data and Evaluation Committee. Building Bright Futures is a nonprofit, public-private partnership authorized by law to improve the systems that serve Vermont's young children and families. The Data and Evaluation Committee focuses on early childhood data needs in the state. The recommendations from the committee included:

- Use the work of the Blue Ribbon Commission as a basis for the cost analysis of child care in Vermont
- Check cost assumptions with a variety of child care providers
- If possible look at what would be affordable for families, and consider that in the CCFAP
- Report on trends in the market rate over time

- Report on the differences in rate by age category, STARS, and size of program if possible
- In future years explore the costs of care for prequalified prekindergarten programs and how that impacts the cost of child care

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that

conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$210.00 Weekly

Full-time weekly base payment rate: \$210.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 26.17

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$201.92 weekly

Full-time weekly base payment rate: \$201.92

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 29.83

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) -
Preschooler (4 years) Center care:

Base payment rate:\$179.21 weekly

Full-time weekly base payment rate: \$179.21

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 21.92

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) -
School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$166.33 weekly

Full-time weekly base payment rate: \$166.33

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 42.86

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant
(6 months) Family Child Care:

Base payment rate:\$145.38 weekly

Full-time weekly base payment rate: \$145.38

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 20.65

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) -
Toddler (18 months) Family Child Care:

Base payment rate:\$141.35 weekly

Full-time weekly base payment rate: \$141.35

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25.00

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) -
Preschooler (4 years) Family Child Care:

Base payment rate:\$129.23 weekly

Full-time weekly base payment rate: \$129.23

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 4.69

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) -
School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$121.15 weekly

Full-time weekly base payment rate: \$121.15

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 14.14

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

N/A

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Part time care is under 25 hours per week, full time care is 26 - 50 hours per week, and extended care is 51 or more hours.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). October 25, 2020

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

N/A

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

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/CCFAP_Rate_Schedule_Effective_October-25-2020.pdf

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

N/A

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

N/A

b. Type of provider.

Describe:

Rates are set on the Market Rate Survey, and by licensed provider and registered family child care home provider.

c. Age of child.

Describe:

The rates are set for infants, toddlers, preschoolers, and school age groups.

d. Quality level.

Describe:

The Division currently pays a tiered payment rate to regulated child care programs based on the State's STARS program with 1 star programs receiving a 5% over the base rate, 2 star 10%, 3 star 20%, 4 star 30% and 5 star 40% increase over the base.

The Division is working to change the Child Care Financial Assistance Program system to pay the child care provider's rate up to a capped rate. The capped rate is set based on a percentile of the Market Rate, with the one star rate at the 55th percentile of the market rate, and then is scaled to the five star rate at the 90th percentile. It is anticipated this change will be in effect in late 2021.

e. Other.

Describe:

N/A

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

No.

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

- a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

N/A

- b. Differential rate for non-traditional hours.

Describe:

Extended care which is defined as 51 hours or more is paid a differential rate that is 36% higher than the full time rate for that age child and type of program.

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

Describe:

Providers who care for children with special needs and have been approved as a specialized child care provider receive an additional amount based on the age of the child above the provider rate.

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

Describe:

N/A

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

Describe:

N/A

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

Describe:

The Division currently pays a tiered payment rate to regulated child care programs based on the State's STARS program with 1 star programs receiving a 5% over the base rate, 2 star 10%, 3 star 20%, 4 star 30% and 5 star 40% increase over the base.

The Division is actively working on changing the Child Care Financial Assistance Program and when the changes take place child care providers will be paid their rate up to a capped rate. The capped rate is based on the 2019 Market Rate Survey, with the one star rate at the 55th percentile, two star at the 60th percentile, three star at 70th percentile, four star at 80th percentile, and five star at 90th percentile.

g. Other differential rates or tiered rates.

Describe:

N/A

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Vermont uses alignment with Market Rate Survey (MRS) results to establish CCFAP rates. The CCFAP rate structure aligns the rate paid to child care programs that have achieved 4 stars at the 75th percentile of the relevant Market Rate Survey for each age group and provider type. Vermont's current rates for Preschool and School age children are aligned with 2015 Market Rate Survey results. Vermont's current rates for Infant and

Toddler children are aligned with 2017 Market Rate Survey results. Vermont enacted universal entitlement to 10 hours of publicly funded prekindergarten for all 3 and 4 year old children (and 5 year olds not yet eligible for Kindergarten) in Vermont which was implemented in 2015. Services are provided through a mixed delivery system that includes private as well as public school programs. An annual tuition of \$3536 is provided to support these services to qualified private providers that parents choose for their children. This tuition is layered with CCFAP subsidies at the program level to further reduce costs for families participating in CCFAP for preschool age children enrolled in high quality early care and learning programs.

We believe this also helps to support access to full day full year services for this age group. Most private programs serving large numbers of CCFAP assisted preschoolers are also approved as universal PreK providers. The increase in Infant Toddler rates and the ability to layer public preschool funds with outdated preschool rates are promising improvements for assisting CCDF eligible families to pay for high quality child care in Vermont. Annually we model and report on what it would take to reach the most current market rates in CCFAP as part of the state budget process. When we receive enough federal and state funding to establish rates at that level, we will have confidence those are adequate. Currently we carefully balance rates, payment policies, relationships with child care providers and other strategies to assist families participating in CCFAP in accessing high quality early care and learning for their children in an under-resourced system. Our current rates at the one-star provider level range from the 3rd percentile, to the 38th percentile. Our rates do not meet the level determined to be sufficient.

Per the waiver approved by the Office of Child Care on November 24, 2020, we have received additional time to achieve full compliance with this requirement. To date, we have completed the following work toward meeting this requirement: State FY22 is year 3 of our 5 year plan to improve access to care and meet the equal access benchmarks. In October 2020, VT implemented the allocated funds to bring rates closer to the 25th percentile benchmark established in our corrective action plan. 4 out of the 8 reported rates are now above the 25th percentile; 2 out of the 8 rates are above the 20th percentile and only 2 rates remain below the 15th percentile. The 2021 legislative session began in mid-January 2021, and the budget process includes year 3 of the 5 year plan proposal which not only will bring all rates to the 50th percentile, but it also changes how eligibility is determined, basing it on what a family can afford to pay. If this

is approved and implemented in State fiscal year 2022, VT will be in compliance with the CCDF equal access standards, and at that time child care providers will be paid their rate up to a capped rate. The capped rate is based on the 2019 Market Rate Survey, with the one star rate at the 55th percentile, two star at the 60th percentile, three star at 70th percentile, four star at 80th percentile, and five star at 90th percentile

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

The rates are set using the Child Care Market Rate Survey and setting the 4 star rate at the 75th percentile of the market rate. The rates are then scaled down and up based on the percentages for the different tiers. Programs with a 1 star rating receive 5% above the base rate; Programs with a 2 star rating receive 10% above the base rate; Programs with a 3 star rating receive 20% above the base rate; Programs with a 4 star rating receive 30% above the base rate; Programs with a 5 star rating receive 40% above the base rate. CDD uses the cost of care estimates to determine if there is a higher cost to providing higher quality care. It was determined that it costs more to provide higher quality care, and the rates were set to increase as the quality of the program increases.

The CDD is actively working to change the Child Care Financial Assistance Program to address additional factors of cost of care and increases at an individual program level. It is anticipated that these changes will be in effect in late 2021, and once completed child care providers will be paid their rate up to a capped rate. The capped rate is based on the 2019 Market Rate Survey, with the one star rate at the 55th percentile, two star at the 60th percentile, three star at 70th percentile, four star at 80th percentile, and five star at 90th percentile. CDD did not include COVID-19 costs in the estimates to set rates. The State of Vermont has provided multiple financial assistance opportunities for child care programs to compensate for these additional costs. We anticipate when the COVID-19 pandemic response is over the costs will adjust back to the pre-pandemic costs and at that time our rates will reflect the costs of care

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The Division currently pays a tiered payment rate to regulated child care programs based on the State's STARS program with one-star programs receiving a 5% over the base rate of \$200 per week for full time infant care at a licensed center, 2 star 10%, 3 star 20%, 4 star 30% and 5 star 40% increase over the base. This means at the highest level of quality the program would receive \$280 per week for full time infant care at a licensed center. CDD's narrow cost analysis demonstrated that it costs more to provide higher quality care, and that there can be an increase in cost by 44% from a one-star program to a five-star program. Our tier reimbursement system also recognizes this higher cost in providing care, and includes a gradual step up in rates to account for the different levels of costs at each quality step.

The CDD is actively working to change the Child Care Financial Assistance Program to address additional factors of cost of care and increases at an individual program level. It is anticipated that these changes will be in effect in late 2021, and once completed child care providers will be paid their rate up to a capped rate. The capped rate is based on the 2019 Market Rate Survey, with the one-star rate at the 55th percentile, two star at the 60th percentile, three star at 70th percentile, four star at 80th percentile, and five star at 90th percentile. The rate caps were set in this manner to recognize the higher cost to provider higher quality child care. This change will support the cost of providing higher quality of child care by covering more costs at higher levels. Based on the cost of care estimate a one-star center would need to charge \$230 to cover the costs of care, and our capped rate will be \$270 per week for an infant. We will then increase those rates paid up to \$325 per week for an infant in a center.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

N/A

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

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

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

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

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

Describe the policy or procedure.

Child care providers can bill for the services provided every two weeks, with the payment happening within one week of billing.

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

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

Describe the policy or procedure.

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

Describe the policy or procedure.

N/A

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

Describe the policy or procedure.

N/A

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

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

Providers are paid on the weekly amount approved by either attendance of the child or a code to represent the reason for the absence. Coded days include P code-provider closed day (15 per fiscal year), V code-parent vacation day (10 per fiscal year), S code-child sick day (unlimited), N code - no notice (1 week paid if parent did not give notice), H code-hold the spot (limited use, approved by CDD). This process ensures that CDD is able to monitor for fraud. It also provides flexibility to families to vacation or have sick time without more out of pocket costs, and allows child care providers to have holidays or vacations without loss of funds.

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

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

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

Payment is made on a part time (1-25 hours), full time (26-50 hours), or extended care (51+ hours) schedule, and payment is made if the child attends at least one hour per week or a code is used for an absence.

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

[Describe the policy or procedure.](#)

Child Care providers in Vermont charge deposit fees rather than registration fees. These deposit fees are applied to the parent's child care payment once the child starts child care. The parent may request from, the Child Development Division, an early copy of their child care payment certificate verifying start date of care and payment amount. The parent may give this certificate to the child care provider as proof of eligibility, start date and payment amount for the deposit fee to be waived.

[d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:](#)

Providers must complete a payment agreement at minimum once every two years to receive Child Care Financial Assistance. the agreement contains information on CDD's weekly payment schedule and provides guidance on converting the provider's rates to weekly rate. In addition, the provider agreement defines the the invoice process, the maximum allowable days for submitting a claim for payment and the implications for providing a false claim. The provider agreement is available here:

http://dcf.vermont.gov/sites/dcf/files/CDD/Forms/Financial_Agreement_Part_1.pdf.

Providers have access to a Provider Handbook located here:

https://dcf.vermont.gov/sites/dcf/files/CDD/Brochures/ccfap/Provider_Handbook.pdf. The handbook contains information on the payment certificate, service periods, payment schedule, reimbursement rate tables, attendance/invoicing procedures, provider responsibilities. In addition, information is provided on what to do if a payment error occurred, payment did not arrive, or a payment certificate is missing or incorrect.

The Child Care Certificate for Payment, which goes to both the client and the child care provider, contains information on the payment rate, start and end date, type of certificate (part time, full time, extended care) and how to appeal if not satisfied with the assistance received.

The Child Development Division does not charge fees to providers, including fees related to Covid 19.

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

Describe:

A start and end date are clearly noted on the payment certificate sent to the child care provider. When a change occurs to a certificate, an enrollment notice is generated by BFIS and is sent to the provider's BFIS account. Providers without internet access receive a same day phone call.

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

Child Care providers may contact the CDD payroll technician if they feel that the payment received is incorrect. The technician reviews the BFIS invoice and if the amount is incorrect, a payroll adjustment is made. If additional funds are due to a provider, the payment will be made on the following pay date.

g. Other. Describe:

N/A

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

N/A

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

CCFAP payment policies closely mirror child care industry practice. We process payments based on active enrollment accommodating reasonable absences and make electronic deposits weekly with most providers submitting attendance to receive payment every two weeks. We allow paper processing for providers who do not have technology or automatic deposit capacity (a small number). We have state staff dedicated to quickly resolving payment issues for providers participating in CCFAP. From a practice perspective we are considered a good and reliable payer on behalf of assisted families. This encourages a full range of providers to accept and enroll subsidized children and families.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

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

- a. Limit the maximum co-payment per family.

Describe: .

N/A

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

N/A

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

We retain an entitlement to participation in some level of subsidy for all eligible families up to 300% of FPL. We have not elected to freeze enrollment or create a waiting list for CCFAP because we believe that not providing assistance to eligible families creates as much a barrier to access to child care for eligible families as co-payments.

- d. Other.

Describe:

N/A

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No

- Yes. If yes:

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

The rationale for this policy is to encourage the broadest array of regulated provider participation in CCFAP so that subsidized families have access to the same provider pool as non-subsidized families. It is part of a set of program policies intended to position the state subsidy system as a responsible participant in the child care market on behalf of assisted families. This policy recognizes evidence that indicates that most families in the United States cobble together multiple arrangements to meet their child care needs and enables subsidized families to utilize assistance to negotiate arrangements with child care providers in the marketplace with a level of flexibility that the alternative - requiring all participating

providers to accept the state rate as full payment - would not provide. We believe that adopting a policy that does not allow providers to charge any additional amounts above the state rate would reduce the number of providers willing to accept assisted families and reduce access.

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

We do not have a consistent and reliable source of information to provide this data since these arrangements are negotiated between the provider and the families. The division has surveyed child care programs and found that approximately 50% of programs either do not charge families the additional amounts or discount the additional amounts. In 2013 the division surveyed programs and found that 58% of programs discounted the additional amounts, see the division's 2013 Co-Payment Survey - <https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Co-payment%20Survey.pdf>. Additionally, in spring 2018 the division asked child care programs that received a state funded Early Care and Development Grants if funds were used to discount the additional amounts charged to families. While not all programs used the funds to discount the additional amounts, approximately 50% of programs receiving grants discounted or reduced additional amounts charged to families as a practice. See the March 2018 Early Care and Development Grant Report - https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/ECDP_Grant_March_2018_Report.pdf The CDD will conduct a survey of providers in fall 2021 to collect this information, and will add this to our Market Rate Survey process, including potentially including it as a question in the new database we are building for child care program information.

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

As part of our presentation of unfunded budget pressures to the legislature and legislative councils and committees, we model and present child care costs for representative Vermont families utilizing the subsidy program. We use different family sizes and configurations and vary age of children and type of care. This provides a clear picture of how subsidy payments and assigned co-payments

interact with full child care rates and potentially constrain full access for families. We update these analyses annually. Strengthening Families Grants and Early Development Program Grants available to programs consistently serving subsidized children and families, are specifically designed to reduce these additional costs for families and mitigate the impact that this lost revenue may have on access and program quality.

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

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

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

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

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

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

a. Center-based child care.

i. Identify the providers subject to licensing:

There are two provider types within this category. The first is called Center Based

Child Care and Preschool Programs (CBCCPP). They may serve children from 6 weeks - 13 years. This provider type also includes non-recurring services and publicly funded pre-kindergarten services. The second is called Afterschool Child Care Programs (ASP). They may serve children from 5 years who are enrolled in or completed kindergarten - 16 years.

ii. Describe the licensing requirements:

Licensees are required to comply with regulations that include qualifications, business practices, health and safety, family relations, ratios, care and education of children, and emergency procedures.

iii. Provide the citation:

<http://dcf.vermont.gov/cdd/laws-regs/childcare>

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

This provider type is called Family Child Care Homes (FCCH). They may serve children from 6 weeks - 13 years. There are two types within this provider type: registered FCCHs and licensed FCCHs.

ii. Describe the licensing requirements:

Family Child Care Providers are required to comply with regulations that include qualifications, business practices, health and safety, family relations, ratios, care and education of children, and emergency procedures.

iii. Provide the citation:

<http://dcf.vermont.gov/cdd/laws-regs/childcare>

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

N/A

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

N/A

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Vermont's policy requires center-based child care providers to be licensed as a CBCCPP or ASP to participate in CCFAP to receive CCDF funds. The "Provider Payment Handbook" states "Families may choose any licensed, registered, or approved relative child care provider (ARCC) willing to accept payments from the Child Development Division." (page 3) The "Provider Agreement, Part 1 Financial Services" form requires a licensed certificate number.

ii. Provide the citation to this policy:

<https://dcf.vermont.gov/childcare/providers/ccfap>

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

N/A

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

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Vermont's policy requires family child care providers to be licensed as a registered or licensed FCCH to participate in CCFAP to receive CCDF funds. The "Provider Payment Handbook" states "Families may choose any licensed, registered, or approved relative child care provider (ARCC) willing to accept payments from the Child Development Division." (page 3) The "Provider Agreement, Part 1 Financial Services" form requires a licensed certificate number.

ii. Provide the citation to this policy:

<https://dcf.vermont.gov/childcare/providers/ccfap>

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

N/A

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

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

N/A

ii. Provide the citation to this policy:

N/A

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

N/A

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

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

A child who is at least six (6) weeks and under thirteen (13) months of age.

b. Toddler. Describe:

A child between thirteen (13) through thirty-five (35) months of age.

c. Preschool. Describe:

A child who is thirty-six (36) months of age up until school age.

d. School-Age. Describe:

A child who is five (5) years of age or older and currently attending kindergarten or has completed kindergarten or a higher grade. For CBCCPPs and FCCHs, school age children are up to 13 years. For ASPs, school age children are up to 16 years.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

For CBCCPPs, the ratio is 1:4. ASPs are not licensed to serve infants.

B. Group size:

For CBCCPPs, the group size is eight (8). ASPs are not licensed to serve infants.

ii. Toddler

A. Ratio:

For CBCCPPs, regulations allow for a sliding ratio based on age. For thirteen (13) months to thirty (30) months the ratio is 1:4, and for twenty-four (24) months to thirty-five (35) months the ratio is 1:5. This provides options when programs are transitioning children from one age group to another. ASPs are not licensed to serve toddlers.

B. Group size:

For CBCCPPs, regulations allow for a sliding group size based on age. For thirteen (13) months to eighteen (18) months, the group size is eight (8); and for eighteen (18) months to thirty-five (35) months, the group size is then (10). This provides options when programs are transitioning children from one age group to another. ASPs are not licensed to serve toddlers.

iii. Preschool

A. Ratio:

For CBCCPPs, the ratio is 1:10. ASPs are not licensed to serve preschool children.

B. Group size:

For CBCCCPPs, the group size is twenty (20). ASPs are not licensed to serve preschool children.

iv. School-age

A. Ratio:

For CBCCCPPs and for ASPs, the ratio is 1:13.

B. Group size:

For CBCCCPPs and for ASPs, the group size is twenty-six (26).

v. Mixed-Age Groups (if applicable)

A. Ratio:

CBCCCPP licensing rule 6.2.2 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>) says that programs are required to comply with the ratio requirements for the youngest child in a mixed age group. ASP licensing rules have the same ratio requirement regardless of children's age. See ASP licensing rule 6.3 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>).

B. Group size:

CBCCCPP licensing rule 6.2.2 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>) says that programs are required to comply with the group size requirements for the youngest child in a mixed age group. ASP licensing rules have the same group size requirement regardless of children's age. See ASP licensing rule 6.2 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>).

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Vermont's policy requires providers to be licensed as a CBCCCPP, ASP, or FCCH to participate in CCFAP to receive CCDF funds. The "Provider Payment Handbook" states "Families may choose any licensed, registered, or approved relative child care provider (ARCC) willing to accept payments from the Child Development Division."

(page 3) The "Provider Agreement, Part 1 Financial Services" form requires a licensed certificate number. See <https://dcf.vermont.gov/childcare/providers/ccfap> to review both documents.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

In registered and licensed FCCHs, ratio charts are designed for a mix of age groups to be served together. Also, there are a variety of FCCH regulations that speak to ratio. For example, in a registered FCCH, the FCCP's own children under twenty-four (24) months of age who reside in the home are required to count in the limit on children less than twenty-four (24) months but not in the overall limit on all children. In a licensed FCCH, the FCCP's own non-school age children who reside in the home and the Family Child Care Assistant's own non-school age children are counted. See the charts in FCCH licensing rules 6.2.1.1- 6.2.1.8 which apply to registered FCCPs and see the charts in FCCH licensing rules 6.2.2.1 - 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). These charts have been created in place of using words to ensure clarity of understanding. If a combination is not allowed by the chart, then it has been left out intentionally. In registered FCCHs, there are (2) two charts. The chart titled, "Registered FCCH: Option one (1): Year Round Care" is the more commonly used ratio chart in Vermont. This chart allows for a focus on serving children under twenty-four (24) months. The chart titled, "Registered FCCH: Option two (2): Summer Vacation" allows for additional school age children but by using this chart, the FCCP is limited to no more than two (2) children under twenty-four (24) months of age total.

B. Group size:

See the charts in FCCH licensing rules 6.2.1.5 - 6.2.1.7 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (

<http://dcf.vermont.gov/cdd/laws-regs/childcare>). In FCCHs, group size and ratio are considered the same thing. The same answer above for ratio applies here for group size.

ii. Infant

A. Ratio:

There are a variety of FCCH regulations that speak to ratio. For example, in a registered FCCH, the FCCP's own children under twenty-four (24) months of age who reside in the home are required to count in the limit on children less than twenty-four (24) months but not in the overall limit on all children. In a licensed FCCH, the FCCP's own non-school age children who reside in the home and the Family Child Care Assistant's own non-school age children are counted. See the charts in FCCH licensing rules 6.2.1.1- 6.2.1.8 which apply to registered FCCPs and see the charts in FCCH licensing rules 6.2.2.1 - 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). These charts have been created in place of using words to ensure clarity of understanding. If a combination is not allowed by the chart, then it has been left out intentionally. In registered FCCHs, there are (2) two charts. The chart titled, "Registered FCCH: Option one (1): Year Round Care" is the more commonly used ratio chart in Vermont. This chart allows for a focus on serving children under twenty-four (24) months. The chart titled, "Registered FCCH: Option two (2): Summer Vacation" allows for additional school age children but by using this chart, the FCCP is limited to no more than two (2) children under twenty-four (24) months of age total.

B. Group size:

See the charts in FCCH licensing rules 6.2.1.5 - 6.2.1.7 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). In FCCHs, group size and ratio are considered the same thing. The same answer above for ratio applies here for group size.

iii. Toddler

A. Ratio:

There are a variety of regulations that speak to ratio. For example, in a registered FCCH, the FCCP's own children under twenty-four (24) months of age who reside in the home are required to count in the limit on children less than twenty-four (24) months but not in the overall limit on all children. In a licensed FCCH, the FCCP's own non-school age children who reside in the home and the Family Child Care Assistant's own non-school age children are counted. See the charts in FCCH licensing rules 6.2.1.1 - 6.2.1.8 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). These charts have been created in place of using words to ensure clarity of understanding. If a combination is not allowed by the chart, then it has been left out intentionally. Toddlers who are thirteen (13) months - twenty-three (23) months are in one grouping in the charts, and toddlers who are twenty-four (24) months - thirty-five (35) months are in a different grouping in the chart. There are greater limits for toddlers under twenty-four (24) months. In registered FCCH, there are two (2) charts. The chart titled, "Registered FCCH: Option one (1): Year Round Care" is the more commonly used ratio chart in Vermont. This chart allows for a focus on serving children under twenty-four (24) months. The chart titled, "Registered FCCH: Option two (2): Summer Vacation" allows for additional school age children; but by using this chart, the FCCP is limited to no more than two (2) children under twenty-four (24) months of age total.

B. Group size:

See the charts in FCCH licensing rules 6.2.1.5 - 6.2.1.7 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). In FCCH, group size and ratio are considered the same thing. The same answer above for ratio applies here for group size.

iv. Preschool

A. Ratio:

There are a variety of regulations that speak to ratio. For example, in a licensed FCCH; the FCCP's own non-school age children who reside in the home and the

Family Child Care Assistant's own non-school age children are counted. See the charts in FCCH licensing rules 6.2.1.1 - 6.2.1.8 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). These charts have been created in place of using words to ensure clarity of understanding. If a combination is not allowed by the chart, then it has been left out intentionally. In registered FCCHs, there are two (2) charts. The chart titled, "Registered FCCH: Option one (1): Year Round Care" is the more commonly used ratio chart in Vermont. This chart allows for a focus on serving children under twenty-four (24) months. The chart titled, "Registered FCCH: Option two (2): Summer Vacation" allows for additional school age children; but by using this chart, the FCCP is limited to no more than two (2) children under twenty-four (24) months of age total. Another example is that licensed FCCPs may care for up to eight (8) preschool age children by themselves (with no other children) as compared to registered FCCPs who may care for up to six (6) preschool age children by themselves (with no other children).

B. Group size:

See the charts in FCCH licensing rules 6.2.1.5 - 6.2.1.7 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). In FCCHs, group size and ratio are considered the same thing. The same answer above for ratio applies here for group size.

v. School-age

A. Ratio:

There are a variety of regulations that speak to ratio. For example, in a licensed FCCH; the FCCP's own school age children who reside in the home and the Family Child Care Assistant's own school age children are not counted. See the charts in FCCH licensing rules 6.2.1.1 - 6.2.1.8 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). These charts have been created in place of using words to ensure clarity of understanding. If a combination is not allowed by the chart, then it has been left out intentionally. In registered FCCHs, there are two (2) charts. The chart titled, "Registered FCCH: Option one (1): Year

Round Care" is the more commonly used ratio chart in Vermont. This chart allows for a registered FCCP to care for no more than six (6) non-school age children (with no more than two (2) of these six (6) children under twenty-four (24) months of age) and no more than four (4) school age children year- round provided that the school age children meet one (1) of two (2) conditions. Either the school age children began care prior to May 1st during the preceding school year or are siblings of younger children enrolled in the registered FCCH. The chart titled, "Registered FCCH: Option two (2): Summer Vacation" allows for additional school age children; but by using this chart, the registered FCCP is limited to no more than two (2) children under twenty-four (24) months of age total.

B. Group size:

See the charts in FCCH licensing rules 6.2.1.5 - 6.2.1.7 which apply to registered FCCPs and see the charts in FCCH licensing rule 6.2.2.4 for licensed FCCPs (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). In FCCHs, group size and ratio are considered the same thing. The same answer above for ratio applies here for group size.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

Vermont statute 33 V.S.A. § 3502 (<https://legislature.vermont.gov/statutes/section/33/035/03502>) requires anyone providing child care services to more than two (2) families to be licensed. Vermont's policy requires child care homes to be licensed as a licensed or registered FCCH to participate in CCFAP to receive CCDF funds. The "Provider Payment Handbook" states "Families may choose any licensed, registered, or approved relative child care provider (ARCC) willing to accept payments from the Child Development Division." (page 3) The "Provider Agreement, Part 1 Financial Services" form requires a licensed certificate number. See <https://dcf.vermont.gov/childcare/providers/ccfap> to review both documents. As such, unregulated child care participating in CCDF is only approved for children in the care of a relative (aunt, uncle, grandparent, great grandparent, or sibling living outside of the child's home) and limits the provider/relative to serving one (1) or two (2) families in total.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

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

i. Mixed Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

In Vermont, license-exempt in-home care is limited to Approved Relative Child Care (ARCC) providers. The ARCC must be a relative (aunt, uncle, grandparent, great grandparent, or sibling living outside of the child's home) of the child in care and care is limited to the children from no more than two (2) families.

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

There are four (4) levels of teacher positions in CBCCPP regulations (trainee, teacher assistant, teacher associate, and teacher). A staff member that meets teacher associate or higher qualifications is required to be leading a group of children. The qualifications for teacher associate are as follows: A teacher associate is at least twenty (20) years of age, is a high school graduate or has completed a GED, and meets one (1) of the following qualifications:

- At least a Vermont Early Childhood Career Ladder Level Three (3) Certificate; or
- At least an associate degree from an accredited college with a major or concentration in Early Childhood, Child or Human Development, Elementary Education, or Child and Family Services and at least twelve (12) months experience working with groups of

children from grade three (3) or younger; or

- At least a Certificate of Completion from the Registered Child Care Apprenticeship Program; or
- At least a Child Care Certificate from the Community College of Vermont and at least twelve (12) months experience working with groups of children from grade three (3) or younger; or
- At least successful completion of twenty-one (21) college credits with an early childhood or school age focus and at least twelve (12) months experience working with groups of children from grade three (3) or younger. There is no change in CBCCCPP qualification requirements based on the ages of the children being served. See CBCCCPP licensing rule 7.3.2.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

In ASP regulations, there are two (2) levels of teacher positions (ASP program staff and ASP aide. The higher and most commonly position used in ASPs is ASP program staff. The qualifications for ASP program staff are as follows: Upon employment, an ASP program staff shall be at least eighteen years of age and have a high school diploma or equivalent. After the first year of employment, the ASP program staff shall meet at least one of the following:

- Vermont Afterschool Foundations Certificate or
- Vermont Afterschool Essentials Certificate or
- Vermont OntheJob Training Certificate or
- Vermont Afterschool Professional Credential or
- Vermont Program Director Credential or
- Vermont Teacher Licensure or
- BA/BS or Associates degree. There is no change in ASP qualification requirements based on the ages of the children being served. See ASP licensing rules 5.3 and 5.4 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: CBCCCPP director qualifications vary depending on the size of the CBCCCPP. See the CBCCCPP licensing rules in section 7.3.1 and see CBCCCPP licensing rule 7.6.1 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). The director qualifications require more education for CBCCCPPs with a licensed capacity between thirteen (13) - fifty-

nine (59) children and require the most education for CBCCPPs with a licensed capacity of sixty (60) or more children. Qualifications are the same regardless of the age of children being served. ASP regulations have two (2) administrative positions: ASP program administrator and ASP program director. See ASP licensing rules 5.1 and 5.2 for qualifications of each respective position (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). ASP licensing rules 5.10, 5.24, and 5.25 identify staffing requirements and/or limitations. Qualifications are the same regardless of the age of children being served.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Vermont's policy requires center-based child care providers to be licensed as a CBCCPP or ASP to participate in CCFAP to receive CCDF funds.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<http://dcf.vermont.gov/cdd/laws-regs/childcare>

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

There are three (3) levels of provider positions in a licensed FCCH regulations (trainee, family child care assistant, provider). The family child care provider shall ensure and maintain documentation that he/she is at least eighteen (18) years of age, is a high school graduate or has completed a GED, and meets or exceeds one (1) of the following qualifications:

- At least a Vermont Early Childhood Career Ladder Level Two (2) or Level Three (3) A Certificate; or
- At least a current CDA (Child Development Associate Credential) from the National Council for Professional Recognition and twelve (12) months experience working with groups of children grade three (3) or younger; or
- At least a Child Care Certificate from Community College of Vermont and twelve (12) months experience working with groups of children grade three (3) or younger; or
- At least a Certificate of Completion from the Vermont Registered Child Care

Apprenticeship Program; or

- At least successful completion of twelve (12) college credits in content consistent with the core knowledge areas identified by Northern Lights Career Development Center (NLCDC) and twelve (12) months experience working with groups of children grade three (3) or younger. See FCCH licensing rule 7.3.2 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>).

There is no change in qualification requirements based on the ages of the children being served.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

In Vermont, license-exempt family child care is limited to Approved Relative Child Care (ARCC) providers. The ARCC must be a relative (aunt, uncle, grandparent, great grandparent, or sibling living outside of the child's home) of the child in care and care is limited to the children from no more than two (2) families.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<http://dcf.vermont.gov/cdd/laws-regs/childcare>

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

In Vermont, license-exempt family child care is limited to Approved Relative Child Care (ARCC) providers. The ARCC must be a relative (aunt, uncle, grandparent, great grandparent, or sibling living outside of the child's home) of the child in care and care is limited to the children from no more than two (2) families.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 -

5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

There are four (4) levels of teacher positions in CBCCPP regulations (trainee, teacher assistant, teacher associate, and teacher). A staff member that meets teacher associate or higher qualifications is required to be leading a group of children. The qualifications for teacher associate are as follows: A teacher associate is at least twenty (20) years of age, is a high school graduate or has completed a GED, and meets one (1) of the following qualifications:

- At least a Vermont Early Childhood Career Ladder Level Three (3) Certificate; or
- At least an associate degree from an accredited college with a major or concentration in Early Childhood, Child or Human Development, Elementary Education, or Child and Family Services and at least twelve (12) months experience working with groups of children from grade three (3) or younger; or
- At least a Certificate of Completion from the Registered Child Care Apprenticeship Program; or
- At least a Child Care Certificate from the Community College of Vermont and at least twelve (12) months experience working with groups of children from grade three (3) or younger; or
- At least successful completion of twenty-one (21) college credits with an early childhood or school age focus and at least twelve (12) months experience working with groups of children from grade three (3) or younger. There is no change in CBCCPP qualification requirements based on the ages of the children being served. See CBCCPP licensing rule 7.3.2.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>). In ASP regulations, there are two (2) levels of teacher positions (ASP program staff and ASP aide. The higher and most commonly position used in ASPs is ASP program staff. The qualifications for ASP program staff are as follows: Upon employment, an ASP program staff shall be at least eighteen years of age and have a high school

diploma or equivalent. After the first year of employment, the ASP program staff shall meet at least one of the following:

- Vermont Afterschool Foundations Certificate or
- Vermont Afterschool Essentials Certificate or
- Vermont OntheJob Training Certificate or
- Vermont Afterschool Professional Credential or
- Vermont Program Director Credential or
- Vermont Teacher Licensure or
- BA/BS or Associates degree. There is no change in ASP qualification requirements based on the ages of the children being served. See ASP licensing rules 5.3 and 5.4 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All three regulations have licensing rules requiring staff assist children with hand washing as needed and make accommodations based on children's special needs. Daily health checks are not required in Afterschool Child Care Program regulations. Diapering regulations are also not included in Afterschool Child Care Program regulations. Otherwise, the regulations have similar, if not the same, rules pertaining to prevention and control of infectious diseases. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. These requirements contain minimal health and safety requirements. ARCCs are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program and Family Child Care Home rules in section 5.1, 5.2.1, 5.2.3, 5.2.6, 5.3, and rules 5.2.2.3 - 5.2.2.4, 5.2.4.4, and 5.2.5. Afterschool Child Care Program rules 10.6, 13.1, and 13.5 - 13.16 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per

Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. These requirements contain minimal health and safety requirements. ARCCs are exempt from this requirement.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

There are three (3) levels of provider positions in a licensed FCCH regulations (trainee, family child care assistant, provider). The family child care provider shall ensure and maintain documentation that he/she is at least eighteen (18) years of age, is a high school graduate or has completed a GED, and meets or exceeds one (1) of the following qualifications:

- At least a Vermont Early Childhood Career Ladder Level Two (2) or Level Three (3) A Certificate; or
- At least a current CDA (Child Development Associate Credential) from the National Council for Professional Recognition and twelve (12) months experience working with groups of children grade three (3) or younger; or
- At least a Child Care Certificate from Community College of Vermont and twelve (12) months experience working with groups of children grade three (3) or younger; or
- At least a Certificate of Completion from the Vermont Registered Child Care Apprenticeship Program; or
- At least successful completion of twelve (12) college credits in content consistent with the core knowledge areas identified by Northern Lights Career Development Center (NLDC) and twelve (12) months experience working with groups of children grade three (3) or younger. See FCCH licensing rule 7.3.2 (<http://dcf.vermont.gov/cdd/laws-regs/childcare>). There is no change in qualification requirements based on the ages of the children being served.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and

educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. The same expectations exist within all 3 sets of child care licensing regulations. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc.

In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided. We also require all providers to remain currently certified in pediatric first aid and in infant/child CPR at a frequency required by the certifying entity.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Safe-sleep practices are those actions that increase infants (under 12 months of age) safety while they sleep which reduces the risk of sudden infant deaths. These actions/practices include placing infants on their back to sleep; not placing blankets, pillows, or soft objects with an infant; transferring an infant who has fallen asleep in a swing or car seat into a crib to sleep on his/her back; no objects around the infant's neck while sleeping (e.g., bib); no cords on objects with a sleeping infant (e.g., no cord on a pacifier); and no positional devices. Center Based Child Care and Preschool Program and Family Child Care Home rules in section 5.4.2.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Same rules for all infants under 12 months of age. No variations based on category of care. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. These requirements contain minimal health and safety requirements. ARCCs are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program and Family Child Care Home rules in section 5.4.2 (citation for accessing these regulations:

<http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. Due to Afterschool Child Care Programs only being allowed to serve school age children, this training topic is covered in less detail when the initial training content is developed and taught by the program. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs

have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

There are protective regulations such as proper labeling with a child's name, discarding of expired medications, etcetera. There are also safety regulations such as training for staff administering medications, and where medications are stored. There are regulations that require parental permission for administration of medication.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

School age children may self-medicate with written parental permission and under the direct supervision of staff. This allowance exists in the Center Based Child Care and Preschool Program regulations and in the Afterschool Child Care Program regulations. In Afterschool Child Care Program regulations, the licensing rule requires being trained to provide medication versus Center Based Child Care and Preschool Programs regulations and Family Child Care Home regulations in which staff who administer medication are required to complete a specific training for medication administration. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. An ARCC provider must obtain permission from the parent authorizing (1) emergency medical care for children and (2) prior to giving medication to children in care. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. The requirements state that the provider shall obtain written permission from the parent authorizing (1) emergency medical care for child(ren) and (2) prior to giving medication to child(ren).

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules in section 5.6 and rules 3.4.6.3 and 5.7.3. Family Child Care Home rules in section 5.6 and rules in 3.3.6.3 and 5.7.3. Afterschool Child Care Program rules 10.3 - 10.4, 10.7, and 13.17 - 13.24 (citation for

accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rules 7.1.3 and 5.6.2; and Afterschool Program rules 5.31, 10.3, and 10.4. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>).

Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. In Afterschool Child Care Program regulations, the licensing rule requires being trained to provide medication versus Center Based Child Care and Preschool Programs regulations and Family Child Care Home regulations in which staff who administer medication are required to complete a specific training for medication administration. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually.

Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on

their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This is defined as regulations that protect children with food allergies and food related injuries as well as regulations that identify how the program and staff are prepared to handle unexpected situations related to food allergies and food related injuries. These regulations include but are not limited to written program procedures, information sharing, providing alternative foods, knowing how to respond in an emergency, and supervision during meal and snack times.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Center Based Child Care and Preschool Program and Family Child Care Home regulations have rule 5.11.6.10 which states "Foods for infants shall be of a texture and consistency that promotes safe consumption and reduces the risk of choking." This rule relates specifically to infants and not for older age groups of children. Afterschool Child Care Programs do not have a licensing rule that says "Foods for infants shall be of a texture and consistency that promotes safe consumption and reduces the risk of choking" like Center Based Child Care and Preschool Program and Family Child Care Home regulations. Nor does this set of regulations have a specific rule about maintaining supervision of children when they are eating. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules 5.11.6.10, 6.2.6.3 and 6.3.4 and the rules in section 5.11.8. Family Child Care Home rules 5.11.6.10, 6.2.4.5, and 6.3.4 and the rules in section 5.11.8. Afterschool Child Care Program rule 8.8, 14.7, and 15.6 - 15.7 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rules 7.1.3 and 5.11.1.2, and Afterschool Program rule 5.31.

Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. In Family Child Care Home and Center Based Child Care and Preschool Program regulations, there is a requirement for individuals responsible for food service to have additional knowledge than what is covered in the initial training. The regulations do not prescribe how this knowledge is gained; rather, the regulations require the individual have this additional knowledge. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an

individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, Blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etcetera. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided. We also require all providers to remain currently certified in pediatric first aid and in infant/child CPR at a frequency required by the certifying entity.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

There are a variety of licensing rules across the regulations that address indoor and outdoor safety and maintenance of the child care building/home, premises, and toys/materials. Also, there are licensing rules for safe transportation, swimming, food preparation and storage, management of pest control, fire safety, drinking water safety, and lead and asbestos safety. DCF's Child Development Division worked with Division of Fire Safety, Agency of Natural Resources, and Vermont Department of Health to identify child care licensing regulations that ensured child safety across environments and for children of all ages. See rules within the health and safety and application sections within all 3 sets of regulations.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by age of the children in care is not applicable. Licensed programs including licensed Family Child Care Homes must adhere to Division of Fire Safety regulations. Division of Fire Safety does not have jurisdiction over Registered Family Child Care Homes. There are regulations for Registered Family Child Care Homes that address safety elements as identified by Division of Fire Safety to ensure the same level of safety across environments. Agency of Natural Resources does not have jurisdiction over Registered Family Child Care Homes and water testing requirements do not exist for those water systems that are not required to have Agency of Natural Resource water permits. As such, Agency of Natural Resources assisted the Child Development Division with writing and implementing child care licensing regulations that required water testing standards for Center Based Child Care and Preschool Programs and for Family Child Care Homes. These same water testing standards only apply to Afterschool Child Care Programs required to obtain water permits from the Agency of Natural Resources. Because of the size of Registered Family Child Care Home programs (small family child care homes), there is not the same licensing rule that requires a specific amount of indoor and outdoor square footage per child. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider

Requirements. The requirements state that the provider shall protect the children from any and all conditions which threaten the children's health, safety, and well-being. This includes but is not limited to access to stoves, pools, wells, poisons, known vicious animals, weapons, medications, toxic chemicals, bodies of water and heating devices.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Rules in Center Based Child Care and Preschool Program section 2.3.8, 2.3.9, 2.3.10, and 5.10; Family Child Care Home section 2.3.7, 2.3.8, 2.3.9, and 5.10; and Afterschool Program section 11 - 12, 16 - 17, and 18.25 - 18.48 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and

educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. The same expectations exist within all 3 sets of child care licensing regulations. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc.

In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care programs are required by regulations to ensure that staff use supervision, positive guidance practices that handle children gently and safely, and prevent the use of inappropriate discipline and corporal punishment. These regulations help protect children from shaken baby syndrome, abusive head trauma and child maltreatment. There are also child care licensing regulations that require staff receive training on how to notice signs of shaken baby syndrome, abusive head trauma and child maltreatment and respond when these signs have been observed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by age of the children in care is not applicable. There are not rules in Afterschool Child Care Program regulations that speak to shaken baby syndrome considering children are required to be 5 years of age and older to receive services. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. The ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. The requirements state that guidance/discipline shall not include any form of cruel and unusual punishment, even with parental permission, including corporal punishments such as but not limited to shaking, hitting, spanking, pinching, or confinement in a small enclosed or darkened area.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules in section 3.3 and in section 6.2.7.4, and rules 2.1.5, 5.10.1.13.2, 6.2.7.3, 7.6.5, and 7.7.5.2. Family Child Care Home rules in section 3.2 and in section 6.2.5.4, and rules 2.1.5, 5.10.1.13.2, 6.2.5.3, 7.6.2, and 7.7.5.2, Afterschool Child Care Program rules 3.7, 4.10 - 4.16, and 9.1 - 9.2 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. Due to Afterschool Child Care Programs only being allowed to serve school age children, this training topic is covered in less detail on the topic of shaken baby syndrome when the

initial training content is developed and taught by the program. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

There are child care licensing regulations that require programs attend training on emergency preparedness and write emergency response plans, educate staff on how to respond in various emergencies, and practice emergency evacuation drills. These regulations address evacuation; relocation; sheltering-in-place; lockdown; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by age of the children in care is not applicable. Family Child Care Homes most often have a single person providing child care services, so they do not have the same rule related to having a second person present to assist in an emergency as centers. Some Center Based Child Care and Preschool Programs provide non-recurring care services who have an additional rule on this topic. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have

read and understand the ARCC Provider Requirements. These requirements contain minimal health and safety requirements. ARCCs are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules in section 3.7 and 5.8 and rules 5.10.1.13.2, 5.10.5.4.7, 6.2.3.2, 6.2.4.5, 6.3.4, and 8.1.18; Family Child Care Home rules in section 3.6 and 5.8 and rules 5.10.1.13.2, and 6.3.4; and Afterschool Child Care Program rules 3.7 - 3.8, 5.26, 6.3, 8.8, 10.8 - 10.11, and 16.8 - 16.9 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3, Family Child Care Home rule 3.6.3, Center Based Child Care and Preschool Program rule 3.7.3, and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with

no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. There is an additional training requirement for licensees of Center Based Child Care and Preschool Programs and for family child care providers in addition to the initial training. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several

community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

There are regulations that address how to handle, store, and dispose of hazardous materials and appropriate disposal of bio-contaminants.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by age of the children in care is not applicable. Center Based Child Care and Preschool Program and Family Child Care Home regulations have more specificity than Afterschool Child Care Program regulations. In- home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. The requirements state that the provider shall protect the children from any and all conditions which threaten the children's health, safety, and well-being. This includes but is not limited to access to stoves, pools, wells, poisons, known vicious animals, weapons, medications, toxic chemicals, bodies of water and heating devices. In addition, the provider shall clean up blood and other bodily fluids with appropriate caution, protection, and thoroughness.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules in section 5.10.1.10 and rules 5.2.5, and 5.10.1.7; Family Child Care Home rules in section 5.10.1.10 and rules 5.2.5, and 5.10.1.7; and Afterschool Child Care Program rule 12.5. (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. The same expectations exist within all 3 sets of child care licensing regulations. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually.

Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All three sets of child care licensing regulations have a section related to transporting children in a safe manner, with safe vehicles, with parental permission, and related to emergency precautions.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Staffing requirements are increased when non-ambulatory children are in the vehicle. Center Based Child Care and Preschool Program and Family Child Care Home regulations have more specificity than Afterschool Child Care Program regulations. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. The requirements state that children under 8 years of age shall be properly secured in a federally approved child restraint system appropriate to their weight and size, when being transported.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules in section 5.10.6, Family Child Care Home rules in section 5.10.6, and Afterschool Program rules in section 17 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. The same expectations exist within all 3 sets of child care licensing regulations. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All three sets of regulations have training and retraining requirements related to pediatric first aid and pediatric CPR. The requirements speak to which staff require training, when the training has to be completed and that trained staff must be present when child care services are being provided.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by age of the children in care is not applicable. No substantive differences

for Center Based Child Care and Preschool programs and Family Child Care Homes. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. ARCC Providers must certify that they have read and understand the ARCC Provider Requirements. These requirements contain minimal health and safety requirements. ARCCs are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Based Child Care and Preschool Program rules in section 7.1.2 and rules 5.10.5.4.1 - 5.10.5.4.2, 5.10.5.4.5, 7.4.7, and 8.1.19; Family Child Care Home rules in section 7.1.2 and rules 5.10.5.4.1 - 5.10.5.4.2, 5.10.5.4.4, 7.4.7, and 7.6.7; and Afterschool Child Care Program rules 5.27, 5.34 - 5.36, 5.39 - 5.41. The Child Development Division has issued a memo (which is on the Division's webpage that provides links to the regulations) that notifies Afterschool Child Care Programs and Family Child Care Homes that they are required to complete training requirements within three (3) months of hire (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rules in section 7.1.2 and rules 7.1.3 and 7.4.7, Center Based Child Care and Preschool Program rule 8.1.19, and Afterschool Program rules 5.27, 5.31, 5.34 - 5.36, and 5.39 - 5.41. Ongoing training requirements include the same citations above and the following: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved

Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All three type of licenses require the same type of initial training and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, Blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etcetera. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided. We also require all providers to remain currently certified in pediatric first aid and in infant/child CPR at a frequency required by the certifying entity.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care licensing regulations require training for staff to be able to prevent child sexual abuse through recognition of signs of grooming and other predatory behaviors, to be able to recognize the signs of child abuse and/or neglect, and to know how to report suspicion or knowledge of child abuse and/or neglect.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by age of the children in care is not applicable. No substantive differences for Center Based Child Care and Preschool Program or Family Child Care Homes. In-home and license-exempt are the same in Vermont and apply only to Approved Relative Child Care (ARCC). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition. Vermont statute states ARCC Providers are mandated reporters of child abuse and neglect and are required to report to the Child Protection Line when they reasonably suspect abuse or neglect of a child.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Rules in section 3.3 of Center Based Child Care and Preschool Programs, in section 3.2 of Family Child Care Homes, and rules 4.10 - 4.16 in Afterschool Child Care Programs address this topic as titled. (Citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>. Citation for accessing Vermont statute

for ARCC Providers: 33 V.S.A. 4913 -

<https://legislature.vermont.gov/statutes/section/33/049/04913>.) Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the initial training requirement, Vermont created a two-hour training that is required to be completed by staff within all three license types. The training is available on-line anytime and is free. As for ongoing professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Initial training requirements: Center Based Child Care and Preschool Program and Family Child Care Home rule 7.1.3 and Afterschool Program rule 5.31. In addition to the initial training requirement, all 3 license types require additional education be completed within the first year of employment for staff new to this profession (e.g., family child care assistants, trainees, classroom aides, and afterschool child care program staff) which is designed to include additional training on child development. Ongoing training requirements: Center Based Child Care and Preschool Programs rules in section 7.4 and rules 8.1.21 - 8.1.22. Family Child Care Home rules in section 7.4. Afterschool Child Care Programs rules 5.32 - 5.38 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (Approved Relative Child Care - ARCC) per Federal definition.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The focus of the child care licensing regulations is on the content and not on establishing a minimum number of initial training hours. Relevant number of hours varies significantly based on the individual staff person's years of experience and educational background when beginning employment. For example, an individual with no prior experience and education will need significantly more initial training hours than someone with a Bachelor or Master's degree in early education. The same expectations exist within all 3 sets of child care licensing regulations. As for ongoing

professional development, there is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Family Child Care Homes and Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title. Staff are required to complete professional development in core content areas which includes health and safety. Staff is defined to include all family child care providers, teachers, program directors and/or administrators, and classroom aides. Child care licensing regulations require an individualized professional development plan that determines the type and amount of annual professional development on any given topic based on existing knowledge and skill.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

There are a variety of ways in which providers receive updated information and/or training regarding the standards: quarterly licensing newsletter, Facebook page hosted by the Child Development Division for providers, blog posts by the Child Development Division to all providers, professional development offered by several community-based organizations who provide these types of services to providers, etc. In addition, corrective action for a violation cited during a licensing visit may require training be obtained and/or provided.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

There is anywhere from 4 - 15 hours required annually which is based upon the position type and type of licensure. For example, staff in Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually. Whereas staff in Afterschool Child Care Programs have 4 - 12 hours depending on their position title.

b. License-exempt child care centers:

Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

c. Licensed family child care homes:

15 hours of annual professional development is required.

d. License-exempt family child care homes:

Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

e. Regulated or registered In-home child care:

15 hours of annual professional development is required.

f. Non-regulated or registered in-home child care:

Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

All 3 sets of child care licensing regulations address nutrition with child care licensing rules on types of foods and drinks to be served or not served, how often meals and/or snacks are required to be offered, and information sharing with families about meals and/or snacks being served when the food is provided by the program versus the family. The orientation rule requires training be completed before being left alone with children. If the staff member is in a position that does not allow them to be left alone with children, then the training is required to be completed within a month from hire. In Family Child Care Home regulations and in Center Based Child Care and Preschool Program regulations, there is a regulation that says individuals responsible for food preparation have knowledge of nutritional requirements, sanitary food preparation, storage and cleanup and adhere to the program's policies related to food safety and food and nutrition. See Center Based Child Care and Preschool Program and Family Child Care Home rules in section 5.11, rule 7.1.3, and Center Based Child Care and Preschool Program rules 8.2.3 - 8.2.5. Also see Afterschool Child Care Program rules in section 14 and rule 5.31 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

b. Access to physical activity:

Describe:

All 3 sets of child care licensing regulations address requirements for children to have outside time to ensure children are receiving physical activity. There is not a training requirement for this item in any of the 3 sets of child care licensing regulations. See Center Based Child Care and Preschool Program and Family Child Care Home rules in section 6.1.2 and rule 6.1.3.1. Also see Afterschool Child Care Program rules 8.2, and 12.8 - 12.9 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

c. Caring for children with special needs:

Describe:

All 3 set of child care licensing regulations address requirements related to services

for children with special needs. This includes but is not limited to inclusion criteria, making reasonable modifications to curriculum and daily activities, and appropriately modifying emergency procedures. The orientation rule requires training be completed before being left alone with children. If the staff member is in a position that does not allow them to be left alone with children, then the training is required to be completed within a month from hire. See Center Based Child Care and Preschool Program rules in section 6.3 and rules 6.1.4.4.6, 8.1.9, 7.1.3, and 8.1.18. Family Child Care Home rules in section 6.3 and rules 6.1.4.4.6 and 7.1.3. See Afterschool Child Care Program rules 5.31, 5.38, and 8.8 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Curriculum regulations are designed to support children's growth and development. The orientation rule requires training be completed before being left alone with children. If the staff member is in a position that does not allow them to be left alone with children, then the training is required to be completed within a month from hire. See Center Based Child Care and Preschool Program and Family Child Care Home rules in sections 6.1 - 6.2 and rule 7.1.3. See Afterschool Child Care Program rule 5.31 and rules in sections 6 - 9 (citation for accessing these regulations: <http://dcf.vermont.gov/cdd/laws-regs/childcare>). Vermont requires licensure to participate in CCDF unless the provider is a relative (ARCC) per Federal definition.

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings,

any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

The Division of Fire Safety, the Agency of Natural Resources, and the Vermont Department of Health have collaborated with DCF's Child Development Division to write child care licensing regulations that address health and safety requirements. For programs that are not required to obtain state permits (e.g., Agency of Natural Resources' water supply and wastewater permits), there are child care licensing regulations that ensure the same level of health and safety requirements exist for those programs that are required to obtain permits. During the application process, the applicant obtains state permits that are required by the Division of Fire Safety and by the Agency of Natural Resources in addition to complying with Vermont Department of Health lead safety requirements. At the end of the application process, there is either a technical assistance licensing visit or a pre-registration licensing visit (depending on the type of applicant). These visits are conducted by a Licensing Field Specialist to assess whether the space, materials and planned services are in substantial compliance with licensing rules. Once licensed, Licensing Field Specialists conduct licensing compliance visits to assess compliance to licensing regulations.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

The child care licensing regulations identify initial and ongoing training requirements and require that documentation of completion be saved in each providers' BFIS Quality and Credential Account. Bright Futures Information System (BFIS) is a web-based data system used as an electronic record, to case manage child care licenses, to communicate with providers, to monitor compliance, etc. As part of the licensing compliance monitoring visits, a Child Care Business Technician reviews each staff members' BFIS Quality and Credential Account and assesses compliance with training requirements. They generate a Compliance Visit Report based on their review and assessment which the Licensing Field Specialists print and use during the licensing visit to cite compliance and/or violations. When training requirements have not been completed, violations are cited, and corrective action is identified. The Licensing Field Specialist is responsible for ensuring corrective action is completed.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

During child care licensing unit staff meetings, colleagues from the Division of Fire Safety, the Agency of Natural Resources, the Vermont Department of Health, etc. provide trainings for all child care licensing staff. These occur when there has been changes to laws or regulations, when there has been a change to staffing within the other Department or Division, or when it has been a couple years since the last training. These trainings provide education on the science behind the laws and regulations, provide an overview of the regulatory process within the Department or Division, support discussions on how best to collaborate with one another, and share staff contact information. In addition, child care licensing staff have a chart that identifies when to report non-compliance to other entities. For example, if a child care program is participating in the Child and Adult Care Food Program (CACFP) and the Licensing Field Specialist cites a violation for ratio or group size, the chart identifies that a report needs to be made to CACFP who has a federal regulation that requires no payment be made for the day the violation occurred. In another example, if a Licensing Field Specialist cites a violation at a center-based child care program due to the fire panel reflecting that the program is past due for a fire system inspection and/or months have passed since an inspection in which violations are noted and have not been corrected, the Licensing Field Specialist notifies the local Fire Marshall after the licensing visit. Also, when Licensing Field Specialists are investigating a complaint which alleges non-compliance on a matter where child care licensing shares joint or overlapping authority with another Department or Division, the Licensing Field Specialist will notify the other Department or Division and will co-investigate the complaint together. When another Department or Division is addressing regulatory non-compliance at a child care program and children are at risk or the program is not complying, the Department or Division will notify the child care licensing unit for assistance with enforcement and or for child care licensing action to be taken that will protect children.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

A Licensing Field Specialist conducts a pre-licensure inspection (technical assistance visit) prior to a license being issued. Applicants are expected to demonstrate substantial compliance for a license to be issued. When substantial compliance has been achieved and concerns exist, a provisional license is issued (in place of a full 3-year license) for no more than a year with specific required action outlined for the program to achieve. If required action is achieved within one year, a license renewal application is completed, and a full license is issued. If required action is not achieved within one year, the license expires as the license renewal application is considered incomplete. If substantial compliance is not demonstrated during the pre-licensure inspection, required action is identified and the applicant is provided more time to achieve compliance. If substantial compliance is not able to be demonstrated after further technical assistance and more time, the application is denied.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

The Child Development Division's Bright Futures Information System (BFIS) data system allows Licensing Field Specialists and their supervisors to identify which programs are due for an annual, unannounced inspection. Using this information and

knowledge of programs' schedules and routines, Licensing Field Specialists schedule the programs they will visit each week.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

N/A

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Licensing Field Specialists complete compliance inspections using a differential monitoring process which assesses licensing rules as selected by Licensing Supervisors using a consensus model of licensing rules that directly or indirectly impact child health, safety, development, and fire standards.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Center Based Child Care and Preschool Program rules 2.3.8.13 and 2.3.9.4 and Afterschool Child Care Program rule 18.7. The regulations are accessible on the Division's website at <http://dcf.vermont.gov/cdd/laws-regs/childcare>. On page 8 of the Center Based Child Care and Preschool Program Guidance Manual, it says that regulatory compliance visits are unannounced visits. On page 2 of the Afterschool Guidance Manual, it says that Licensing Field Specialists will conduct unannounced visits.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no

fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

A Licensing Field Specialist conducts a pre-registration inspection (technical assistance visit) prior to a license being issued. Applicants are expected to demonstrate substantial compliance for a license to be issued. When substantial compliance has been achieved and concerns exist, a provisional license is issued (in place of a full 3-year license) for no more than a year with specific required action outlined for the program to achieve. If required action is achieved within one year, a license renewal application is completed, and a full license is issued. If required action is not achieved within one year, the license expires as the license renewal application is considered incomplete. If substantial compliance is not demonstrated during the pre-licensure inspection, required action is identified and the applicant is provided more time to achieve compliance. If substantial compliance is not able to be demonstrated after further technical assistance and more time, the application is denied.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

The Child Development Division's Bright Futures Information System (BFIS) data system allows Licensing Field Specialists and their supervisors to identify which programs are due for an annual, unannounced inspection. Using this information and knowledge of programs' schedules and routines, Licensing Field Specialists schedule

the programs they will visit each week.

iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year

Describe:

N/A

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Licensing Field Specialists complete compliance inspections using a differential monitoring process which assesses licensing rules as selected by Licensing Supervisors using a consensus model of licensing rules that directly or indirectly impact child health, safety, development, and fire standards.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Family Child Care Home rules 2.3.7.16 and 2.3.9.4. The regulations are accessible on the Division's website at <http://dcf.vermont.gov/cdd/laws-regs/childcare>. On page 8 of the Family Child Care Home Guidance Manual, it says that regulatory compliance visits are unannounced visits.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

DCF's Child Development Division's Child Care Licensing Unit is responsible for conducting pre-licensure inspections and unannounced inspections for licensed child care providers (including CCDF providers).

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Vermont's policy requires center-based child care providers to be licensed as a CBCCPP or ASP to participate in CCFAP to receive CCDF funds. The "Provider Payment Handbook" states "Families may choose any licensed, registered, or approved relative child care provider (ARCC) willing to accept payments from the Child Development Division" (page 3). The "Provider Agreement, Part 1 Financial Services" form requires a licensed certificate number.

i. Provide the citation(s) for this policy or procedure

<https://dcf.vermont.gov/childcare/providers/ccfap>

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Vermont's policy requires family child care home providers to be licensed as a licensed or registered family child care home to participate in CCFAP to receive CCDF funds. The "Provider Payment Handbook" states "Families may choose any licensed, registered, or approved relative child care provider (ARCC) willing to accept payments from the Child Development Division." (page 3) The "Provider Agreement, Part 1 Financial Services" form requires a licensed certificate number.

i. Provide the citation(s) for this policy or procedure

<https://dcf.vermont.gov/childcare/providers/ccfap>

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided

in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Not applicable because license-exempt programs are not permitted to participate in CCDF.

b. Provide the citation(s) for this policy or procedure.

N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The qualifications for a Licensing Field Specialist I are as follows: " Education: Bachelor's Degree in early childhood, elementary education, social work, human services, child development, or related field and Experience: two years or more of successful experience at a professional level in early childhood or elementary education, regulated childcare, or child welfare involving administration, regulation, supervision and/or teaching." OR " Education: Associate degree in early childhood, human services, child development, or related field and Experience: four years or more of successful experience at a professional level in early childhood or elementary education, regulated childcare, or child welfare involving administration, regulation, or supervision and/or teaching." The qualifications for a Licensing Field Specialist II are as follows: Education: "Bachelor's Degree in early childhood, elementary education, social work, human services, child development, or related field and Experience: two years or more of successful experience as a childcare regulator." OR "Education: Associate degree in early childhood, human services, child development, or related field and Education: two years or more of successful experience as a childcare regulator." Once an individual has been hired as a Licensing Field Specialist I with the foundational education and experience, we provide a 4-6 month mentor led training experience that includes training on health and safety requirements that are age appropriate to the age of children in care and provider setting. A Licensing Field Specialist II serves as a mentor for a new Licensing Field Specialist I. For 4-6 months, they work together each day until the new Licensing Field Specialist I is assessed by the licensing supervisor and determined to have solid knowledge and skills. During a new Licensing Field Specialist I's training, they begin taking the National Association for Regulatory Administration (NARA) online regulator courses. All four courses are required to be completed and the Licensing Field Specialist is required to obtain NARA's Regulatory Credential. Our community partners (e.g., Division of Fire Safety, Vermont Department of Health, etc.) also assist us with providing this training both within the classroom as well as on an on-call basis when their expertise will assist us with assessing child safety. In some instances, our community partner joins us on a licensing visit.

[b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting \(98.42\(b\)\(1-2\)\).](#)

Once an individual has been hired as a Licensing Field Specialist I with the foundational education and experience, we provide a 4-6 month mentor led training

experience that includes training on health and safety requirements that are age appropriate to the age of children in care and provider setting. A Licensing Field Specialist II serves as a mentor for a new Licensing Field Specialist I. For 4-6 months, they work together each day until the new Licensing Field Specialist I is assessed by the licensing supervisor and determined to have solid knowledge and skills. During a new Licensing Field Specialist I's training, they begin taking the National Association for Regulatory Administration (NARA) online regulator courses. All four courses are required to be completed and the Licensing Field Specialist is required to obtain NARA's Regulatory Credential. Our community partners (e.g., Division of Fire Safety, Vermont Department of Health, etc.) also assist us with providing this training both within the classroom as well as on an on-call basis when their expertise will assist us with assessing child safety. In some instances, our community partner joins us on a licensing visit.

c. Provide the citation(s) for this policy or procedure.

There is an internal Licensing Field Specialist mentoring guidance document and an internal performance expectation document.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

When DCF's Child Development Division is staffed with 12 fully trained Licensing Field Specialists, a licensing visit prior to licensure and an annual unannounced compliance visit can be completed for each licensed program per federal regulations. The state ratio of Licensing Field Specialists to programs is 1:105.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

We do not have a policy citation. When DCF's Child Development Division is staffed with 12 fully trained Licensing Field Specialists, a licensing visit prior to licensure and an annual unannounced compliance visit can be completed for each licensed program per federal regulations. The state ratio of Licensing Field Specialists to programs is 1:105.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 -

5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered

provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

We have an internal background clearance procedure document. ASP rules 5.11 - 5.18 and rules in CBCCPP and FCCH section 7.2 (<https://dcf.vermont.gov/cdd/laws-regs/childcare>).

All other providers eligible to deliver CCDF Services

Citation:

All providers participating in CCDF are required to be a licensed or registered provider. <https://dcf.vermont.gov/childcare/providers/ccfap>

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

To request the required background checks, a provider or family child care home household member completes a Record Check Authorization Form and submits it to the Child Development Division. A Child Care Business Technician issues a Fingerprint Authorization Certificate (FAC) that the subject of the background clearance uses to schedule their own appointment to submit to fingerprinting. The FAC also provides information for how to submit to fingerprinting (e.g., where to go, how to be prepared, and what to expect when submitting to fingerprinting). This is the same for all provider types and for all types of staff and family child care home household members. In addition, the Child Care Business Technician collects whatever additional information and/or completed forms required for an out of state child abuse and neglect registry check for the state(s) lived within the past 5-years. The Child Care Business Technician knows to complete this step based upon how the subject of the background clearance answered the question regarding this on the Record Check Authorization form. This is the same for all provider types and for all types of staff and family child care home household members.

- b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of

whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

There are two fees charged in Vermont for a fingerprint supported background clearance. The Fingerprint Identification Center may charge up to \$25.00 to perform the non-criminal fingerprint service. This fee is required to be paid by the individual submitting to fingerprinting. The Vermont Crime Information Center charges a fee for performing the clearance review. This fee is paid by the Child Development Division on behalf of the individual for whom the clearance is being reviewed. In addition, some states charge a fee for the out of state child abuse and neglect registry check. DCF's Child Development Division pays these fees on behalf of child care staff and/or family child care home household members. This is the same for all provider types and for all types of staff and family child care home household members.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Vermont has a CCDF issued waiver that expires in September 2021 that allows provisional employment to begin once an individual has submitted their request for a background clearance and the in-state name-based checks have been performed by the Child Development Division. Vermont child care business owners are experiencing a significant hardship with recruitment and retention of staff which impacts the stability of their businesses, Due to the small volume of background clearances processed by Vermont (approximately 6,000 / year), we do not have the same resources available to us for doing this work that larger states have. In addition, we have found that we learn new information from the fingerprint supported clearance .03% (1-2 incidences a year) of the time. As such, Vermont will continue with our current practice of allowing provisional employment to begin once an individual has submitted their request for a background clearance and the in-state name-based checks have been performed by the Child

Development Division.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

To request the required out of state background checks, a provider or family child care home household member completes a Record Check Authorization Form and submits it to the Child Development Division. This form asks the individual to list the states where they have lived over the past 5-years. When the Child Care Business Technician sees that an individual has lived within another state within the past 5-years, this is noted on the Fingerprint Authorization Certificate. The Vermont Crime Information Center (VCIC) uses this information to complete the out of state criminal background check when they receive the individual's fingerprints. VCIC processes both the fingerprint supported checks required and the name and date of birth out of state criminal history check that's required. Simultaneously, Child Care Business Technicians within the Child Development Division request any additional information and/or additionally signed releases required by the state within which the individual lived. With this information, the Child Care Business Technician sends the out of state child abuse and neglect registry check request to the named state(s). This is the same for all provider types and for all types of staff and family child care home household members.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

When a program has a 3-year license, they receive Annual Assurance Letters at the end of year one and year two. These letters list the individuals who will be due for a 5-year background clearance renewal within the year. 60-days before a license is due to expire, the program receives a Reapplication Required Letter that it is time to complete a license renewal application. This letter also provides a list of individuals who are due for a 5-year background clearance renewal within the year. As part of the application process, the Child Development Division sends the provider a letter (called a Missing Items Letter) that lists the individuals who are past due for a 5-year background clearance renewal.

The application does not move forward for approval until these individuals have submitted the Record Check Authorization form as required for a new 5-year background clearance renewal. Compliance is monitored as part of the application process and during unannounced, compliance visits. When non-compliance is identified, violations are cited that include corrective action required to be completed by the program. Licensing Field Specialists case manage violations cited to ensure corrective action is completed.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

When a Child Care Business Technician receives a Record Check Authorization form, they research the individual's employment history in Bright Futures Information System (BFIS) which is the web-based data base used by Vermont. If the individual has been employed within the past 180 days and has a completed a full background clearance, the previous clearance is used. When this is not the case, a full background clearance is required to be completed.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

Child care licensing regulations: <https://dcf.vermont.gov/cdd/laws-regs/childcare>. Access to the Record Check Authorization form required to be submitted to request a background clearance: <https://dcf.vermont.gov/cdd/forms-child-care-providers>.

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead

Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Child Care Business Technicians within the Child Development Division perform the sex offender registry check, the child abuse and neglect registry check, and a name and date of birth criminal history check. They have access to databases that allow them to perform these checks and training on how to perform the checks. The Vermont Crime Information Center does a fingerprint supported criminal history check when they receive the individual's fingerprints. Then, VCIC sends the results to the Child Development Division. Child Care Business Technicians receive training on how to determine eligibility. If a disqualifying criterion is identified, the Child Care Business Technician immediately notifies the child care program with verbal notice and notifies their Licensing Supervisor who issues the background clearance denial letters. Their Licensing Supervisor monitors the tracking tool used to monitor the background clearance process. The supervisor ensures that this check is performed within 1-2 weeks from when the Child Development Division received the request.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

An individual submits to fingerprinting. The sheriff or police station performing the non-criminal fingerprint service forwards the fingerprints to the Vermont Crime Information Center. The Vermont Crime Information Center performs these checks for the Child Development Division. The findings from these checks are completed by the Vermont Crime Information Center within approximately 2-weeks from when they received the

fingerprints. Once a week, findings completed for the week are given to the Child Development Division. A Child Care Business Technician reviews the findings and determines whether any disqualifying criteria have been met. This process is completed within one day from the Child Development Division receiving the findings from the Vermont Crime Information Center. If a disqualifying criterion is identified, the Child Care Business Technician immediately notifies the child care program with verbal notice and notifies their Licensing Supervisor who issues the background clearance denial letters. Their Licensing Supervisor monitors the tracking tool used to monitor the background clearance process.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

An individual submits to fingerprinting. The sheriff or police station performing the non-criminal fingerprint service forwards the fingerprints to the Vermont Crime Information Center (VCIC). The VCIC performs the interstate criminal check for the Child Development Division. The findings from these checks are completed by the VCIC within approximately 2-weeks from when they received the fingerprints. In the meantime, Child Care Business Technicians perform the out of state sex offender check and the out of state child abuse and neglect registry check. Once a week, VCIC sends DCF's Child Development Division the findings from their checks. A Child Care Business Technician reviews all findings for all required checks and determines whether any disqualifying criteria have been met. This process is completed within one day from the Child Development Division receiving the findings from the VCIC. If a disqualifying criterion is identified, the Child Care Business Technician immediately notifies the child care program with verbal notice and notifies their Licensing Supervisor who issues the background clearance denial letters. Their Licensing Supervisor monitors the tracking tool used to monitor the background clearance process.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

. Child care staff are allowed to work with children (supervised by a staff member who has had a full and complete background clearance). A Licensing Supervisor monitors the

tracking tool used to document the background clearance process. Monitoring occurs weekly to ensure the various components to the background clearance process are being performed timely. In the event, that the process is taking longer and jeopardizes compliance with the 45-day timeframe, the Licensing Supervisor identifies solutions to address this and elevates the issue and proposed solutions to the Director of Child Care Licensing. Regulatory enforcement action is taken when the incomplete nature of an individual's background clearance is due to the staff member not following through (e.g., not submitting to fingerprinting). When Vermont has sent an out of state child abuse and neglect registry check request to a state within which an individual reported living in the past 5-years and it has been 45-days or longer and the other state has responded to Vermont's request, Vermont issues a final background clearance finding which allows the staff member to work with child care children alone. If later Vermont receives confirmation from the other state of a substantiation for child abuse and/or neglect, Vermont enacts our background clearance denial process preventing further child care employment and/or preventing household members to continue residing in the family child care home.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

There is no difference to our background clearance process. The process as designed automatically completed checks in both states as required.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Each state has one criminal history repository who is responsible for processing criminal history registry checks. These queries must be initiated by fingerprints submitted to the state criminal history repository requesting the information, who will then query federal and state criminal history repositories (including Vermont). In doing so, Vermont automatically responds to all authorized Purpose Code I requests through the National Crime Information Center (NCIC) and National Law Enforcement Telecommunications System (NLETS). These responses are handled in real time by the Vermont criminal justice information routing system and do not require direct staff intervention. Criminal History Records which have been sealed by the court may not be disseminated for non-criminal justice purposes. Other states can learn about how to access these Vermont records on the Child Development Division's website:

<https://dcf.vermont.gov/cdd/interstate-check>

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The sex offender registry information concerning Vermont Offenders is available via a public website, and there are no fees for using it. Anyone can do their own search at any time to complete this federal background check. The Vermont Crime Information Center is authorized to release relevant registry information to the public when the requestor can articulate a specific concern about their safety or the safety of another. State statute requires that the requestor provide the name of a subject as the basis for the query. Other states can learn about how to access these Vermont records on the Child Development Division's website: <https://dcf.vermont.gov/cdd/interstate-check>

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The subject of the interstate child abuse and neglect registry check completes the form(s) provided on Vermont Department for Children and Families' website. Once the form(s) are received by the Vermont Department for Children and Families' Family Services Division, Staff will process the request and send the notification in writing. When the subject of the check has been found to be on the registry, the date and nature of the finding will be provided to another state's entity responsible for completing background clearances for child care staff and family child care household members and who has submitted the request. Other states can learn about how to access these Vermont records on the Child Development Division's website: <https://dcf.vermont.gov/cdd/interstate-check>

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email

- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dcf.vermont.gov/cdd/interstate-check>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dcf.vermont.gov/cdd/interstate-check>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dcf.vermont.gov/cdd/interstate-check>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have

been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Other disqualifying crimes include fraud and a misdemeanor offense against a child or another person consisting of other bodily injury. Other disqualifying criteria include a person found by a court to have abused, neglected, or mistreated a child, elderly, or disabled person, or animal; an adult or child who has had a report of abuse or neglect substantiated against them under Chapters 49 and 69 of Title 33 Vermont Statutes Annotated; or a person registered, or is required to be registered, on a state sex offender registry or repository or the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006. The Child Development Division may also determine a person as prohibited when there is information known that indicates the individual's action or behavior may present children enrolled with risk of harm (e.g., active heroin use). (CBCCPP rules 2.3.8.2.6 and 7.2.6 / FCCH rules 2.3.7.3.8 and 7.2.6 / ASP rules 5.16 and 18.26.f - <https://dcf.vermont.gov/cdd/laws-regs/childcare>)

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

A Child Care Business Technician calls the licensed child care program and provides verbal notice that a disqualifying criterion has been identified without disclosing any information about how. Their Licensing Supervisor writes a letter to this effect and mails it

using the US Postal Service that provides written documentation. This letter also does not disclose the nature for the finding. If the reason for the finding is one in which a variance may be requested, the letter also shares how to file a variance request. The Licensing Supervisor also writes a letter to the subject of the background clearance that details the finding, provides information about how the individual can address the finding with the authority of jurisdiction (e.g., court), and shares information about how to contest the accuracy of the finding with the Child Development Division. The letter also explains the individual's right to confidentiality and that the employer has only been told that the individual meets prohibited criteria without disclosing the details. If the prohibited criteria are such that a variance may be requested, the letter also says that the employer has the right to request a variance and that instructions for this process have been provided to the employer. Like the letter sent to the employer, this letter is mailed to the subject of the background clearance using the US Postal Service.

[c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment \(98.43 \(e\)\(2-4\)\).](#)

There are several criteria in which the child care provider may request a variance. These criteria include a conviction of fraud; a drug related offense committed during the preceding five years; a conviction of a misdemeanor offense against another person consisting of violence or other bodily injury; a person found by a court to have abused, neglected, or mistreated a child, elderly or disabled person, or animal; or other information known to the Department for Children and Families within which is the Child Development Division. A variance may be requested by the child care provider. Information is collected about the level of rehabilitation, accountability by the individual for their behavior, police affidavits or other reports regarding the behavior responsible for the prohibited finding, and information about how children's safety will be ensured. A decision is made on whether to grant or deny the variance. If the variance is denied, information about appeals rights is included in the denial letter. If the variance is approved, the letter will identify if any special conditions are required to be met, for example, a fraud conviction may require the individual not be allowed access to the program's BFIS account to ensure the individual is not able to commit fraud through billing for the Child Care Financial Assistance Program.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal

Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

There are two different appeal processes. One is when the individual contests the accuracy of the finding for the review completed. For example, an individual reports that the conviction is for a twin brother and alleges the wrong person's finding has been attributed to the subject of the background clearance. The Child Development Division assigns a different Child Care Business Technician and/or the Licensing Supervisor to reprocess the background clearance using additional information provided by the subject of the background clearance. A letter with the new finding is generated for the subject of the background clearance and for the child care provider. The letter issued is based upon the finding. For example, if it is verified that the finding is incorrect and no prohibited criteria is met, a background clearance approval letter may be issued. The second appeal process is prescribed by the authority of jurisdiction for the finding. For example, the individual decides to request a child abuse substantiation be expunged. The individual is provided the contact information for learning about this process and filing an expungement order. Or someone had a deferred probation sentence that resulted in satisfactory completion of probation in which the conviction should have been expunged from the court record. The court of jurisdiction's information is provided for the subject of the background clearance to request the court complete the expungement action. In this second process, if the record has been amended, the Child Development Division will perform a new background clearance to verify this and issue new background clearance decision letters.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

There is not a different process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

There is not a different process.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

N/A

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

There are health and safety requirements for supervision, child protection from hazards, prohibition of using tobacco while caring for children and using corporal punishment, using proper car seat and seat belt restraints while transporting children,

first aid supplies, fire extinguisher in the home, written permission for authorizing emergency medical care and administering medication, hand washing, and safe handling of blood and other bodily fluids.

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.

- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

N/A

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.

- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

While compliance monitoring visits are not conducted, the Child Development Division does investigate complaints that are received.

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of

progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Vermont's professional development system is based on competencies and standards developed/revised under the State Advisory Council's Professional Preparation and Development Committee and supported and implemented by Northern Lights, which is being administered by the Community College of Vermont, or Northern Lights @ CCV (

<https://northernlightscv.org/>) (NL@CCV). NL@CCV is funded by CDD with CCDF to support and coordinate the implementation of Vermont's Professional Development System. Professional Standards and Competencies (<https://northernlightscv.org/career-development/competencies-standards/>) are the foundation of the professional development system. They are used as self- assessment tools, and to guide the development and use of curricula, instruction, and credentials. They are the basis of career pathways.

ii. Career pathways. Describe:

Vermont's professional development system includes a 6 level Early Childhood Career Ladder (<https://northernlightscv.org/career-development/early-childhood-career-ladder/>) and Afterschool Pathways (<https://northernlightscv.org/career-development/afterschool-pathways/>) developed/revised under the State Advisory Council's Professional Preparation and Development Committee and supported and implemented by Northern Lights @ CCV. NL@CCV is funded by CDD with CCDF to support and coordinate the implementation of Vermont's Professional Development System. The Child Development Division (CDD) child care program regulations (<https://dcf.vermont.gov/cdd/laws-regs/childcare>) (see section 7) align the roles in regulated child care programs (teacher assistant, teacher associate, teacher, etc.) with the Early Childhood Career Ladder. Program Directors also need to meet additional criteria.

iii. Advisory structure. Describe:

Vermont's Building Bright Futures State Advisory Council, Inc.'s Professional Preparation and Development Committee (<https://northernlightscv.org/resources/vermonts-ecpd-system/ppd/>) is a statewide committee charged with overseeing the early childhood and afterschool professional development system in Vermont and is comprised of representatives from roles across the early childhood system. The goal of PPD is to develop, coordinate and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school professionals. PPD's mission is to ensure comprehensive coordinated system of quality learning opportunities that give current and prospective professionals the knowledge, skills, dispositions, and experiences they need to provide the best care and education to children and families in Vermont. This committee reviews, advises, and makes recommendations about new or existing professional development initiatives and

activities as well as acts as an advisory body for Northern Lights.

iv. Articulation. Describe:

Vermont's Early Childhood Higher Education Consortium brings together deans, curriculum coordinators, faculty leads and department heads in early childhood, as well as state agency leaders and the Head Start State Collaboration Office to collaboratively address the education needs of Vermont's early childhood workforce. Understanding the current status of articulation agreements between colleges was developed in 2017 and reviewed and updated in 2020. The Vermont state college system has worked to streamline articulation among the state colleges and with many private colleges in Vermont. Professionals can use the Higher Education (<https://northernlightscv.org/career-development/higher-education/>) and Resources pages at NL@CCV as well as support from a cadre of career advisors (housed at NL@CCV and funded by CCDF) in navigating higher education pathways including articulation.

v. Workforce information. Describe:

The Division uses the Bright Futures Information System (BFIS), which is an integrated child care information system, to collect data on the workforce. Data is collected on the number of individuals working directly with children, their role in the program, and the education and credentials of those individuals.

vi. Financing. Describe:

There are a variety of funding supports available to providers although it is known how underfunded in general this system is. Some of the opportunities provided include:

- Scholarships for coursework are provided through the Vermont T.E.A.C.H. Early Childhood Program which includes the Vermont Early Childhood Apprenticeship Program, and there are additional funds for single courses available through a Vermont Child Development Division tuition assistance grant program.
- Bonuses are provided for completion of Level Certificates that are implemented by Northern Lights as well as for the Vermont Director Credential and the Vermont Afterschool Credential. In addition, a bonus is provided for individuals who achieve their first educator license in Early Childhood or Early Childhood Special Education.
- Vermont Early Childhood Network grants are used to fund regional professional development opportunities (trainers) as well as a variety of wellness programs as determined by each group.
- The grant to Northern Lights includes an allocation to support trainer costs for

statewide professional development opportunities. The Vermont early childhood and afterschool workforce are provided opportunities to influence the professional development that is offered each year.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

T.E.A.C.H. EARLY CHILDHOOD® VERMONT PROGRAM (<http://vaeyc.org/quality-improvement/teach/>) (through the Vermont Association for the Education of Young Children) currently provides three scholarship models with a fourth in progress. 1) Associate's Degree at the Community College of Vermont (CCV); 2) a teacher licensure model providing coursework and support for those who have a Bachelor's Degree but not a teaching license in either Early Childhood or Early Childhood Special Education; and 3) The Vermont Child Care Apprenticeship Program (<https://vaeyc.org/vecap/>). Along with funding from the CDD, the Vermont Association for the Education of Young Children and the VT Department of Labor collaborate to offer the Apprenticeship Program for child care workers seeking education and experience in the field. Through the Vermont T.E.A.C.H. program, apprentices complete 6 college courses; and participate in additional community-based trainings to gain the knowledge and skills needed to work more effectively in the field. This program is designed for apprentices who are working at least 30 hours per week and typically takes about 2 years to complete. Two other course scholarship opportunities are supported through CCDF Funding which are: 1) The Vermont Early Childhood and Afterschool Program Director Credential (<https://northernlightscv.org/roles/program-directors/>) (offered through NL@CCV) - This is a credential for professionals working in center-based, afterschool, or family child care settings, who are directors or managers and for those who want to gain the program director competencies. Twenty-one college credits are required for achieving the credential; and 2) The Vermont Afterschool Professional Credential (<https://www.vermontafterschool.org/professionals/certificates-credentials/>) formally recognizes the professional competency and accomplishments of afterschool professionals who demonstrate a depth of experience, coursework, and training.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Under the NL@CCV grant, the Professional Preparation and Development Committee and NL@CCV gathers information on desired professional development topics from the field. NL@CCV, on behalf of the Committee, shares that information with the Sponsors who offer the majority of professional development. NL@CCV also convenes a Professional Development Summit (<https://northernlightscv.org/resources/summit/>) each year to share professional development data and coordinate activities. In 2015, through Early Learning Challenge Grant funding, Vermont created the Vermont Early Childhood Higher Education Consortium which is comprised of representatives from the colleges and universities in Vermont that have early childhood and early childhood special education programs. This group has been working with each other and other early childhood professional development system partners to identify areas of common interest, create and update articulation agreements, and enhance access to early childhood pathways in higher education. As a result of ELCG funding, a consultant reviewed the early childhood coursework for all of the colleges through the lens of the Vermont Early Learning Standards. This has helped align the curricula and ground each college program in a common framework. This group has continued to meet through staff time supported by CCDF funding to NL@CCV. Representatives of the Consortium as well as other professional development system representatives have been coming together each year to plan a low-cost Early Childhood Educator's Institute that takes place on campus at one of the higher education institutes each summer (and online during COVID). Current work of this group is examining the NAEYC Unifying Framework and the alignment with higher education coursework. The Building Bright Futures Professional Preparation and Development Committee also has higher education representation on the Committee, as does the Vermont T.E.A.C.H. Program Advisory Committee.

- iii. Other

Describe:

N/A

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Vermont's Building Bright Futures State Advisory Council's Professional Preparation and Development (PPD) Committee (<https://buildingbrightfutures.org/what-we-do/early-childhood-action-plan-ecap/professional-prep-development-committee-2/>) is a statewide committee charged with overseeing the early childhood and afterschool professional development system in Vermont and is comprised of representatives from roles across the early childhood system. For approximately 27 years, the Vermont CDD has brought issues related to the development and ongoing revisions of the professional development system to this group. Questions related to professional standards and competencies, career pathways, articulation agreements, financing of professional development supports, professional development to support meeting program licensing requirements and related workforce supports (such as the early childhood apprenticeship program) have all come before this advisory committee for vetting and stakeholder involvement. This committee has produced final drafts of documents and system recommendations which have been integrally linked with grants and contracts that the CDD has executed and the strategies on how the professional development support system has been implemented. The goal of PPD Committee is to develop, coordinate and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school professionals. PPD Committee's mission is to ensure comprehensive coordinated system of quality learning opportunities that give current and prospective professionals the knowledge, skills, dispositions, and experiences they need to provide the best care and education to children and families in Vermont. This group committee reviews, advises and makes recommendations about new or existing professional development initiatives and activities (including the professional development framework) as well as acts as an advisory body for (<https://northernlightscv.org/resources/vermonts-ecpd-system/ppd/>) NL@CCV. The PPD Committee is reviewing the results of an early childhood professional development system evaluation that was completed in 2020 to create strategies to improve the PD system. The PPD Committee is also the Strategic Planning Team for the State's Comprehensive System of Personnel Development under Part B which charges the Committee to examine professional development for a broader early childhood field.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The Vermont framework is designed to improve the quality of care for all participating children and families by giving child care providers the tools, supports and information they need to provide quality care to our youngest Vermonters. The following supports contribute toward improving the quality, diversity, stability, and retention of the child care workforce: Child care licensing staff work closely with individuals in child care programs to allow extra time to meet requirements if needed while they access the available supports. Financial assistance to support individuals in meeting qualification requirements and advancing in the field is one strategy that addresses the quality, diversity, and retention of the workforce.

The CDD funds two programs that contribute to the stability of the workforce and retention of those working in the field by helping individuals achieve degrees and credentials in the early childhood/afterschool field while reducing the financial burden for pursuing their goals. Compensation improvements are included in the T.E.A.C.H. Early Childhood® Vermont (<http://vaeyc.org/quality-improvement/teach/>) Program (which includes an increase in earnings through the provision of a bonus and/or a raise for recipients who complete their education in a prescribed period of time to support economic viability of staff) and the Vermont Early Childhood Apprenticeship Program (providing regular increases in wages for the apprentice during and upon completion of the 4000-hour training program). These strategies help stabilize the workforce and promote increased credentials and education while reducing the financial burden. Additional financial assistance to attain credentials, post-secondary degrees and meet regulatory requirements is available through these options: The Vermont Student Assistance Corporation (<http://www.vsac.org/pay/student-aid-options/grants>) offers both degree and non-degree grants for low income Vermonters. The Child Development Division provides funding for professional development (<https://dcf.vermont.gov/cdd/providers/grants/pd>) grants through Vermont Association for the Education of Young Children (VtAEYC) (<http://vaeyc.org/>) by applying state criteria for eligible staff working in regulated child care programs to pay for college coursework and fees that help people meet their needs. These grants prioritize meeting licensing requirements, obtaining credentials and post- secondary degrees, and advancing along the Vermont Early

Childhood Career Ladder. These grants often lead to the achievement of recognition bonuses.

The Child Development Division funds Vermont Afterschool, Inc (<http://www.vermontafterschool.org/>) to offer two tuition-free college courses for individuals who work in afterschool programs. The courses, which are offered through the Community College of Vermont, are Introduction to Afterschool Education and Care and Afterschool Education & Development of the School-Age Child. These courses can be applied to the Vermont Afterschool Professional Credential. The Child Development Division funds the Early Educator's Institute at Castleton (<https://www.castleton.edu/academics/professional-development-continuing-education/the-castleton-center-for-schools/early-childhood-summer-institute/>) which offers an opportunity for early educators to obtain low-cost college coursework in the summer. The Vermont Early Childhood Networks (<https://www.letsgrowkids.org/early-educator-resources>) provide essential support to individuals primarily working in family child care homes across 12 regions in Vermont through professional development opportunities and peer support to encourage, learn, and grow together. Vermont Early Childhood Networks meet regularly to provide a comfortable and engaging way for early childhood educators to connect, identify opportunities and challenges, propose solutions, and celebrate achievements. Some regions also have Director Networks. This year in particular, Vermont has focused on embedding diversity, equity, and inclusion professional development opportunities. This framework also includes a variety of professional development and career advising supports and onsite mentoring support for programs serving high needs children through our partner organizations which helps individuals as needs arise. Professional development related to working with diverse individuals is an important aspect of our ongoing professional development plan.

[6.2 Training and Professional Development Requirements](#)

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These

requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The VT training and professional development requirements in the Vermont regulations are:

For center-based programs:

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf -

section 7 pages 85-86 and 92-93 For family child care homes:

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/FCCH_Final.pdf - section 7 pages

84-85 and 90 For afterschool programs:

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/AS_Regulations_Final.pdf - section

5 page 23-26 The Vermont training and professional development framework incorporates

the knowledge and application of VT's early learning and developmental guidelines, our

health and safety standards and social-emotional/behavioral and early childhood mental

health intervention models. Providers create an annual Individual Professional Development

Plan (<https://northernlightscv.org/career-development/individual-professional-development-plan-ipdp/>)

(required by regulations) based on the Early Childhood Competencies and Core

Knowledge Areas ([https://northernlightscv.org/wp-content/uploads/2018/09/CKC-](https://northernlightscv.org/wp-content/uploads/2018/09/CKC-Competencies-Tool-9.26.18.pdf)

[Competencies-Tool-9.26.18.pdf](https://northernlightscv.org/wp-content/uploads/2018/09/CKC-Competencies-Tool-9.26.18.pdf)) to show that they reflect upon and plan their professional

skills, knowledge, and development. Early Childhood Core Knowledge Areas include:

- CHILD DEVELOPMENT – Promoting child development and learning
- FAMILIES AND COMMUNITIES - Building Family and Community Relationships
- OBSERVING AND ASSESSING - Observing, Documenting and Assessing to Support

Young Children and Families

- HOW WE TEACH - Using Developmentally Effective Approaches
- WHAT WE TEACH - Using Content Knowledge to Build Meaningful Curriculum
- HEALTH, SAFETY, NUTRITION - Ensuring Healthy, Safe Environments and Good Nutrition
- PROFESSIONALISM - Growing as a Professional
- PROGRAM ORGANIZATION - Managing and Administering Programs. Individual professional development plans, and the professional development system, also embed the Vermont Early Learning Standards (<https://vels.education.vermont.gov/introduction>) into practice.

The professional development system recognizes training a provider engages in on the knowledge and application of the Vermont early learning and developmental guidelines; our health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2). Under its agreement with CDD, NL@CCV provides an array of annual training that includes these specific topics as well as other topics identified by VT's Professional Preparation and Development Committee. Vermont has considered the elements of the professional development framework throughout the existing Vermont Career Ladder (<https://northernlightscv.org/wp-content/uploads/2018/10/Career-Ladder-Fact-Sheet.pdf>) in order to ensure that individuals progressing along the career ladder have received information on all of the essential components related to these aspects. At Level I, Fundamentals for Early Childhood Professionals (<https://northernlightscv.org/resources/fundamentals-for-ec-professionals/>) is a 45-hour training series designed to build a foundation of knowledge and best practice skills for professionals working with groups of children ages birth to eight years old. This training series is based on Vermont's Core Knowledge and Competencies for Early Childhood Professionals. Embedded in the training is the training required for an individual to become a Specialized Child Care provider to care for children either in state custody or at risk of coming into state custody or meet other criteria to be in a Specialized Child Care setting (<https://cispartners.vermont.gov/sites/cis/files/Information%20for%20potential%20SCC%20providers%20SHP%20edits%202.9.17.pdf>). The college coursework to support the Vermont Apprenticeship Program (<https://vaeyc.org/vecap/apprentices/>) is built upon the Vermont Core Competencies, which include early learning and developmental guidelines, health, and safety standards and social-emotional/behavioral and early childhood mental health intervention models. In 2021, led by the Vermont Association for the Education of Young Children (Vtaeyc) (<https://vaeyc.org/advancing-as-a-profession/>) work has begun to explore adopting the NAEYC Professional Standards and Competencies for Early Childhood

Educators (<https://www.naeyc.org/resources/position-statements/professional-standards-competencies>) as the Vermont Early Childhood Competencies and Core Knowledge Areas.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

N/A

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The Division facilitates participation in the Child Care Financial Assistance Program in a variety of ways. The application for family members to become Approved Relative Child Care Providers has the information that application can be translated/interpreted on request. That information is published in seven languages - Bosnian, Burmese, French, Nepali, Somali, Spanish, and Swahili. Interpretation services are provided by the division when providers call with questions. And documents are translated upon request. To support participation by child care providers who are regulated - Family Child Care Homes, Center Based Child Care and Preschool Programs, and Afterschool Programs, the providers are flagged in the Division's child care information system, Bright Futures Information System with the preferred language of the provider. Communications with the provider are translated to the preferred language, and providers needing interpretation services are contacted using the interpretation service. Regulated child care providers that do not have a written language are supported either through the phone interpretation services, or by a visit by a CDD representative and in person interpreter.

b) who have disabilities

The Division's websites that contain Child Care Financial Assistance Program information are Section 508 compliant and are accessible through screen readers and other devices. Outreach materials are written in plain language and at an 8th grade reading level or lower whenever possible. All electronic materials are in file formats that are accessible.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The CDD works primarily through NL@CCV (<https://northernlightscv.org/>) (training calendar <https://northernlightscv.org/training/training-calendar/>) , Vermont Afterschool, Inc (Professional Development Trainings) (<https://www.vermontafterschool.org/professionals/workshops/>) ,and the Vermont Association for the Education of Young Children (Annual Conference) (<http://vaeyc.org/events/>) to provide training that meet the annual professional development requirements for child care licensing. Some also meet specific training requirements for child care licensing qualifications or Specialized Child Care training requirements. The array of trainings includes offerings that meet the needs of providers who: work with children of different age groups; work with children with developmental delays and disabilities; etc. In addition, they are intended to provide options for professionals at different levels of experience and/or knowledge with particular topics.

Examples of professional development topics: Training specific to Infants and Toddlers: Step by Step Through the ITERS-3 (Infant Toddler Environment Rating Scale, Third Edition) - separate trainings were scheduled to review each scale and discuss program quality. Stories of Belonging is a 3-part series of professional dialogues focused on equity and inclusion and guided by the main themes and concepts presented in children's literature and meets the criteria for Advanced Specialized Care. Participants read and reflect on the selected

children's books and engage in meaningful conversation exploring the ways in which children's books can be used as tools for promoting equity and inclusion in classrooms and communities. Copies of the selected children's books are provided to participants before the first session (<https://northernlightscv.org/trainings/stories-of-belonging-8/>). Training Specific to School-Age Children: Basics of Social and Emotional Learning in Afterschool: Elementary Age. This workshop is an introduction to social and emotional learning in school-aged children and explores the ways in which children learn social skills, the neuroscience behind challenging behavior and emotional regulation in children and adults, and the emotions coaching and problem-solving that will be most effective in increasing social and emotional learning in your afterschool program. Basic Specialized Care training (<https://northernlightscv.org/trainings/basic-specialized-care-74/>). This training is a requirement for early childhood providers wishing to attain "Basic Specialized Care Provider" status and offers valuable information for anyone supporting children and families when special needs of the family (or child) or abuse/neglect are involved. Topics include typical child development, the impact of stress and abuse on development, red flags, working with families and the system, as well as mandated reporting responsibilities. Working with Tribal Communities (offered through the Preschool Development Grant and sponsored by NL@CCV). As part of the Vermont Guiding Principles Professional Development Series, this session will examine historical factors and the need to recognize tribal nations and government-to-government relationships when partnering with tribal communities. Understand the importance of pairing trauma and resilience when working with children and families. Explore how historical context can be acknowledged and addressed with strategies to support children and families by supplementing previous session topics. Understand the importance of how self-awareness and self-care as a caregiver is critical in building effective relationships with children and families.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

- a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Professional development related to homelessness has been identified and access is publicized on the Child Care Training Requirements (<https://northernlightscv.org/training/childcare-training-requirements/>) page of the NL@CCV website. Supporting Children and Families Experiencing Homelessness (<https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/supporting-children-families-experiencing-homelessness>) and Addressing Homelessness (<https://www.cceionline.com/course/addressing-homelessness-the-role-of-the-early-childhood-educator/>). The Role of the Early Childhood Educator Strengthening Families trainings that address family stress including homelessness continue to be offered as a required topic for Northern Lights @ CCV to include in their annual trainings (<https://northernlightscv.org/wp-content/uploads/2020/08/Northern-Lights-Training-Guide-2020-2021.pdf>) to regulated child care providers. Training on trauma-informed practice (including for families experiencing homelessness) has been identified as a required topic for Northern Lights @ CCV to include in their annual trainings (<https://northernlightscv.org/wp-content/uploads/2020/08/Northern-Lights-Training-Guide-2020-2021.pdf>) to regulated child care providers.

Basic Specialized Care training (https://dcf.vermont.gov/cdd/professional-development/scc_requirements) is required for all child care providers wishing to care for a child in state protective custody or otherwise considered at risk and addresses homelessness broadly. One of the Child Care Financial Assistance Program enrollment categories is Family Support Child Care (<http://dcf.vermont.gov/child-development/cis>) which means that the family is experiencing significant stress in areas such as shelter, safety, emotional stability, substance abuse, children's behaviors, and parenting issues. When homelessness is identified as a service need, Specialized Child Care services (<http://dcf.vermont.gov/child-development/scc>) through CDD Children's Integrated Services begins, which can provide additional supports to the child care provider. For the child care program, this includes the connection with a regional Child Care Coordinator who is able to assist with technical assistance and connecting providers to additional training resources.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Staff are provided a variety of professional development opportunities that meet the needs of their job which includes opportunities focused on supporting families experiencing a variety

of challenges including homelessness. The Lead Agency embeds the Strengthening Families approach across the agency and staff are encouraged to participate in these trainings, as well as trainings on trauma informed care. The Agency of Human Services employs a Director of Trauma Prevention and Resilience Development who works across the agency to provide resources that support Lead Agency staff. Our Children's Integrated Services staff in particular prioritize trainings on trauma and continually seek opportunities to further their own knowledge and remain current in this important area and use this knowledge in training Specialized Child Care Coordinators who work directly with children and families who are homeless through their child care program. Knowledge and expertise in Trauma Informed Practice, Motivational Interviewing, resiliency, and the Strengthening Families framework is incorporated in the recruitment process at the Lead Agency. Our statewide professional development system, the Center for Achievement in Public Service, offers several professional development opportunities on trauma including Implementing Trauma-Informed Care, Child Trauma Academy, and An Introduction to Trauma and Resilience.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Vermont licensing regulations (<http://dcf.vermont.gov/cdd/laws-regs/childcare>) require center-based program directors to either hire a business manager or obtain coursework related to program management, business practices and legal and financial issues related to operating a sustainable child care program. Support is offered through the following: Vermont Early Childhood and Afterschool Program Director Credential (https://northernlightscv.org/wp-content/uploads/2018/09/Program_Director_Fact-Sheet.pdf) (offered through the Northern Lights @ CCV) Coursework related to business practices includes: Program Management, Leadership, Mentoring/Supervision, Human Resources Management, Legal and Financial Issues. Northern Lights @ CCV has developed a business series called Strengthening Business Practices (

<https://northernlightscv.org/wp-content/uploads/2020/08/Northern-Lights-Training-Guide-2020-2021.pdf>) for child care providers. SharedServicesVT website (<http://www.sharedservicesvt.org/default.aspx>) includes business supports for child care providers including topics related to program administration and business operations, marketing, human resources. Vermont Early Childhood Networks (<https://www.letsgrowkids.org/early-educator-resources>) - Made up of local groups of early childhood professionals across 12 regions in Vermont who take initiative through leadership, professional development, and peer support to encourage, learn and grow together. Issues related to business development are often primary topics at Starting Points trainings and monthly network meetings. The Vermont Small Business Development Center provides no-cost, confidential business advising and low-cost training services to all small businesses and new ventures in Vermont.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

<http://www.vtsbdc.org/> Understanding legal issues related to operating a child care program.

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The state uses CCDF to fund Northern Lights at CCV (NL@CCV) (<https://northernlightsscv.org/>), the hub and connector of the professional development system in Vermont for early childhood and afterschool professionals. Working with key partners, NL@CCV (<https://northernlightsscv.org/>) supports and enhances a unified system of professional development for early childhood and afterschool practitioners, including offering annual trainings that meet the annual professional development requirements for child care licensing. Some also meet specific training requirements for child care licensing qualifications or for Specialized Child Care training requirements. NL@CCV's List of Annual Trainings (<http://ccv.edu/documents/2017/12/northern-lights-training-information-2018.pdf/>) includes: Trauma Informed Practice; Social-Emotional Development of Infants and Toddlers; Preschool STEAM; Fundamentals for Early Childhood Professionals; There are several state and local professional development providers who offer a variety of training on these topics that are scientifically-based, developmentally

appropriate and age-appropriate. Some of the partners in this effort include the Vermont Association for the Education of Young Children, the Vermont Department of Health, the Vermont Agency of Education, Prevent Child Abuse Vermont, the Vermont Child Care Industry and Careers Council, Vermont Afterschool.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The state uses CCDF to fund Northern Lights at CCV (<https://northernlightsccv.org/>) (NL@CCV), the hub and connector of the professional development system in Vermont for early childhood and afterschool professionals. Working with key partners, NL@CCV (<https://northernlightsccv.org/>) supports and enhances a unified system of professional development for early childhood and afterschool practitioners, including offering annual trainings that meet the annual professional development requirements for child care licensing. Some also meet specific training requirements for child care licensing qualifications or for Specialized Child Care training requirements. NL@CCV's List of Annual Trainings (<http://ccv.edu/documents/2017/12/northern-lights-training-information-2018.pdf/>) includes: Trauma Informed Practice; Social-Emotional Development of Infants and Toddlers; Fundamentals for Early Childhood Professionals; Basic Specialized Care. Training on this topic has been offered across the state through the Center for the Study of Social Emotional Foundations of Early Learning (CSEFEL) curriculum and several individuals have been trained to offer this curriculum. The Vermont Agency of Education has received a federal State

Professional Development Grant (SPDG) to offer Early Multi- Tiered Systems of Support which utilizes a multi-tiered framework of universal promotion, prevention and intervention in early literacy, numeracy, and social emotional development. Early MTSS incorporates the Foundations of Early Learning pyramid model developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

The state uses CCDF to fund Northern Lights at CCV (NL@CCV) (<https://northernlightscv.org/>), the hub and connector of the professional development system in Vermont for early childhood and afterschool professionals. Working with key partners, NL@CCV (<https://northernlightscv.org/>) supports and enhances a unified system of professional development for early childhood and afterschool practitioners, including offering annual trainings that meet the annual professional development requirements for child care licensing. Some also meet specific training requirements for child care licensing qualifications or for Specialized Child Care training requirements. NL@CCV's List of Annual Trainings (<http://ccv.edu/documents/2017/12/northern-lights-training-information-2018.pdf/>) includes: Trauma Informed Practice; Fundamentals for Early Childhood Professionals; Basic Specialized Care and a Strengthening Families introduction. Vermont has invested in promoting the Strengthening Families™ Framework to support positive parenting relationships and skills by offering trainings in this approach in all areas of the state for a wide range of professionals working with families in a variety of roles. VT uses our ELC-RTT grant to offer the Strengthening

Families Toolbox (17hr) training and supports a Community of Practice for childcare programs receiving Strengthening Families Grants funded through Medicaid.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The state uses CCDF to fund Northern Lights at CCV (<https://northernlightsccv.org/>) (NL@CCV), the hub and connector of the professional development system in Vermont for early childhood and afterschool professionals. Working with key partners, NL@CCV (<https://northernlightsccv.org/>) supports and enhances a unified system of professional development for early childhood and afterschool practitioners, including offering annual trainings that meet the annual professional development requirements for child care licensing. Some also meet specific training requirements for child care licensing qualifications or for Specialized Child Care training requirements. CCV @ Northern Lights (under the CDD contract) ensures pedagogical training is aligned with The Vermont Early Learning guidelines (<http://vels.education.vermont.gov/introduction>) for children birth through 8 (VELS). VELS is aligned with and supports the use of developmentally appropriate, culturally, and linguistically responsive instruction and evidence-based curricula and learning environments. NL@CCV's List of Annual Trainings (<http://ccv.edu/documents/2017/12/northern-lights-training-information-2018.pdf/>) includes: Preschool STEAM; Fundamentals for Early Childhood Professionals. The Vermont Agency of Education (AOE) supports professional development opportunities The Vermont Early Childhood Educator Summer

Institute at Castleton State College (<http://events.castleton.edu/register/earlychildhoodsummerinstitute>) is an annual event that was seeded with ELCG/RTT and has sustained. All courses are aligned with the Vermont Early Learning Standards (VELS) and the Vermont Guiding Principles for Full Participation of Each and Every Child. The Vermont Agency of Education has received a federal State Professional Development Grant (SPDG) to offer Early Multi-Tiered Systems of Support which utilizes a multi-tiered framework of universal promotion, prevention and intervention in early literacy, numeracy, and social emotional development.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

Vermont has invested in promoting the Strengthening Families™ Framework to support positive parenting relationships and skills by offering trainings in this approach in all areas of the state for a wide range of professionals working with families in a variety of roles. VT uses our ELC-RTT grant to offer the approved Strengthening Families training developed by Center for the Study of Social Policy (<https://cssp.org/>) and supports a Community of Practice for childcare programs receiving Strengthening Families Grants funded through Medicaid. These practices support development of five protective factors in families including parental resilience, social connectedness, and concrete support in times of need. Providers implementing these practices understand how to connect families with the community supports that promote stability and strength. These practices, which promote the well-being of the child in the context of the well-being of the family is a critical element of comprehensive services.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Vermont's Parent Child Center network and Strengthening Families providers specialize in serving families who live in geographic areas with significant concentrations of poverty and unemployment and their services are designed to assist families with challenges that result from poverty and unemployment such as concrete supports in times of need and resilience. In addition, Regional professional development opportunities are provided through our Vermont Early Childhood Network grants to each region of the state. Through those funds, child care providers can customize the professional development opportunities as needed. The Specialized Child Care Coordinators can make recommendations to

Northern Lights regarding professional development topics that are needed.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Through Children's Integrated Services (CIS), Vermont provides services to children with developmental delays eligible for Part C services through the use of contracted providers within each community. These Early Intervention services include service coordination, developmental education, physical therapy, occupational therapy, speech therapy, nutrition, or nursing supports. Services provided under Part C are delivered within the child's natural setting as identified with the family. This may be the child's home or even child care. Child care providers are included as members of the child's team whenever applicable and with the permission of the child's parent/guardian(s). Additionally, CIS provides consultation to families and child care providers to support children's inclusion in early childhood development programs (such as child care programs). These consultation services may be from a person specializing in Early Intervention, Early Childhood and Family Mental Health, Nursing or Specialized Child Care services. Early Childhood Education (child care) providers in Vermont may seek to receive specialized child care provider designation by taking additional advanced level trainings, provided by child care resource and referral agencies, and maintaining a high quality rating and clear regulatory history with the State of Vermont Child Development Division. CIS also has a Professional Development Committee that actively meets to plan professional development for those working with children through CIS. Typically, there is a conference or institute every year and Community of Practice calls scheduled on a monthly basis. These are often available to child

care providers in collaboration with their CIS Child Care Coordinator.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

Vermont Afterschool, Inc (<http://www.vermontafterschool.org/>) has been a key partner in supporting these activities and receives funding from the CDD as well as the Agency of Education and other entities to provide support to individuals and organizations in providing quality afterschool, summer, and expanded learning experiences so that Vermont's children and youth have the opportunities, skills, and resources they need to become healthy, productive members of society. VA staff work with afterschool programs, advocates, and partners throughout the state to strengthen out-of-school time programming for children and youth in Vermont, to expand the number and types of programs being offered, and to improve access for all children and youth in the state. Specific services provided include training and technical assistance to afterschool programs via the Individualized System of Support for Afterschool Programs (ISS-AP) model, access to college courses, Afterschool Essentials training (a 45-hour introductory-level training), implementation of the Vermont Afterschool Professional Credential, STEM and other content-specific training, an annual conference and more.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

N/A (**NOTE:** 6.3.1b-i should also have a check mark for Licensed center-based option but this input will not save. Tech support has been notified.)

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state measures the number of individuals with Vermont level certificates or credentials and/or degrees and looks for an increase in this information. The number of individuals with state certificates or credentials (duplicate count) increased from 786 in 2013 to 3,522 in September 2020.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Vermont Early Learning guidelines for children birth through 8 (VELS) (<http://vels.education.vermont.gov/introduction>) were developed by a cross-section of early childhood development and education stakeholders and approved by the Vermont State Board of Education in August 2015 as part of the Early Learning Challenge Grant.

ii. Developmentally appropriate.

VELS is aligned with and supports the use of developmentally appropriate, culturally, and linguistically responsive instruction and evidence-based curricula and learning environments. The newly revised VELS are aligned with the following:

Developmentally Appropriate Practices (NAEYC) and Division of Early Childhood (DEC) Recommended Practices; The 2015 Federal Office of Head Start's Head Start Early Learning Outcomes Framework, Ages Birth to Five; The Common Core State Standards for English Language Arts and Mathematics the Next Generation Science

Standards, The Collaborative for Academic, Social, and Emotional Learning (CASEL) Vermont's Grade Level Expectations.

[iii. Culturally and linguistically appropriate.](#)

VELS is aligned with and supports the use of developmentally appropriate culturally and linguistically responsive instruction and evidence-based curricula and learning environments. The newly revised VELS are aligned with the following:

Developmentally Appropriate Practices (NAEYC) and Division of Early Childhood (DEC) Recommended Practices; The 2015 Federal Office of Head Start's Head Start Early Learning Outcomes Framework, Ages Birth to Five; The Common Core State Standards for English Language Arts and Mathematics the Next Generation Science Standards, The Collaborative for Academic, Social, and Emotional Learning (CASEL) Vermont's Grade Level Expectations.

[iv. Aligned with kindergarten entry.](#)

VELS make explicit the goals for each and every child's learning and development from birth through grade 3. Regardless of whether children are at home, preschool, elementary school, childcare, neighborhood playgroup/event; whether they are typically developing or have diverse abilities and needs; whether they are learning to speak one language or many, the VELS represent common goals for development and learning across the early childhood years. The VELS is a resource tool for adults who are responsible to understand these goals and provide the opportunities and experiences that allow all children to make progress toward or achieve them, including making adaptations and accommodations for children's unique circumstances.

[v. Appropriate for all children from birth to kindergarten entry.](#)

VELS make explicit the goals for each and every child's learning and development from birth through grade 3. Regardless of whether children are at home, preschool, elementary school, childcare, neighborhood playgroup/event; whether they are typically developing or have diverse abilities and needs; whether they are learning to speak one language or many, the VELS represent common goals for development and learning across the early childhood years. The VELS is a resource tool for adults who are responsible to understand these goals and provide the opportunities and experiences that allow all children to make progress toward or achieve them, including making adaptations and accommodations for children's unique circumstances.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The Vermont Agency of Education (AOE) is the lead agency responsible for developing and implementing the Vermont Early Learning Standards (VELS). AOE implements the VELS in coordination with representatives from CDD, the Vermont Head Start State Collaboration Office, the Vermont Department of Health, AOE, Head Start, child care, pre-k programs, and higher education institutions. In addition, the VELS is developed and implemented in consultation with several oversight bodies including the BBF State Advisory Council, the BBF Professional Preparation and Development Committee and the Vermont State Board of Education.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

These domains are presented across the Communication and Expression and Learning about the World (<https://vels.education.vermont.gov/standards>) sections of VELS.

ii. Social development.

This domain is presented in the Developing Self section of VELS (<https://vels.education.vermont.gov/standards>).

iii. Emotional development.

This domain is presented in the Developing Self section of VELS (<https://vels.education.vermont.gov/standards>).

iv. Physical development.

This domain is presented in the Developing Self section of VELS (<https://vels.education.vermont.gov/standards>).

v. Approaches toward learning.

This domain is presented in the Communication and Expression section of VELS (<https://vels.education.vermont.gov/standards>).

vi. Describe how other optional domains are included, if any:

The following domains are also included in VELS: Learning and Development, Growth, Moving and Being Healthy, Literacy Development, Creative Arts and Expression, Science and Social Studies.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

Vermont's first Early Learning Standards were published in 2003. The first revision to the Vermont Early Learning Standards was completed and approved in 2015. Beginning in 2012, a cross-section of early childhood development and education stakeholders was convened to begin the task of revising the VELS. This groups work was reviewed and approved by the Building Bright Futures, Vermont's State Advisory Council, and the Vermont State Board of Education. In 2020 revisions to VELS (birth to third grade) were compiled and completed. Revisions include keeping VELS current with national standards. This past year focused on aligning VELS with new standards from National Arts Standards; Next Generation Science Standards; National Council for the Social Studies Preparing Students for College, Career and Civic Life- C3 Framework Civics standards.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

Vermont's Early Learning Standards (<http://education.vermont.gov/sites/aoe/files/documents/edu-early-education-early-learning-standards.pdf>) encompass ages birth through grade 3. The Vermont Agency of Education has grade level standards and our out of school system and Vermont' out of school system follows these sets of standards. Vermont collaborates with VT Afterschool in reviewing these standards. Vermont Afterschool and NL@CCV then implement the new standards and ensure technical assistance available.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<http://vels.education.vermont.gov/standards>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Vermont Early Learning Standards (VELS) are incorporated into our Vermont Core Knowledge Areas. Instructors in our professional development system are asked to provide information on which of the core knowledge areas are included in each professional development activity to ensure that there is consistent usage. These are tracked in our BFIS system and the state has the capacity to provide data on which core knowledge areas are not well addressed in our system so that we can fill in the gaps. Forms are provided for individuals to create their Individual Professional Development Plans (IPDPs) which use the Core Knowledge Areas to reflect upon their knowledge. The VELS is incorporated into the Northern Lights Fundamentals training and instructors share the link where the document is posted and talk about how to use it. Instructors have been able to go more in-depth on the VELS particularly when sessions meet in person. The Fundamentals curriculum is being revised and will embed the VELS in the learning objectives for all the child development modules. The Vermont Agency of Education, which is the lead agency regarding the VELS, provides additional resources on using the VELS including training on their website: (<https://vels.education.vermont.gov/introduction>).

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

N/A

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Vermont Child Development Division invests in quality activities based on Vermont's Early Childhood Framework (<https://47717snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2019/01/VT-ECH-Framework.10-29-13-1.pdf>) and its companion document, Vermont's Early Childhood Action Plan (<https://47717snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/VECAP-Final.pdf>) (VECAP) which was established in 2013 and updated in 2020 through an extensive 2-year process with participation of over 300 stakeholders. The revision was led by Building Bright Futures (BBF), Vermont's State Advisory Committee. BBF established a Working Group comprised of VECAP Committee members with a task of reviewing the strategies outlined in the plan to understand strengths and opportunities. The Working Group's process consisted of reviewing an assessment tool that provided six criteria for updates to the plan, including that they be research and evidence informed, promote equity, support the full participation of each and every young child and family, that they be measurable and coordinated, and that the new plan leverages our strengths and assets. This iteration was informed by Vermont's 2020 Early Childhood Needs Assessment (<https://47717snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/Final-Vermont-Early-Childhood-Needs-Assessment-2020.pdf>) which identified the gaps, challenges and barriers faced by Vermont's children, families and EC system. Objectives, strategies, and outcomes of the VECAP were prioritized based on the gaps that emerged. The VECAP is Vermont's 5-year vision & strategic plan and is designed to build collective accountability to achieve measurable 2026 goals. It is also designed to evolve based on new evidence, best practices, lessons learned and improved analytics through the identification and measurement of child,

family, and system indicators. The VECAP's goal is to ensure that every Vermonter can see themselves and their work represented within this strategic plan. The VECAP lays out four goals that outline a cohesive vision by the year 2026 and establish shared accountability to achieve statewide priorities for children and families. The updated VECAP is a structure around which to build coordinated action across public and private stakeholders throughout Vermont. It centers around making measurable changes in early childhood outcomes through identification of common goals, strategies to reach those goals and the use of common language to align initiatives. It is built on Vermont's Guiding Principles which articulates Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness, and success now and into the future. To bring together public and private partners, families and communities the Early Childhood Action Plan has devised a structure and implementation cycle (<https://47717snyayj49hh0r38uhcgo-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/Implementation-Cycle-Graphic.png>) coordinated by the BBF Early Childhood Action Plan Director. As indicated in the implementation cycle, once per year, BBF invites stakeholders from throughout the early childhood system to an Early Childhood Action Plan (ECAP) Summit, where the activities of the plan are evaluated and prioritized for the coming year. The results of this prioritization are then implemented through BBF committees for the following year. CDD engages in BBF Committees responsible for action plan implementation, and we align our quality spending with the implementation plans of these committees.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The Vermont Early Childhood Action Plan Goal 1: All Children Have a Healthy Start, Goal 2: Families and Communities Play a Leading Role in Children's Well-Being, Goal 3: All Children and Families Have Access to High-Quality Opportunities that Meet Their Needs, Goal 4: The Early childhood System will be Integrated, Well Resourced and Data-Informed.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Medicaid

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

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

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

STARS (STep Ahead Recognition System) (

<http://dcf.vermont.gov/childcare/providers/stars>) is administered statewide through an agreement between CDD and a community partner. The STARS oversight committee advises the community partner and CDD on the administration of the program and includes representatives from stakeholder groups including child care providers.

d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. N/A

e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

N/A

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

Participation is voluntary

Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

N/A

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

N/A

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The STARS system reflects how quality looks in different settings because it has different criteria for different provider settings, which are reflected in separate applications for home based, center based, public school operated pre-K, and afterschool applications, as well as a streamlined application for NAEYC accredited and Head Start programs. For each type of setting, program assessment tools that relate to quality specific to the setting are used, for example, the FCCERS (Family Child Care Environment Rating

Scale) is used for family child care settings, SAPQA or YPQA (School Age Program Quality Assessment and Youth Program Quality Assessment) are used for afterschool programs. In addition, criteria that measure effective administrative structures are specific to each type of program. For home-based programs the criteria are related to effective policies and their communication to families, practices related to financial management of a small business. In center-based programs, business practices including personnel policies related to supporting an effective staff, staff retention and compensation.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state measures the increase in percent of programs participating at 3, 4, or 5 star level of QRIS, and the capacity at the 3, 4, and 5 star level. The percentage of programs achieving 3 or more STARS has increased from 21% in state fiscal year 2010 (July 1, 2009 to June 30, 2010) to 70% in state fiscal year 2020 (July 1, 2019 to June 30, 2020). The percentage of regulated child care capacity has increased from 45% in state fiscal year 2014 (July 1, 2013 to June 30, 2014) to 78% in state fiscal year 2020 (July 1, 2019 to June 30, 2020).

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods

in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Vermont Parent Child Centers - Parent Child Centers (PCC's) (<http://dcf.vermont.gov/partners/pcc>) were established in statute in 1988 and funded initially with general funds. The 15 PCCs are community-based organizations located across Vermont. PCC's serve young children and their families in their designated geographic regions. PCC's implement practices aligned with the National Center for the Study of Social Policy (CSSP). These practices are designed to strengthen families and protect children from abuse or neglect. The Department for Children and Families also supports the CSSP framework for strengthening families.

Early Head Start - The Early Head Start Program provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families.

The Early Head Start Program goals are:

- Providing safe and developmentally enriching caregiving which promotes the physical, cognitive, social, and emotional development of infants and toddlers, and prepares them for future growth and development.
- Supporting parents, both mothers and fathers, in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self- sufficiency across a wide variety of domains.
- Mobilizing communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families, Ensuring the provision of high quality responsive services to family through the development of trained and caring staff.

Seven Head Start programs (<http://vermontheadstart.org/what-is-vhsa/7-vermont-programs/>) have centers and sites located throughout the State that offer services designed to meet family needs. (see 6.1.1 for more information) Vermont's four Early Head Start programs have centers and sites in every county with the exception of Bennington, Rutland, and Windsor Counties.

Early Head Start-Child Care Partnerships - The goals of the Early Head Start - Child Care Partnership grant are to increase the supply of high-quality Early Head Start services to infants, toddlers, and their low-income families, raise the quality of center-based child care and family child care to that of Early Head Start, and increase the compensation of child care and family child care staff to that of Early Head Start staff. Of the four community-based organizations running Early Head Start programs, two receive federal Early Head Start-Child Care Partnership Grants from the Office of Head Start to run Early Head Start - Child Care Partnership programs. Capstone Community Action and Champlain Valley Office of Economic Opportunity each received a federal Early Head Start - Child Care Partnership grant in 2015 to partner with high quality child care centers and family child care providers serving infants and toddlers from low-income families to developing and implementing innovative and collaborative services. Capstone Community Action's Early Head Start-Child Care Partnership program serves infant and toddlers and their low-income families in Lamoille, Orange, Washington counties, and Champlain Valley Office of Economic Opportunity's Early Head Start-Child Care Partnership program serve infants, toddlers and their low-income families throughout Franklin, Grand Isle, Chittenden, and Addison counties (see 6.1.1 for more information).

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

Vermont Early Childhood Networks (<https://www.letsgrowkids.org/early-educator->

[resources](#)) are made up of local groups of early childhood professionals across 12 regions in Vermont who take initiative through leadership, professional development and peer support to encourage, learn and grow together.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The state uses CCDF to fund Northern Lights at CCV (<https://northernlightscv.org/>) (NL@CCV), the hub and connector of the professional development system in Vermont for early childhood professionals working with children from 6-weeks old. In collaboration with key partners including other professional development sponsors, NL@CCV (<https://northernlightscv.org/>) supports and enhances a unified system of professional development for infant and toddler and other early childhood practitioners, including offering a variety of trainings that meet the annual professional development requirements for child care licensing specific to working with infants and toddlers. Some also meet specific training requirements for child care licensing qualifications or for Specialized Child Care training requirements. In the past year, some of the specific professional development topics that have been offered include: Creating Gross Motor Experiences for Infants and Toddlers; Get Oriented to the ITERS-3: Signposts On Your Way with Infants and Toddlers; Implementing the Creative Curriculum with Infants and Toddlers; Nature and Science Experiences for Infants and Toddlers; STEAM: Everyday Science and STEAM: Infants and Toddlers are Marvelous Mathematicians; and Social and Emotional Development of Infants and Toddlers. In addition to professional development. In addition to professional development, a priority focus for our Vermont Early Childhood Networks has been supporting the needs of infants and toddlers and they have been asked to prioritize infants and toddlers through their grants. Some Networks have focused their own professional development and peer support discussions on infants and toddlers to help support their knowledge and skills in working with the youngest children and their

families.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

The Child Development Division hosts the Part C Administrator in the Children's Integrated Services unit. Part C support services are connected with Specialized Child Care Coordinators housed at community agencies across the state to provide supports and services to meet each child's unique needs and the needs of their family in their home and community. Payment for services comes from a variety of sources, including insurance, Medicaid, participating agencies, local schools, family cost share, etc. By assisting in the coordination of locally available services, Children's Integrated Services is working to ensure that Vermont's young children and their families have access to the widest possible array of early intervention services.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

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

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Regulations specific to infants and toddlers include: General ratio requirements, increased supervision requirements, including naptime, safe sleep practices, food and nutrition and feeding requirements, diapering, toilet learning/training, rules around gates and stairways, swimming ratios, car seat safety, ration changes for non-ambulatory children transported in vehicles, appropriate curriculum requirements specifically for infants and toddlers.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Vermont Early Learning Standards (<http://vels.education.vermont.gov/standards>). The domains and Standards are presented in nine age categories; some of which overlap intentionally in an effort to demonstrate the variation that is typical of early childhood development. The age breakdowns include chronological age as well as conventional terminology. There are three sections for infants and toddlers as follows:

- Infants: Birth to 12 months
- Younger Toddlers: 9-18 months
- Older Toddlers: 18-36 months

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The CDD has a webpage on child care for parents (<http://dcf.vermont.gov/childcare/parents>) that includes information about finding and paying for childcare. Each resource has information specific to Infants and Toddlers. A toll-free number is provided for supporting parents in recognizing and finding high-quality infant and toddler care. This information is available through the 12 local Community Child Care Support Agencies (<https://dcf.vermont.gov/cdd/cccsa>) when accessing referral services for child care. Help Me Grow Vermont (<http://helpmegrowvt.org/>) provides a variety of human services supports to Vermonters, including child development information. Families can access information by speaking with an HMG Vermont Child development specialist (calling 211) or

through the Help Me Grow website (<https://helpmegrowvt.org/healthy-child-development>). The Vermont Early Learning Standards website includes a family resources section (<http://vels.education.vermont.gov/resources-educators-and-families/family-resources>) that supports families in understanding and supporting their child's development.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The capacity for infants and toddlers in the state in STARS participating programs decreased from December 2015 - December 2017 from 5547 to 5350, it then increased to 5709 in

December 2018. This increase is tied to the increase in programs participating in STARS, as the overall capacity for infants and toddlers has decreased (7086 in December 2015 to 6564 in December 2019). This is attributed to the statewide loss of family child care programs. However, even with the overall decrease in capacity, the capacity for infants and toddlers in high quality programs has increased significantly from 3683 in December 2015 to 5118 in December 2019. The information is available to the public here: <https://humanservices.vermont.gov/our-impact/performance-scorecards>.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Although Vermont does not fund a CCR&R organization, the Child Development Division contracts with twelve local community agencies across the state to conduct child care financial assistance eligibility and child care referral services. As part of the contract the agencies provide referrals to regulated child care programs, determine eligibility for parents applying to the Child Care Financial Assistance Program, and they provide consumer education information to families. This system is coordinated and monitored by state staff to ensure statewide standards across all agencies.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Vermont currently contracts with 12 agencies across the state for child care referral

services. All 12 agencies have performance measures outlined in each of the grants related to the services that are provided. Referral Performance Measures: 1. 80% of referral clients have been offered information about quality care indicators. The agencies have maintained over 90% of referral clients offered information on quality care indicators from 2014 - 2020. 2. 80% of referral clients surveyed indicate that the service was helpful to them. The agencies have maintained over 90% of referral clients indicating the service was helpful to them from 2014-2020. 3. 75% of regulated child care programs have referral information updated in the past 3 months. At the end of calendar year 2020 69% of regulated child care programs with referral information updated in 3 months in BFIS. This is a performance measure that agencies have struggled with. In FFY18 the Division started monitoring this referral performance measure by having grant monitors randomly reviewing referral information entered by referral specialists. In FFY2020 the COVID-19 pandemic impacted the programs that were open to families which made it difficult for referral specialists to update information. However, the pandemic provided us systems through surveys to gather information which we hope will improve the accuracy of information going forward.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Licensing Field Specialists provide technical assistance to providers on the childcare regulations through a variety of means including but not limited to webinars and individual support. Vermont provides professional development services to meet the regulatory requirements through a contract agreement with Northern Lights at the Community College of Vermont. This includes the Fundamentals for Early Childhood Professionals Course for newly hired entry-level staff and others. In addition, Vermont contracted with Better Kid Care to design an online Vermont specific orientation that meets the regulatory requirements. The Vermont Better Kid Care Orientation continues to be available at low cost. Vermont has also developed a system for licensed childcare programs to create their own program specific orientation that meets the regulatory requirements. The system also provides resources that may be used in the creation of the orientation (<https://dcf.vermont.gov/cdd/professional-development/requirements>). Also, Vermont helps individuals and licensed childcare programs with some of the cost of fingerprinting and with 100% of the fee charged by some states for the out of state child abuse and neglect registry checks.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
 - Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other
- Describe:
N/A

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the

state or territory has met these measures.

The state measures the increase in percent of programs participating at 3, 4, or 5 star level of QRIS, and the capacity at the 3, 4, and 5 star level. The percentage of programs achieving 3 or more STARS has increased from 21% in state fiscal year 2010 (July 1, 2009 to June 30,2010) to 70% in state fiscal year 2020 (July 1, 2019 to June 30, 2020). The percentage of regulated child care capacity has increased from 45% in state fiscal year 2014 (July 1, 2013to June 30, 2014) to 78% in state fiscal year 2020 (July 1, 2019 to June 30, 2020).

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The state measures the quality of child care programs in child care centers and family child care homes using the state's QRIS, called STARS. Embedded in the STARS process is several tools child care programs can use to achieve points, including Environmental Rating Scales and the Strengthening Families Self-Assessment.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The state measures the increase in percent of programs participating at 3, 4, or 5 star level of QRIS, and the capacity at the 3, 4, and 5 star level. The percentage of programs achieving 3 or more STARS has increased from 21% in state fiscal year 2010 (July 1, 2009 to June 30,2010) to 70% in state fiscal year 2020 (July 1, 2019 to June 30, 2020). The percentage of regulated child care capacity has increased from 45% in state fiscal year 2014 (July 1, 2013to June 30, 2014) to 78% in state fiscal year 2020 (July 1, 2019 to June 30, 2020).

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

The State funds accreditation and report fees for the National Association for the Education of Young Children, the National Association of Family Child Care, Council on Accreditation, and National Early Childhood Program Accreditation. In addition, programs receive bonuses for achieving these accreditations.

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

N/A

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

N/A

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

i. Focused on child care centers

Describe:

N/A

ii. Focused on family child care homes

Describe:

N/A

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers

Describe:

N/A

ii. Focused on family child care homes

Describe:

N/A

f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state measures the number of regulated child care programs and family child care homes that are nationally accredited. The number of nationally accredited programs has decreased from 81 programs in 2012 to 45 programs accredited in 2020. Programs have indicated the cost of achieving and maintaining accreditation is difficult, especially in maintaining qualified staff. Vermont supports programs through bonuses, and by

streamlining and supporting accreditation through the QRIS program - STARS.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

The STARS program was developed through a collaborative process with other state entities, private partners, and child care programs. The STARS work is overseen by an Oversight Committee that is made up of stakeholders including providers. The Oversight Committee continually uses best practices, research, and feedback from the field to determine how to improve STARS.

b. Preschoolers

The STARS program was developed through a collaborative process with other state entities, private partners, and child care programs. The STARS work is overseen by an Oversight Committee that is made up of stakeholders including providers. The Oversight Committee continually uses best practices, research, and feedback from the field to determine how to improve STARS.

c. and/or School-age children.

The STARS program was developed through a collaborative process with other state entities, private partners, and child care programs. The STARS work is overseen by an Oversight Committee that is made up of stakeholders including providers. The Oversight Committee continually uses best practices, research, and feedback from the field to determine how to improve STARS.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state measures the increase in percent of programs participating at 3, 4, or 5 star level of QRIS, and the capacity at the 3, 4, and 5 star level. The percentage of programs achieving 3 or more STARS has increased from 21% in state fiscal year 2010 (July 1, 2009 to June 30, 2010) to 70% in state fiscal year 2020 (July 1, 2019 to June 30, 2020). The percentage of regulated child care capacity has increased from 45% in state fiscal year 2014 (July 1, 2013 to June 30, 2014) to 78% in state fiscal year 2020 (July 1, 2019 to June 30, 2020).

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Providers submit attendance in two-week intervals called service periods. The invoice may be submitted immediately after the end of the service period. Payments are processed every week to pick up any late payments submitted by providers. Invoices submitted each week by Wednesday at noon are processed on Thursday with checks issued on Friday. Each provider payment goes through a two-step approval process. During this process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted. Providers are contacted if the hours, coded days, or payment amount does not look accurate or if the provider submitted for the incorrect service period.

All CDD subrecipient grants including CRRSA and ARPA funds are subject to AOA Bulletin 5-Policy for Grant Issuance and Monitoring Grant Guidelines and Procedures.

b. Fiscal oversight of grants and contracts

Describe:

The Child Care Financial Assistance Program has 12 contracts with Community Child Care Support Agencies to provide child care eligibility and referral service. Contract invoices are submitted on a quarterly basis and reviewed for expenditures prior to approval. Budget to actual is verified and grantees must produce source documents supporting the use of funds upon request. An invoice is rejected if any issues are found during processing. The agency must then correct the issue and submit a new invoice. During the period of September 1, 2019-August 30, 2021 seven invoices from different agencies were rejected for issues. New invoices were received and approved.

CRRSA grants are formulaic based and are awarded in monthly prospective installments only after a monthly report has been submitted by the grantee attesting to the fact that they spent their previous award in an allowable category.

CCDF quality/PD funded programs include performance measures with target deliverables and financial and on-site review occurs as part of the grant requirements. Agreements are also subject to the state procurement process to ensure suppliers have equal access and opportunity to compete for programs funded by CCDF funds.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

CDD uses a web-based, centralized integrated data system that includes a rules engine for the determination of eligibility for CCFAP. This use of an automated attendance reporting and payment system (BFIS) simplifies attendance reporting and significantly reduces time between provider reporting and payment.

Five percent of CRRSA grantees have been randomly selected for grant monitoring. Once notified that they have been chosen, we will request supporting documentation for selected reported expenses. We anticipate using the same process for ARPA grant.

CCDF quality/PD funded programs include financial reporting and monitoring with oversight by the Lead Agency.

d. Other

Describe:

N/A

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

Each year, all grantees undergo a risk assessment prior to authorization of a new grant or contract. The assessment includes a review of performance measure compliance. These performance measures include improper payments percentages and eligibility determination requirements. Fund accountability and agency audit practices are also assessed.

b. Establish checks and balances to ensure program integrity

Describe:

All CCDF funded programs are subject to the state procurement process, include performance measures, financial and programmatic monitoring, and reporting requirements.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Community Child Care Support Agencies (CCCSA) processes are monitored through the following processes:

- Performance based agreements specifying the quality and accuracy of eligibility determination activities required by the CDD. Data is pulled from case reviews and BFIS to determine if performance measures are met
- Regular on-site monitoring to ensure compliance with regulations and quality assurance including individual case reviews by CDD CCFAP Grant Monitors
- Regular on-site technical assistance from CDD CCFAP Grant Monitors

Grant managers are responsible for oversight and monitoring of CCDF funded programs with regular supervision from Lead Agency management.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Policy change notices that affect invoice processing, entering attendance or contains information on billing issues are emailed directly to on-line providers and mailed to paper providers. Links are provided for additional information or

assistance. The Child Development Division issues policy changes and notices as necessary to ensure staff and those who administer programs funded by CCDF are informed of program requirements.



ii. Issue policy manual.

Describe:

Child care providers are issued a Payment Handbook and a Provider Rate Agreement that contains information on invoicing for payments, program integrity and accountability. In addition, they are provided a link (<https://dcf.vermont.gov/childcare/providers/bfis>) which contains additional resources on submitting attendance for payment.



iii. Provide orientations.

Describe:

N/A



iv. Provide training.

Describe:

The Child Care Financial Assistance Quality Control Specialist is responsible for providing one-on-one assistance to child care providers on payment requirements and program integrity when needed. These training may be provided virtually or on site at the program. In addition, the state website contains several power point presentations on invoicing, adjustments and entering attendance in the BFIS.



v. Monitor and assess policy implementation on an ongoing basis.

Describe:

N/A



vi. Meet regularly regarding the implementation of policies.

Describe:



vii. Other.

Describe:

N/A

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

Child Care Financial Assistance policy change notices are distributed to each eligibility specialist at the local community agency. A conference call or regional meeting is then set up with all agencies to discuss the policy change and answer/clarify any questions the specialist may have. In addition, the State Grant Monitor follows up to ensure that the policy is utilized correctly during the determination process. For CCDF Quality/PD programs the lead agency issues policy changes and notices as necessary to ensure lead agency staff and those who administer programs funded by CCDF are informed of program requirements.

ii. Train on policy change notices.

Describe:

All CDD Child Care Financial Assistance Program staff and eligibility specialists are trained on eligibility policies and procedures. During this training, identification of fraud and potential program violations is reviewed. In addition, each CCFAP staff member is trained on and are actively involved with the state and federal audit process to ensure a complete understating of program integrity.

iii. Issue policy manuals.

Describe:

Each community agency has on-site, a Child Care Financial Assistance policy and procedure binder. When a policy is developed, or changed, the Grant Monitors print the updated policy for distribution. During an on-site monitoring visit, the binder is checked to ensure the new/updated policy is in place. All state CCFAP staff are also issued binders.

iv. Train on policy manual.

Describe:

Eligibility for Child Care Financial Assistance occurs at 12 regional community child care support agencies (CCCSA). Each community agency has on site a Child Care Financial Assistance policy and procedure binder. When an Eligibility Specialist is hired by an agency, they receive one-on-one training by the State of Vermont Grant Monitors on the policy binder and the use of BFIS to determine eligibility. To ensure program integrity all new staff eligibility determinations are monitored for a period of 3-6 months.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Child Care Financial Assistance Grant Monitors visit each community based eligibility and referral agency twice monthly. They monitor the processing of case files to ensure new requirements are being met. Case file audits are conducted on 10-15 files per agency per month to ensure eligibility policies and procedures are implemented correctly.

Building Bright Futures (BBF) is Vermont's Governor designated Early Childhood State Advisory Council (SAC) charged with creating an integrated system of services for Vermont children and families, from the prenatal period through age eight. BBF has a multi-tiered infrastructure consisting of 12 Regional Councils and seven committees that move the Vermont Early Childhood Action Plan (VECAP) forward; both of which inform the priorities and recommendations from the SAC. The CDD has staff on all the BBF committees and is regularly monitoring program requirements and assessing implementation of the CCDF state plan.

vi. Meet regularly regarding the implementation of policies.

Describe:

The Child Care Financial Assistance Grant Monitors visit each community based eligibility/referral agency twice monthly. During these visits implementation of policies are reviewed during the case monitoring process. Any policy question that cannot be answered during a case review is forwarded to the Child Care Benefits Administrator for final resolution.

The administrators from each CDD unit meets regularly with senior management regarding implementation and adherence to policies for all CCDF grants and contracts. In addition, the Lead Agency's co-administrators meet regularly to review the implementation of policies in the State Plan and receive continuous feedback from Building Bright Futures committees.

vii. Other.

Describe:

N/A

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Child Care Financial Assistance unit contains a Quality Control Specialist. The job duties of this position include identifying error prone policies, procedures, and case situations, and recommending corrective action to reduce/eliminate eligibility and payment errors. In addition, this position evaluates department compliance in specific operational areas relating to program administration and consults with supervisory and management personnel on error findings and operational deficiencies.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

A data bridge between the CDD Bright Futures database and the Economic Services database provides income information to BFIS daily. Eligibility Specialists and State staff can access this information to verify information provided by the client applying for Child Care Financial Assistance. If a discrepancy is noted, the information is sent to the Quality Control Specialist for further processing. If fraud is found, the client is removed from subsidy and if necessary, recoupment of funds is initiated.

From 2019 to present, four subsidy clients have been removed from the Child Care Financial Assistance Program. Total dollar amount of fraud is \$44,370.27. To date we have recouped \$6,640.00. One client paid the recoupment in full. Two clients continue to pay on a monthly basis and one client is sent to the tax set off program every year.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

BFIS generates regular reports related to enrollment of subsidized children at or above licensed capacity, children with multiple providers, providers with consistently high subsidy payments or potential double payments for one child. If issues are found, the appropriate CDD unit is notified, and corrective action is taken. These actions may include payment sanctions, change in payment certificates, or additional training for staff or child care providers. Data is not kept on the number or result of these activities as the issue is dealt with immediately through a payment adjustment, referral to licensing or a change in eligibility.

- iii. Review enrollment documents and attendance or billing records

[Describe the activities and the results of these activities:](#)

The Child Care Financial Assistance Grant Monitors visit each community agency twice monthly. They review subsidy case files to ensure all required eligibility documents are present. Audits are conducted on 10-15 files per agency per month with an emphasis placed on eligibility percentage, authorized child care hours and attendance hours of child. If errors are found in how eligibility is determined, the Grant Monitor will conduct additional training with the Eligibility Specialist and monitor their files for a period of 3 months.

Each provider payment goes through a two-step approval process. During this process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted.

Providers are contacted if the hours, coded days, or payment amount does not look accurate or if the provider submitted for the incorrect service period. If fraud is suspected attendance records are requested/picked up from the child care provider and compared with BFIS billing records.

- 2020 to present the process of comparing enrollment documents to billing records resulted in 7 child care providers being cited for improper billing. Recoupment letters were sent to providers outlining the improper payments and CDD's process for recouping funds.
- 2020 to present, 17 early invoicing letters were sent to providers and their attendance was zeroed out for the pay period where hours were submitted for dates that had not yet occurred. This ensured that no payment occurred for the pay period. The child care providers were required to do an adjustment after the pay period ended in order to generate a payment. During the adjustment period the provider must attest that the hours entered are correct.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

The Community Child Care Support Agencies (CCCSA) processes are monitored through the following processes:

- Performance based agreements specifying the quality and accuracy of eligibility determination activities required by the CDD. Data is pulled from case reviews and BFIS to determine if performance measures are met. The CCCSA must submit a plan of correction for any performance measure not met.
- Regular on-site monitoring to ensure compliance with regulations and quality assurance including individual case reviews by CCFAP Grant Monitors. Errors found are corrected and additional training provided if necessary.
- Regular on-site technical assistance from CCFAP Grant Monitors to prevent

case eligibility issues from developing.

Results of client case reviews conducted at each of the 12 community agencies shows that for the period of January 1, 2021-June 30, 2021, 868 client files were audited for eligibility errors. Fifty-Two cases of improper payments were found and corrected. For the 12 agencies this resulted in an overall improper payment rate of 5.9%

The CRRSA program integrity approach involves auditing expenditures from a random sample of grantees. Once selected, grantees will receive an email asking them to submit supporting documentation on identified expenses. We will use the same approach for ARPA funds.

CCDF funded quality/PD programs include performance measures and regular on-site financial and programmatic reviews to ensure quality assurance.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

During the payroll process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted. Providers are contacted if the hours, coded days, or payment amount does not look accurate. If errors in payment are detected adjustments or recoupments are implemented to correct the payment. In addition, clients and the general public may submit potential payment/fraud issues through our complaint portal. If the complaint is a child care provider payment issue, the complaint is forwarded to the Child Care Financial Assistance Quality Control Specialist.

The results from these audits and investigations are as follows:

- For the period of 2019 to present, twenty providers have had either a deduction from prior/future invoices, been placed on a payment plan or have been sent to the Tax Setoff program
- Original recoupment amount for all twenty providers totaled \$146,579.62
- Total money recouped to date is \$121,444.29

In addition, from 2020 to present, 17 early invoicing letters were sent to providers and their attendance was zeroed out for the pay period where hours were submitted for dates that had not yet occurred. This ensured that no payment occurred for the pay period. The child care providers were required to do an

adjustment after the pay period ended in order to generate a payment. During the adjustment period the provider must attest that the hours entered are correct.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All CDD Child Care Financial Assistance Program staff are trained on eligibility policies and procedures. During this training, Identification of fraud and potential program violations is reviewed. In addition, CCFAP staff members are actively involved with the state and federal audit process and are cross trained on all aspects of the Child Care Financial Assistance Program. This ensures that staff are able to detect and prevent fraud throughout the eligibility and payment process.

Child Care Community Support Agency eligibility specialist are also trained on policy related to identifying client/provider eligibility issues and improper payments. They are required to complete a case file checklist form for every application submitted. This form ensures that all required documentation is in the file and the information is accurate.

The results of this training is documented by our federal improper payment results which shows a continued decline in the number of cases with an improper payments (2014 - 7.61%, 2017 - 3.62%, 2020 - 2.17%). In addition, the Child Care Financial Assistance Program has received no findings in the last two state audits on eligibility and payments.

vii. Other

Describe the activities and the results of these activities:

N/A

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by

the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

A data bridge between the CDD Bright Futures database and the Economic Services database provides income information to BFIS daily. Eligibility Specialists and State staff can access this information to verify information provided by the client applying for Child Care Financial Assistance. If a discrepancy is noted, the information is sent to the Quality Control Specialist for further processing. If an error is found, the individual will be contacted to provide the correct information/documentation and the error will be corrected in the system. If the unintentional violation results in a benefit to the client, adjustments will be done to correct the provider invoices so that the parent receives the correct payment on their behalf. Data is not kept on unintentional program violations.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Eligibility, enrollment, attendance, and payment data is aggregated into program reports and regularly reviewed to detect any trends warranting further inquiry or investigation. One FTE Quality Control Specialist, dedicated to the CCFAP, runs audits on these reports to determine if administrative errors have occurred. If an error is found an adjustment will be made to correct the error and additional training provided to the individual that created the error. Due to extensive training of State staff and a new CCFAP Payment Processing Handbook, no errors have occurred in the processing of check writers, back payments, specialized service payments or adjustments from January 1, 2021 to present.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The Child Care Financial Assistance Grant Monitors visit each community agency twice monthly. They review subsidy case files to ensure all required eligibility documents are present. Audits are conducted on 10-15 files per agency per month with an emphasis placed on eligibility percentage, authorized child care hours and attendance hours of child. The Eligibility Specialists are required to fix all case file errors.

Each provider payment goes through a two-step approval process. During this process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted. Providers are contacted if the hours, coded days, or payment amount does not look accurate or if the provider submitted for the incorrect service period. Data is not kept on unintentional violations of hours, coded days, or submitting on an incorrect service period. The error is corrected as soon as it is discovered and the provider is notified. This is the standard work process each payroll.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Community Child Care Support Agencies (CCCSA) processes are monitored through the following processes:

- Performance based agreements specifying the quality and accuracy of eligibility determination activities required by the CDD. Data is pulled from case reviews and BFIS to determine if performance measures are met. The CCCSA must submit a plan of correction for any performance measure not met.
- Regular on-site monitoring to ensure compliance with regulations and quality assurance including individual case reviews by CCFAP Grant Monitors. Errors found are corrected and additional training provided if necessary.
- Regular on-site technical assistance from CCFAP Grant Monitors to prevent case eligibility issues from developing.

Results of client case reviews conducted at each of the 12 community agencies shows that for the period of January 1, 2021-June 30, 2021, 868 client files were audited for eligibility errors. Fifty-Two cases of improper payments were found and

corrected. For the 12 agencies this resulted in an overall improper payment rate of 5.9%

v. Audit provider records.

[Describe the activities and the results of these activities:](#)

During the payroll process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted. Providers are contacted if the hours, coded days, or payment amount does not look accurate or if the provider submitted for the incorrect service period. Data is not kept on unintentional violations of hours, coded days, or submitting on an incorrect service period. The error is corrected as soon as it is discovered and the provider is notified. This is the standard work process each payroll.

vi. Train staff on policy and/or audits.

[Describe the activities and the results of these activities:](#)

All CDD Child Care Financial Assistance Program staff are trained on eligibility policies and procedures. During this training, Identification of fraud and potential program violations is reviewed. In addition, CCFAP staff members are actively involved with the state and federal audit process and are cross trained on all aspects of the Child Care Financial Assistance Program. This ensures that staff are able to detect and prevent fraud throughout the eligibility and payment process. Eligibility Specialist are also trained on policy and audits. In addition, they are required to complete a case file checklist on each application submitted which ensures that all necessary documentation is in the file.

The result of this training is documented by our federal improper payment results which shows a continued decline in the number of cases with an improper payments (2014 - 7.61%, 2017 - 3.62%, 2020 - 2.17%). In addition, the Child Care Financial Assistance Program has received no findings in the last 2 State audits of eligibility determination and payments.

vii. Other

Describe the activities and the results of these activities:

N/A

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

A data bridge between the CDD Bright Futures database and the Economic Services database provides income information to BFIS daily. Eligibility Specialists and State staff can access this information to verify information provided by the client applying for Child Care Financial Assistance. If a discrepancy is noted, the information is sent to the Quality Control Specialist for further processing. The community agency eligibility specialist is notified immediately to address the error and additional training is provided on determining eligibility. In addition, the Grant Monitor is notified so that a case review is conducted to ensure no improper payment occurred.

Results of client case reviews conducted at each of the 12 community agencies shows that for the period of January 1, 2021-June 30, 2021, 868 client files were audited for eligibility errors. Fifty-two cases of improper payments were found and corrected. For the 12 agencies this resulted in an overall improper payment rate of 5.9%

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Eligibility, enrollment, attendance, and payment data is aggregated into program reports and regularly reviewed to detect any trends warranting further inquiry or investigation. One FTE Quality Control Specialist, dedicated to the CCFAP, runs audits on these reports to determine if administrative errors have occurred. If an error is found an adjustment will be made to correct the error and, if needed, additional training is provided to the individual that created the error. Data is not currently collected on errors flagged through system reports however a process will be put in place to extract this data when the new system launches.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The Child Care Financial Assistance Grant Monitors visit each community agency twice monthly. They review subsidy case files to ensure all required eligibility documents are present. Audits are conducted on 10-15 files per agency per month with an emphasis placed on eligibility percentage, authorized child care hours and attendance hours of child. The Eligibility Specialists are required to fix all case file errors.

Results of client case reviews conducted at each of the 12 community agencies shows that for the period of January 1, 2021-June 30, 2021, 868 client files were audited for eligibility errors. Fifty-two cases of improper payments were found and corrected. For the 12 agencies this resulted in an overall improper payment rate of 5.9%

Each provider payment goes through a two-step approval process. During this process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted. Providers are contacted if the hours, coded days, or payment amount does not look accurate or if the provider submitted for the incorrect service period. Data is not kept on unintentional errors committed by child care providers. The error is corrected when it is found and the provider is contacted for additional training on

the billing process.

The CRRSA program integrity approach for billing records involves auditing expenditures from a random sample of grantees. Once selected, grantees will receive an email asking them to submit supporting documentation on identified expenses. The same approach will be used for ARPA funds.

iv. [Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

The Community Child Care Support Agencies (CCCSA) processes are monitored through the following processes:

- Performance based agreements specifying the quality and accuracy of eligibility determination activities required by the CDD. Data is pulled from case reviews and BFIS to determine if performance measures are met. The CCCSA must submit a plan of correction for any performance measure not met.
- Regular on-site monitoring to ensure compliance with regulations and quality assurance including individual case reviews by CCFAP Grant Monitors. Errors found are corrected and additional training provided if necessary.
- Regular on-site technical assistance from CCFAP Grant Monitors to prevent case eligibility issues from developing.

Results of client case reviews conducted at each of the 12 community agencies shows that for the period of January 1, 2021-June 30, 2021, 868 client files were audited for eligibility errors. Fifty-two cases of improper payments were found and corrected. For the 12 agencies this resulted in an overall improper payment rate of 5.9%

The CRRSA program integrity approach involves auditing expenditures from a random sample of grantees. Once selected, grantees will receive an email asking them to submit supporting documentation on identified expenses. We will use the same approach for ARPA funds.

CCDF funded quality/PD programs include performance measures and regular on-site financial and programmatic reviews to ensure quality assurance.

v. Audit provider records.

Describe the activities and the results of these activities:

During the payroll process 10-15% of the total number of invoices submitted receive a secondary screening of authorized child care hours versus attendance hours submitted. Providers are contacted if the hours, coded days, or payment amount does not look accurate or if the provider submitted for the incorrect service period. If errors in payment are detected whether they are intentional or unintentional, adjustments or recoupments are implemented to correct the payment.

The results from these audits are as follows:

- For the period of 2019 to present, twenty providers have had either a deduction from prior/future invoices, been placed on a payment plan or have been sent to the Tax Setoff program
- Original recoupment amount for all twenty providers totaled \$146,579.62
- Total money recouped to date is \$121,444.29

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All CDD Child Care Financial Assistance Program staff are trained on eligibility policies and procedures. During this training, Identification of fraud and potential program violations is reviewed. In addition, CCFAP staff members are actively involved with the state and federal audit process and are cross trained on all aspects of the Child Care Financial Assistance Program. This ensures that staff are able to detect and prevent fraud throughout the eligibility and payment process.

The result of this training is documented by our federal improper payment results which shows a continued decline in the number of cases with an improper payments (2014 - 7.61%, 2017 - 3.62%, 2020 - 2.17%). In addition, the Child Care Financial Assistance Program has received no findings in the last 2 State audits of eligibility determination and payments.

vii. Other

Describe the activities and the results of these activities:

N/A

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Department for Children and Families, Child Development Division.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Minimum dollar amount to be recovered is \$1.00. If the improper payment is confirmed and the billing window is still open, an adjustment is done to the original invoice and the entire improper payment amount is recovered. If the billing window is closed, a repayment plan is set up with the provider. In cases of program violation by a client, the Eligibility Specialist and State Grant Monitor meets with the parent to verify the eligibility information. If an improper payment occurred, a repayment plan is established with the client to recover the overpayment.

From 2019 to present, four subsidy clients have been removed from the Child Care Financial Assistance Program. Total dollar amount of fraud is \$44,370.27. To date we have recouped \$6,640.00. One client paid the recoupment in full. Two clients continue to pay on a monthly basis and one client is sent to the tax set off program every year.

For the period of 2019 to present, twenty providers have had either a deduction from prior/future invoices, been placed on a payment plan or have been sent to the Tax Setoff program. The original recoupment amount for all twenty providers totaled \$146,579.62 The total money recouped to date is \$121,444.29

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

N/A

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

In cases of program violation by a child care provider, the case is referred to the Quality Control Specialist in the CCFAP Unit. If the improper payment is confirmed and the billing window is still open, an adjustment is done to the original invoice. If the billing window is closed, a repayment plan is set up with the provider. In cases of program violation by a client, the Eligibility Specialist and State Grant Monitor meets with the parent to verify the eligibility information. If an improper payment occurred, a repayment plan is established with the client to recover the overpayment.

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For the period of 2019 to present, twenty providers have had either a deduction from prior/future invoices, been placed on a payment plan or have been sent to the Tax Setoff program. The original recoupment amount for all twenty providers totaled \$146,579.62 The total money recouped to date is \$121,444.29.

For the federal Covid-19 relief funding, the Child Development Division has arranged re-payment plans for some programs that received improper payments. To date, CDD has recouped approximately \$454,449.00 from 144 programs through repayment plans or by reducing future payments.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

CRRSA grantees agree that the State of Vermont may recover funds, if necessary, by reducing future payments made to the provider. Some payment plans involved a reduced award of the next federal funding opportunity. To date CDD has recouped approximately \$454,449.00 from 144 programs through repayment plans or reduced payment.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Tax intercepts will be utilized when a client refuses to set up a payment plan with CDD. If a child care provider is no longer in operation and repayment has stopped, a tax intercept will be initiated. Tax intercept letter are sent to clients and former providers prior to their names being submitted to the Tax Department. This often results in an increase in money being returned on a voluntary basis.

For the 2021 tax setoff season the Child Care Financial Assistance Program will submit six entities for tax intercept. Four intercepts are for clients and two are child care providers that have closed.

vi. Recover through other means.

Describe the activities and the results of these activities:

N/A

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

One Quality Control Specialist, assigned to the CCFAP Unit, is specifically educated to CCFAP improper payments. The Childcare Benefits Administrator assigns cases, where improper payments are suspected, to this individual and works closely with them on ensuing investigation and repayment plan. This position has access to state databases and has built connections with town department allowing a statewide verification of information.

From 2019 to present the Child Care Financial Assistance Quality Control Specialist has investigated and verified \$190,950.89 in improper payments. To date \$126,974.29 has been recouped.

viii. Other

Describe the activities and the results of these activities:

N/A

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Minimum dollar amount to be recovered is \$1.00. If the improper payment is confirmed and the provider billing window is still open, an adjustment is done to the original invoice and the entire improper payment amount is recovered. If the billing window is closed, a repayment plan is set up with the provider. In cases of unintentional program violation by a client, the Eligibility Specialist and State Grant Monitor meets with the parent to verify the eligibility information. If an improper payment is confirmed, a repayment plan is established with the client to recover the overpayment. We do not separate our data based upon intentional or unintentional program violations.

From 2019 to present the results are as follows:

- Three clients on repayment plans. A personal check is sent by the client.
- Twenty provider were or are now on a recoupment plan that takes money from invoices they submit in the system
- One client has paid her debt in full

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

N/A

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

In cases of unintentional program violation by a child care provider, the case is referred to the Quality Control Specialist in the CCFAP Unit. If the improper payment is confirmed and the billing window is still open, an adjustment is done to the original invoice. If the billing window is closed, a repayment plan is set up with the provider. In cases of unintentional program violation by a client, the Eligibility Specialist and State Grant Monitor meets with the parent to verify the eligibility information. If an improper payment occurred, a repayment plan is established with the client to recover the overpayment. We do not separate our data based upon intentional or unintentional program violations.

From 2019 to present the results are as follows:

- Three clients on repayment plans. A personal check is sent by the client.
- Twenty provider were or are now on a recoupment plan that takes money from invoices they submit in the system
- One client has paid her debt in full

CRRSA grantees certify that they must repay the grant or portion of the grant to the Agency of Human Services (AHS) if: any grant funds received were issued in error; are based on incorrect representations made to the AHS; or any costs forming the basis of a grant award under this program are covered by other federal grants or federally forgiven loans. Grantees agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the AHS

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

N/A

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Tax intercepts will be utilized when a client refuses to set up a payment plan with CDD. If a child care provider is no longer in operation and repayment has stopped, a tax intercept will be initiated. Tax intercept letter are sent to clients and former providers prior to their names being submitted to the Tax Department. This often results in an increase in money being returned on a voluntary basis.

For the 2021 tax setoff season the Child Care Financial Assistance Program will submit six entities for tax intercept. Four intercepts are for clients and two are child care providers that have closed.

vii. Recover through other means.

Describe the activities and the results of these activities:

n/a

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

One Quality Control Specialist, assigned to the CCFAP Unit, is specifically educated to CCFAP improper payments. The CCFAP manager assigns cases, where improper payments are suspected, to this individual and works closely with them on ensuing investigation and repayment plan. This position has access to state databases and has built connections with town department allowing a statewide verification of information.

From 2019 to present the Child Care Financial Assistance Quality Control Specialist has investigated and verified \$190,950.89 in improper payments. To date \$126,974.29 has been recouped.

ix. Other

Describe the activities and the results of these activities:

N/A

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

N/A

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

N/A

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

CRRSA grantees certify that they must repay the grant or portion of the grant to the Agency of Human Services (AHS) if: any grant funds received were issued in error; are based on incorrect representations made to the AHS; or any costs forming the basis of a grant award under this program are covered by other federal grants or federally forgiven loans. Grantees agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the AHS.

The Child Care Financial Assistance Program does not recover misspent funds due to community child care support agency error.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

CRRSA grantees agree that the State of Vermont may recover funds, if necessary, by reducing future payments made to the provider, including payments made through the Child Care Financial Assistance Program.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

N/A

vii. Recover through other means.

Describe the activities and the results of these activities:

N/A

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

N/A

ix. Other

Describe the activities and the results of these activities:

No recoupment will occur if the improper payment is due to an agency eligibility specialist error. Additional training is provided by the State Grant Monitors to ensure that the eligibility specialist understands how/why the error occurred and what can be done to prevent any further eligibility determination errors. The Child Care Financial Assistance client is notified that an error occurred in their favor and eligibility will be redetermined to correct the error. The client is given 30 day notice of this change in eligibility.

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

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

Describe the activities and the results of these activities:

In cases of suspected intentional program violation, the case is referred to the Quality Control Specialist in the CCFAP Unit. If fraud is substantiated, the Child Care Financial Assistance client is excluded from further participation in the CCFAP, and a payment plan is established to recover overpayments. This may include tax or other income intercepts. Child Care Financial Assistance clients may appeal to the DCF Commissioner and the Vermont Human Services Board if they feel they have been unfairly excluded from participation in the CCFAP. This process includes a review and decision by a designee of the Commissioner in which the client has an opportunity to present their perspective on the grounds for exclusion. If the client is not satisfied with the Commissioner's Review decision, they can continue their appeal to an impartial Human Services Board.

From 2019 to present 4 clients have been disqualified from the program.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

In cases of suspected intentional program violation, the case is referred to the Quality Control Specialist in the CCFAP Unit. If fraud is substantiated, the child care provider may be excluded from further participation in the CCFAP, and a payment plan is established to recover overpayments. This may include tax or other income intercepts. Child Care providers may appeal to the DCF Commissioner and the Vermont Human Services Board if they feel they have been unfairly excluded from participation in the program. This process includes a review and decision by a designee of the Commissioner in which the provider has an opportunity to present their perspective on the grounds for exclusion. If the provider is not satisfied with the Commissioner's Review decision, they can continue their appeal to an impartial Human Services Board.

From 2019 to present no provider has been disqualified from the program.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

The Vermont Attorney General's office makes decisions on whether to accept these cases for prosecution. To date the Attorney General's Office has not prosecuted any clients or child care providers for committing fraud.

d. Other.

Describe the activities and the results of these activities:

N/A

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.