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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:34:15 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Vermont Department for Children and Families**
 - ii. Street Address: **280 State Drive, NOB 1 North**
 - iii. City: **Waterbury**
 - iv. State: **Vermont**
 - v. ZIP Code: **05671**
 - vi. Web Address for Lead Agency: **<http://dcf.vermont.gov/>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Janet**
 - ii. Lead Agency Official Last Name: **McLaughlin**
 - iii. Title: **Deputy Commissioner**
 - iv. Phone Number: **802-798-4326**
 - v. Email Address: **janet.mclaughlin@vermont.gov**

1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Chris**

- ii. CCDF Administrator Last Name: **Case**
- iii. Title of the CCDF Administrator: **Director of Policy and Planning**
- iv. Phone Number: **802-798-4376**
- v. Email Address: **chris.case@vermont.gov**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: **Emily**
 - ii. CCDF Co-Administrator Last Name: **Hazard**
 - iii. Title of the CCDF Co-Administrator: **Child Care Benefits Administrator**
 - iv. Phone Number: **802-585-9704**
 - v. Email Address: **Emily.hazard@vermont.gov**
 - vi. Description of the Role of the Co-Administrator: **CDF State Plan coordination and maintenance**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:

- ☐ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Community based Child Care Support Agencies

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Community based Child Care Support Agencies
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

☒ Yes. If yes, describe: **Written agreements between the Vermont Department for Children and Families ("DCF"), Child Development Division ("CDD") and other agencies include as part of the contract an Attachment A - Statement of Work. This document contains a section entitled Services to be Provided, which details the specific expectations of the agreement related to tasks to be performed.**

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: **Written agreements between CDD and other agencies provide a contract term for the completion of performance. The contract also includes a timetable for deliverables with specific dates for benchmarks.**

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **On a quarterly basis, each of the twelve Community Child Care Support Agencies ("CCCSA") submits a Request for Payment and Financial Report that shows the CCCSA's actual costs for the period. The Financial Report includes each agency's approved budget that itemizes categorical expenditures with the related expenses for the quarter.**

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **Indicators and measures to assess performance of the CCCSAs are available in Attachment B - Payment Provisions section of the agreement between the CCCSA and CDD.**

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **CDD utilizes Grant Monitors to complete ten (10) case assessments per agency per month. Each case assessment reviews family information, application information, required verification, and the eligibility determination for any errors.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☒ Yes.

☐ No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

☒ Yes.

☐ No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce.

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **CDD staff connected with leadership from the Vermont Association of Planning and Development Agencies ("VAPDA") and the Vermont League of Cities and Towns ("VLCT") to notify them about the publication of a draft Vermont State Plan, and invited representatives of VAPDA and VLCT to attend the two public hearings where an overview of the State Plan was presented by CDD, and to provide their input. VAPDA is a non-profit corporation composed of the eleven Regional Planning Commissions of Vermont created and operating under the provision of the Municipal and Regional Planning and Development Act. The mission of VAPDA is to increase the effectiveness of Vermont's Regional Planning Commissions, and public and private planning by Municipalities, Regions, and the State of Vermont. Vermont's Municipal and Regional Planning and Development Act includes the goal "(T)o 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." (24 V.S.A. § 4302(13)). VLCT is a nonprofit organization founded in 1967 with the mission of serving and strengthening Vermont local government. Any feedback received from VAPDA and VLCT was considered as part of CDD's process for reviewing public input.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **Under Vermont's early childhood public-private partnership, Building Bright Futures ("BBF") is charged as Vermont's Early Childhood State Advisory Council ("SAC") under 33 V.S.A. §§ 4601 - 4605 and the Head Start Act, 42 USC 9801 et seq. When seeking input on the CCDF State Plan, CDD staff consulted with members of the Vermont's SAC and three BBF Committees - the Early Learning and Development ("ELD") Committee, the Professional Preparation and Development ("PPD") Committee, and the Early Childhood Interagency Coordinating Team ("ECICT"). Additionally, CDD staff provided the ELD Committee with an overview of the draft Plan in a separate meeting and then invited Committee members to comment on the Plan online through the public comment link. Any input received from the SAC or the BBF Committees was considered as a part of CDD's process for reviewing public input.**

- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **Not applicable. The federal government does not recognize any Tribal Entities within Vermont.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **Through the targeted outreach to BBF and SAC, and through the notifications by email to those who have signed up to receive notifications from CDD including representatives from the child care workforce and after school networks, CDD invited attendance at one of the two public hearings, review of the draft Plan posted on the CDD website, and input submitted either through email or through the online portal for Plan feedback and comment. Any input received from entities, agencies, or organizations representing child care workforce or statewide after school networks, or members of the workforce of child care providers or afterschool networks was considered as a part of CDD's process for reviewing public input.**

1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **5/28/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/8/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
[x] Yes.
[] No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The notice was posted on the CDD blog, which is a part of CDD's website. In addition, an announcement was sent through an electronic mailing list to a self-selected group of people who are interested in receiving information from CDD, which includes members of advocacy groups, parents, legislators, and the general public. An announcement was also emailed to early childhood professionals representing 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. Information was included in the notice about accommodations and interpreter services, and how these services could be accessed upon request.**

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The two public hearings were each held virtually using Microsoft Teams technology. Additionally, the draft plan and PowerPoint presentation from the hearings were posted on the CDD website after the public hearing, and a link was provided for the submission of public comments through a survey tool. By utilizing technology for both the presentations and the solicitation of public comments, access was available to every geographic region of Vermont.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The full draft plan was made available to the public on May 24, 2024, on CDD's website. Notice of the plan was posted on the CDD website, with instructions of how to request the plan in other languages or formats.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Public comment on the plan could be submitted either by email or through the online public comment portal posted on CDD's website. Recommendations for changes to the State Plan were reviewed and considered by CDD leadership team and by subject matter experts for each section of the Plan. For every recommendation that was considered, CDD provided a rationale for why that recommendation was either accepted or rejected. A summary of the recommendations collected through the public input process, and related rationale, will be posted publicly on CDD's website after the submission of the State Plan for federal review.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://dcf.vermont.gov/CDD/CCDF>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. ☐ Working with advisory committees. Describe:
 - ii. ☐ Working with child care resource and referral agencies. Describe:
 - iii. ☒ Providing translation in other languages. Describe: **Upon request, CDD provides documents, including the CCDF draft and final State Plan, amendments, waivers, and any other relevant and requested material in the requested language.**
 - iv. ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Notice is provided through Mailchimp, an email platform, to notify those who have signed up to receive communications and announcements from CDD of the posting of documents on the CDD webpage, along with links to the pages and documents.**

- v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Once the plan is approved, community partners, providers, and others will receive notification through the same Mailchimp platform as described in 1.3.3b(iv).**
- vi. ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
- vii. ☐ Direct communication with the child care workforce. Describe:
- viii. ☐ Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

- ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **Families who are determined eligible for Temporary Aid to Needy Families ("TANF"), called Reach Up in Vermont, may be determined eligible for participation in and subsidy through the Child Care Financial Assistance Program ("CCFAP") by their Reach Up Case Manager.**
- iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **All children in the household at the time of determination are assessed for eligibility as part of the application processing. If a child is eligible, but not currently in care, an authorization is created for the child's twelve (12) month eligibility period that can be later used to create a certificate to a program if the child starts attending after the initial assessment date.**
- iv. ☐ Self-assessment screening tools for families. Describe:
- v. ☐ Extended office hours (evenings and/or weekends).
- vi. ☒ Consultation available via phone.
- vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **CCCSAs have contract performance measures to ensure applications are processed efficiently and that timely eligibility determinations are made. Eighty percent (80%) of Child Care Financial Assistance applications must be initiated within seven (7) business days of receipt. Eighty percent (80%) of Child Care Financial Assistance applications must have eligibility determined or the application closed within thirty (30) days of the initial receipt of application.**
- viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
☒ Yes.
☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
☒ Yes. If yes, describe the policies: **Families receiving TANF (Reach Up) assistance bypass the application process. If they are determined eligible for child care subsidy by their Reach Up Case Manager, the Case Manager enters an authorization into Child Development Division Information System ("CDDIS") for their eligibility determination. All eligibility requirements are verified by the Reach Up Case Manager. All families receiving TANF assistance with a child care authorization receive a full twelve (12) month authorization.**
☐ No.

2.1.2 Preventing disruption of eligibility activities

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

- i. ☒ 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. ☐ Leveraging eligibility from other public assistance programs.
 - ix. ☐ Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☐ Yes. If yes, describe the policies:
- ☒ No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- ☒ Yes.
- ☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.
- Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- ☐ No.
- ☒ Yes.
- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A person who is age thirteen (13) up to age nineteen (19) who has an Individual Education Plan ("IEP") or a documented physical, emotional or behavioral condition that precludes the person from providing self-care or being left unsupervised, as verified by the written record of a physician, licensed psychologist or court records.**
- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
☐ No.
☒ Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**
- d. How does the Lead Agency define the following eligibility terms?
 - i. “residing with”: **Two or more persons residing in the same household, at least one of whom is the child’s primary caretaker. Family members temporarily absent from the household, for whom the family claims financial responsibility for tax purposes, are considered members of the family for establishing income eligibility and family size; they are not however, considered family members for the purpose of determining the need for service.**
 - ii. “in loco parentis”: **A child’s legal guardian or other person legally responsible for a child’s welfare.**

2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. ☒ An activity for which a wage or salary is paid.
 - ii. ☒ Being self-employed.
 - iii. ☐ During a time of emergency or disaster, partnering in essential services.
 - iv. ☐ Participating in unpaid activities like student teaching, internships, or practicums.
 - v. ☐ Time for meals or breaks.
 - vi. ☒ Time for travel.
 - vii. ☒ Seeking employment or job search.
 - viii. ☐ Other. Describe:

- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. ☒ Vocational/technical job skills training.
 - ii. ☒ Apprenticeship or internship program or other on-the-job training.
 - iii. ☒ English as a Second Language training.
 - iv. ☒ Adult Basic Education preparation.
 - v. ☒ Participation in employment service activities.
 - vi. ☐ Time for meals and breaks.
 - vii. ☒ Time for travel.
 - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☒ Time for outside class study or completion of homework.
 - x. ☒ Other. Describe: **Other activities identified as "working" include work programs, training programs, and other activities approved by DCF's Economic Services Division ("ESD") as part of the caretaker's family development plan; work for training programs approved by the Department of Labor; work study programs or training programs related to employment; high school, public or private, and high school equivalency programs such as Adult Basic Education ("ABE") or General Equivalency Diploma ("GED"); post-secondary courses at an accredited or recognized institution of higher education offering certification or associate and bachelor degree course work; non-traditional and/or online training approved on an individual basis, and; community service time/training.**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
 - ii. ☒ Certificate programs (12-18 credit hours).
 - iii. ☒ One-year diploma (36 credit hours).
 - iv. ☒ Two-year degree.
 - v. ☒ Four-year degree.
 - vi. ☒ Travel to and from classrooms, labs, or study groups.
 - vii. ☒ Study time.
 - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Applicable meal and break times.
 - xi. ☐ Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☐ No.

☒ Yes.

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

☒ Work. Describe: **If a primary caretaker has work as their reason for needing care, a minimum of one (1) hour of work is required for the child to be eligible for CCFAP.**

☒ Job training. Describe: **If a primary caretaker has job training as their reason for needing care, a minimum of one (1) hour of job training activity is required for the child to be eligible for CCFAP.**

☒ Education. Describe: **If a primary caretaker has education as their reason for needing care, a minimum of one (1) hour of education activity is required for the child to be eligible for CCFAP.**

☒ Combination of allowable activities. Describe: **If a primary caretaker has more than one reason for needing care, a minimum of one (1) hour of allowable activities is required for the child to be eligible for CCFAP.**

☐ Other. Describe:

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

☒ Yes.

☐ No. If no, describe the additional work requirements:

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

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

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

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

☒ Children in foster care.

☒ Children in kinship care.

☒ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

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

☒ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☒ Other. Describe: **Children adopted from the DCF's Family Services Division ("FSD") with Adoption Assistance Agreement and children under legal guardianship who are eligible for a TANF/Reach Up Child Only grant.**

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

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

☐ Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4795.00	179.00	8607.00
2	6271.00	137.00	8607.00

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
3	7746.00	124.00	8607.00
4	9221.00	147.00	10400.00
5	10697.00	171.00	12193.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

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

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

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

- i. Region/locality with the highest eligibility limit:

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

- ii. Region/locality with the lowest eligibility limit:

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

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

iii. Region/locality that is most populous:

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

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

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

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

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

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☐ Rent for room within the family’s residence.
- vii. ☒ Pensions or annuities.
- viii. ☒ Inheritance.

- ix. ☐ Public assistance.
- x. ☒ Other. Describe: **The total gross monthly income received by a child and their primary caregivers, which is derived from any source except for the following: 1) Income received from the sale of real or personal property (house, car, boat, stocks, bonds) unless the primary caretaker(s) was/were engaged in the business of selling such property, in which case the net proceeds will be counted as income from self-employment; 2) Withdrawals from bank deposits; 3) Money borrowed; 4) Tax refunds including Renters Rebate and Earned Income Credit; 5) Public assistance income (such as income received in DCF's ESD financial assistance programs, including but not limited to Supplemental Nutrition Assistance Program ("SNAP") referred to as 3Squares in Vermont, Medicaid, Fuel Assistance, Reach Up, Reach First (Reach First is temporary, short term financial assistance for families who have a plan and will not need TANF cash assistance beyond four (4) months), and Post-Secondary Education program payments, General Assistance and Emergency Assistance; 6) Value of United States Department of Agriculture ("USDA") donated foods and home produce consumed by the family; 7) Wage, salary, or other earned income of a person under age eighteen (18) living in the household who is not the primary caretaker; 8) 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 case plan or other case plan; 9) Supplemental Security Income ("SSI") Child Support paid out on a regular basis to another household; 10) Adoption assistance payments under Title IV-E of the Adoption Assistance and Child Welfare Act of 1980 or under the State's Adoption Assistance Program Payments to foster parent(s) from DCF's FSD to subsidize the care and maintenance of a foster child; 11) Self-employment business expenses other than depreciation charges, Section 179, per current IRS procedures; 12) Money received from federal and/or sponsored programs as stipends; 13) Military pay for household members deployed on active duty.**
- d. What is the effective date for these income eligibility limits? **The effective date is April 7, 2024.**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
[x] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: 2024

☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/Benefits/CCFAP-Income-Guidelines-Effective-April-2024.pdf>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary

increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

- i. ☒ Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time **Thirty (30) days prior to application date**
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☒ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☒ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Families can submit new documentation that is reflective of their current income at any time during their twelve (12) month eligibility period**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
☒ Yes.
☐ No. If no, describe:
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
☐ No.
☒ Yes. If yes, describe the policy or procedure: **The asset limit is waived for children with Protective Services Authorizations and children who have been adopted through Vermont's Family Services Division and have an Adoption Assistance Agreement.**

2.2.7 Additional eligibility criteria

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

- a. ☐ Eligibility determination? If checked, describe:
- b. ☐ Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: CDD accepts applicant self-declaration to include name, Social Security Number ("SSN") (optional), address, and birthdate. CDD will verify information with ESD benefit programs as needed. This verification is required annually.
[x]	[x]	Applicant's relationship to the child. Describe how you verify: CDD accepts applicant self-declaration. Information, which will be verified with ESD benefit programs as needed. This is required annually.
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: CDD accepts applicant self-declaration information, which will be verified with ESD benefit programs as needed. This is required annually.
[x]	[x]	Work. Describe how you verify: CDD requires employment verification form, pay stubs, and/ or tax forms requested from applicant. This is required annually.
[x]	[x]	Job training or educational program. Describe how you verify: CDD requires the applicant provide school registration or letter from training coordinator. This is required annually. Training plan must also be on file and can be carried forward annually if the information is still applicable.
[x]	[x]	Family income. Describe how you verify: Based on the applicant's service need and income reported on the application, CDD requests verification to support what was reported. Income is verified with documentation such as, but not limited to, pay stubs or employment verification form for employed applicants, taxes to verify self-employment income, statements of unemployment compensation, social security, veterans benefits, or workers compensation, and child support payment history. This information will be verified with ESD benefit programs as needed. This is required annually.
[x]	[x]	Household composition. Describe how you verify: CDD accepts applicant self-declaration for household composition and will verify information with ESD benefit programs as needed. This is required annually.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant residence. Describe how you verify: CDD accepts applicant self-declaration and will verify information with ESD benefit programs as needed. This is required annually
[x]	[x]	Other. Describe how you verify: CDD relies on communication with staff of other Departments, Division, and Programs regarding adoption agreements, Reach Up participation, foster care, etc.

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **The TANF agency is Vermont is DCF's ESD, which is under the umbrella of the Vermont Agency of Human Services ("AHS").**
- b. Provide the following definitions established by the TANF agency:
 - i. **"Appropriate child care": An Appropriate child care is an available child care slot with a licensed or registered provider located within five (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": A reasonable distance is an available child care slot with a licensed or registered provider located within five (5) 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": Unsuitability of informal child care is child care that CDD classifies as an ARCC provider, and that a participant or caretaker determines to be unacceptable; child care that CDD classifies as either a registered Family Child Care Home ("FCCH") or a licensed Center-Based Program ("CBCCPP"), and that a participant or caretaker determines to be unacceptable, when such determination is confirmed by the CDD.**
 - iv. **"Affordable child care arrangements": Affordable child care arrangements are child care services offered 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:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” CDD defines children with special needs as children with special physical, behavioral, or developmental needs whose need for child care is documented by an individualized plan of care (e.g., an IEP, Individual Family Service Plan/Children’s Integrated Services One Plan ("CIS One Plan"), or treatment plan/Individual Plan of Care ("IPC") and authorized by a health provider.**
- e. **“Families with very low incomes.” CDD defines Families with very low incomes as families <=175% FPL and have a \$0 family share. Priority rules in this category also apply to eligible children in families receiving Reach Up benefits.**

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Prioritization occurs for children in families experiencing significant short-term stress as determined by a structured interview with the family, CIS team review, scoring using a rubric, and eligibility determination. CDD waives the service need eligibility requirements.**

Children who are adopted from DCF FSD with an Adoption Assistance Agreement are also prioritized with co-payments waived.

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Eligibility Specialists may assist families in obtaining documentation needed for their application. Families who are experiencing homelessness may also be referred to Family Support Child Care if there are challenges with required eligibility documentation. The Specialized Child Care Coordinator**

(SCCC) can support the family in obtaining required eligibility documentation, or waive documentation requirements as needed so that families experiencing homelessness can receive CCFAP as soon as possible and there is not a delay in receiving CCFAP if required documentation cannot be submitted. The documentation waiver would be in effect for the duration of the Family Support Child Care year of eligibility.

- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: **Vermont's policy is to give caretakers of children experiencing homelessness up to a six (6) month grace period to either provide an updated immunization record and/or to get caught up with their immunization.**

Children who are in foster care: **Vermont's policy is to give caretakers of children who are in foster care up to a six (6) month grace period to either provide an updated immunization record and/or to get caught up with their immunization.**
 - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

☒ Yes.

☐ No. If no, describe:
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **CDD works collaboratively with VDH when children experience homelessness or are living in foster care to allow for up to a six (6) month grace period to either provide an updated immunization record and/or to get caught up with their immunizations. When a child experiences homelessness and the caregivers of a child living in foster care is unable to provide documentation, the child care provider must complete a Notice of Provisional Admittance and Exclusion form to VDH and keep documentation in the child's file.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. ☐ Application in languages other than English (application and related documents, brochures, provider notices).

- ii. ☐ Informational materials in languages other than English.
 - iii. ☐ Website in languages other than English.
 - iv. ☒ Lead Agency accepts applications at local community-based locations.
 - v. ☒ Bilingual caseworkers or translators available.
 - vi. ☐ Bilingual outreach workers.
 - vii. ☒ Partnerships with community-based organizations.
 - viii. ☒ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. ☐ Home visiting programs.
 - x. ☐ Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. ☒ Ensuring accessibility of environments and activities for all children.
 - v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. ☐ Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
- i. ☒ 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. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **Professional development related to identifying and serving children and families experiencing homelessness is offered and access is publicized on the Child Care Training Requirements website of Vermont's primary professional development and career resource partner, Northern Lights at Community College of Vermont ("NL at CCV"). Specific trainings include: "Supporting Children and Families Experiencing Homelessness"; "The Role of the Early Childhood Educator Strengthening Families"; and "Basic Specialized Care", which 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. Training on trauma-informed practice, including for families experiencing homelessness, has been identified as a required topic for NL @ CCV to include in their annual trainings to regulated child care providers.**

Basic Specialized Care training 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 CCFAP enrollment categories is Family Support Child Care, which means that the family is experiencing significant stress in areas such as shelter, safety, emotional stability, substance use disorder, children's behaviors, and parenting issues. When homelessness is identified as a service need, Specialized Child Care services through CDD CIS may begin, 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 the technical assistance and connecting providers to additional training resources.

- ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Staff are provided a variety of professional development opportunities that meet the needs of their job, which include opportunities focused on supporting families experiencing a variety of challenges, including homelessness. CDD embeds the Strengthening Families approach across the agency, and agency staff are encouraged to participate in these trainings, as well as trainings on trauma informed care. AHS employs a Director of Trauma Prevention and Resilience Development who works across the agency to provide resources that support all agency staff, including CDD staff. CIS staff, in particular, prioritize attending trainings on trauma and continually seek opportunities to further their own knowledge and remain current in this important area. CIS staff then use this knowledge when training the Specialized Child Care Coordinators who work directly with homeless children and their families. Knowledge and expertise in Trauma Informed Practice, Motivational Interviewing, resiliency, and**

the Strengthening Families framework is incorporated in the recruitment process at CDD. The State of Vermont's ("SOV") statewide professional development system, the Center for Achievement in Public Service ("CAPS"), offers several professional development opportunities on trauma, including Implementing Trauma-Informed Care, Child Trauma Academy, and An Introduction to Trauma and Resilience.

2.5 Promoting Continuity of Care

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

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **CDD's specialized services child care policies promote continuity of care in order to support children's development. The application inquires about whether the child has an IEP or IFSP and explores how services included in a child's IEP or an Individualized Family Support Plan ("IFSP") can be supported and/or provided onsite and in collaboration with child care services. There is a high level of coordination between eligibility staff and their local CIS team for families who are accessing other child support services. Families with multiple risk factors also receive more intensive case management.**

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
☒ Yes.
☐ No. If no, describe:
 - b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?
 1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.

4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe:

- c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

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

- i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Seeking Employment may be authorized for up to twelve (12) weeks, or three (3) months, for an income eligible parent/caretaker. At initial application, a client applying under Seeking Employment will be required to have a service need at the end of three (3) months or the case will be closed. If the client reports at any time during the three (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 family continues with the remainder of the 12 month eligibility period. The eligibility percentage remains the same for the remainder of the 12 month eligibility period unless the family reports income that will reduce the family share. At initial application, eligibility will be denied if both primary caretakers are requesting the service need of Seeking Employment. However, if twelve (12) month eligibility is in place and both parents lose their jobs simultaneously, seeking employment may be authorized for both.**
- ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **If a client requests to use the service need of Seeking Employment more than once during their twelve (12) month eligibility period or at redetermination, the request will be granted. If a parent/caretaker loses their job at the end of their twelve (12) month eligibility and is unable to use all three (3) months of seeking employment, the remainder of their seeking employment eligibility period will carryover once their redetermination application is received to allow for the full three months of**

seeking employment to be exhausted.

- iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
 - ☐ Yes. The Lead Agency continues assistance.
 - ☒ No, the Lead Agency discontinues assistance.
 - i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **A parent that permanently loses their job during their twelve (12) month eligibility period may utilize the service need of Seeking Employment for a period of three (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 parent reports at any time during the three (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 reduce the family share.**
 - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **If a parent reports they had a non-temporary loss or cessation of an eligible activity within ten (10) days of the change occurring, the Eligibility Specialist sends the parent a Seeking Employment form to complete and return within ten (10) days. When the form is returned, the Eligibility Specialist processes the change in the information system to reflect the change in income and service need.**
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **A family can access three (3) months of Seeking Employment if they have a non-temporary loss or cessation of eligible activity.**
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
 - i. ☐ Not applicable.
 - ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:
 - iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **The Lead Agency's policy for a change in residency outside the State includes verification of when the child stopped attending and if notice was given to the provider to determine the**

effective date of the assistance ending.

If a family is no longer eligible due to moving out of state, the Eligibility Specialist will verify with the primary caretaker if notice was given to the provider.

a. If notice was given, all certificates will end the Saturday at the end of the week of last attendance.

b. If two weeks' notice was not given, the Eligibility Specialist will request two weeks' of no notice payment if no notice was given or one week of no notice payment if one week of notice was given. The Eligibility Specialist will end certificates the Saturday at the end of week of the applicable no notice payment period.

In any scenario, assistance is discontinued when a family moves out of Vermont.

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **CCFAP regulations allow for CDD to withhold future payments, in whole or in part, until an overpayment or payment received by a family in violation of regulations or law has been satisfied. The eligibility case may be closed in the middle of the authorization period if there was substantiated fraud.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

☒ Yes.

☐ No. If no, describe:

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

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

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

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

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

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

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

- a. ☒ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

- i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
- ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
- iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
- v. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
- vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

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

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

3.1 Family Co-payments

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

ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

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

- What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The maximum percent is 12.4%.**
- Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe:

3.1.2 Sliding fee scale

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

- Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set:

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

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	4303.00	215.00	5.00	8607.00	1075.00	12.50
2	4303.00	215.00	5.00	8607.00	1075.00	12.50
3	4303.00	215.00	5.00	8607.00	1075.00	12.50
4	5200.00	215.00	4.10	10400.00	1075.00	10.30
5	6097.00	215.00	3.50	12193.00	1075.00	8.80

- What is the effective date of the sliding-fee scale(s)? **April 7, 2024**

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

<https://outside.vermont.gov/dept/DCF/Shared%20Documents/Benefits/CCFAP-Income-Guidelines-Effective-April-2024.pdf>

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

☐ No.

☒ Yes.

If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The rationale for this policy is to encourage the broadest array of regulated provider participation in CCFAP so that families eligible for subsidies 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. The policy 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. 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: **Vermont's 2023 Child Trends Survey provided data regarding provider tuition rates and establishing if rates are higher than the current maximum state capped reimbursement rate. The survey also provides information regarding providers who may have raised tuition following the reimbursement rate increase. Of the 217 programs who participated in the survey and participate in CCFAP, just over half of center-based programs (53%) reported that their tuition rate is higher than the current maximum state capped reimbursement rate, as did 57% of Family Child Care Programs ("FCCP"). These rates were similar across urbanized and rural programs as well. Additionally, following the change to the reimbursement rate, 49% of center-based programs and 68% of FCCPs did not raise tuition rates for families who do not participate in CCFAP.**

Using current administrative data from the CDDIS system we were able to determine that the average increase on all instances of a provider charging more than the State capped rate was \$59 per week.

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
- i. ☒ The fee is a dollar amount and (check all that apply):
- ☐ The fee is per child, with the same fee for each child.
 - ☐ The fee is per child and is discounted for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional fee is charged after a certain number of children.
 - ☒ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
- ii. ☐ The fee is a percent of income and (check all that apply):
- ☐ The fee is per child, with the same percentage applied for each child.
 - ☐ The fee is per child, and a discounted percentage is applied for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional percentage is charged after a certain number of children.
 - ☐ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- ☒ No.
- ☐ Yes.
- If yes, check and describe those additional factors below:
- i. ☐ Number of hours the child is in care. Describe:
- ii. ☐ Quality of care (as defined by the Lead Agency). Describe:
- iii. ☐ Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment

to ensure it does not create a barrier to access. Check all that apply:

- i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. ☐ Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

- i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☒ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☐ Families experiencing homelessness.
- iv. ☐ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **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.**
- vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: **CCFAP waives family share (contributions)/co-payments for Reach Up referrals, and for children adopted through FSD with a signed Adoption Assistance Agreement with the State of Vermont.**

CCFAP waives family share/co-payments for families with gross household income below 176% FPL.

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

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not

participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **N/A**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
☒ Yes.
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
☐ Yes.
☒ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Parents are informed that their child care certificate allows the option to choose from a variety of child care categories on the CCFAP application. The application informs parents that their provider must be registered, licensed, or certified by CDD but does not set any other parameters or limitations for child care provider selection.**
- e. Describe what information is included on the child care certificate: **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 a family share is due to the provider. The certificate will also 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 a parent is not satisfied.

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

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

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

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

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

- a. ☒ Market rate survey.
 - i. When were the data gathered (provide a date range; for instance, September – December 2023)? **January 1, 2024 - January 31, 2024.**
- b. ☐ ACF pre-approved alternative methodology.
 - i. ☐ The alternative methodology was completed.
 - ii. ☐ The alternative methodology is in process.

If the alternative methodology was completed:

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

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

If the alternative methodology is in progress:

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

- c. Consultation on data collection methodology.

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

 - iii. State Advisory Council or similar coordinating body: **The SAC has a Data and Evaluation Committee that focuses on early childhood data in Vermont. CDD consulted with the Data and Evaluation Committee prior to analyzing its data to determine any considerations that needed to be represented in its reporting.**
 - iv. Local child care program administrators: **Child care program administrators were invited to the Data and Evaluation Committee to advise on considerations that CDD needed to represent in its reporting. In addition, several program administrators were asked to review the Cost of Care analysis for accuracy.**
 - v. Local child care resource and referral agencies: **As with the program administrators, local child care resource and referral agencies were invited to the Data and Evaluation Committee to advise on considerations that CDD needed to represent in its reporting. In addition, some local child care resource and referral agencies were asked to review the Cost of Care analysis for accuracy.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **There are several organizations that represent caregivers, teachers, and directors that are part of SAC and were invited to the**

Data and Evaluation Committee. This includes representation from Vermont's School Boards Association ("VSBA"), several legislators (who receive input from the early childhood professionals that they represent), the Vermont Association for the Education of Young Children ("VTAEYC"), Vermont's Head Start Collaboration Office, the Vermont Principals' Association ("VPA"), the Vermont Agency of Education ("AOE"), and the Governor's office (which also represents input received from its constituency).

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

d. An MRS must be statistically valid and reliable.

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

i. When was the market rate survey completed? **6/30/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **CDD uses administrative data collected through CDDIS. Provider Rates are collected from all providers at the time of licensing and are requested to be updated once every three years. These rates may be updated more frequently at the providers' request, and were most recently updated in December 2023.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **CDD uses administrative data collected through CDDIS. The type of providers included in the administrative data are licensed and home providers.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **CDD uses administrative data collected through CDDIS.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **CDD recognizes that child care programs charge in a variety of different ways, and that 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 in several price modes. There are different price modes, including: part time weekly, full time weekly, and extended care weekly. These models are broken down into four age groups: infant, toddler, preschool, and school age. They are also broken out by provider type, and whether they are licensed or 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. CDD asks them 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 their services are encouraged to submit their rates as zero, so their information can appropriately be excluded from the Market Rate Survey ("MRS").**

vi. What is the percent of licensed or regulated child care centers responding to the

survey? **75.00**

- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **75.00**
- viii. Describe if the survey conducted in any languages other than English: **CDD uses administrative data collected through CDDIS.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **CDD uses administrative data collected through CDDIS. The analysis included the price of child care for part time weekly, full time weekly, and extended care weekly, for four age groups; infant toddler, preschool and school age.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **CDD uses administrative data collected through CDDIS. At the time of analysis approximately 75% of the providers had usable price data in CDDIS.**

e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **AHS serves the state through 12 area districts, where the data is analyzed and then reported to the statewide data collection. The rates charged by both licensed and registered programs vary by AHS district. Overall, Bennington, Brattleboro, Burlington, and Morrisville districts rates are most expensive however the statewide rate is above the provider rate. In both Licensed and Registered settings, with very few exceptions, State rates more than covered the 75th percentile of provider rates for full time care for all age groups. Conversely, in both Licensed and Registered settings, the State rates more often than not failed to cover the 75th percentile of provider rates for part time care for all age groups. This was true at both the AHS District and County levels.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The data is analyzed by license type and reported separately for licensed programs and registered home programs.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **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.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **N/A**

4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **CDD used a study of cost of care in Vermont that was a product of the Vermont Early Care and Education ("ECE") Finance Study completed in December, 2022.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The study focused on regulated providers - namely, licensed centers, Head Start programs, public school prekindergarten (pre-K) programs and licensed and registered family child care homes (FCCH's). The analysis was based on family demographics including age of child, infant, toddler, preschool and school age. With Vermont being so small the study was looked at as a whole without breaking it down by geographic location.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **CDD used a study of cost in Vermont called the Vermont Early Care and Education Finance Study. The study approximated the true cost of care by estimating costs associated with running a high-quality child-care program including category of provider, age of child, staff ratios, staff compensation, materials and supplies and operating cost for the physical location. RAND modeling was driven by Lynn Karoly's previous work for other RAND clients and for national high-level expert groups. Lynn Karoly's drew on her work for Oklahoma, Washington DC, The Brookings Institution, The Institute of Medicine/National Research Council, and the Office of Child Care within the Agency of Children and Families at the U.S. Agency of Human Services. The report also adjusted national costs for Vermont's price level. RAND worked with the BBF Advisory Board, which includes child care providers.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? **A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). In Vermont, high quality is defined by licensing standards and a high Star rating on the State's Quality Recognition and Improvement System ("STARS"). These include ratios and group sizes, lead-teacher qualifications, assistant-teacher qualifications, annual professional development hours, curriculum,**

developmental screener, child formative assessment and independent classroom quality assessment.

The study assumed salary cost for child care workers was equivalent to the same role of that of professional early childhood educators including fringe benefits. It also looked at system level costs which are costs primarily consisting of the personnel time to administer the system overall, including the mechanism for reimbursing providers to cover their costs of care for families receiving subsidies and collection of family contributions. Other system level costs are provider licensing, resource and referral services, operation of the quality recognition and improvement system and state-level provision of workforce professional development supports.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? In Vermont, high quality is defined by licensing standards and a high Star rating on the State's Quality Recognition and Improvement System (®STARS®). These include ratios and group sizes, lead-teacher qualifications, assistant-teacher qualifications, annual professional development hours, curriculum, developmental screener, child formative assessment and independent classroom quality assessment.
- It was determined that there was an approximate \$258 million dollar gap between the cost and price of the total child care system which is calculated as Total system cost of care - Family Contribution - Existing public funding. In looking at this the legislature decided not to make any changes to the family contribution amounts but to put additional state funding towards the gap, including a new child care payroll tax.
- Using the narrow cost analysis the Vermont Legislature looked at the gap to determine the fiscal impact that could be afforded. The first increase came back in December 2023 with a 35% rate increase for all providers and age categories. In June 2024 a second increase to the family child care providers rates increased by 50% of the differential between licensed and family child care rates in order to lessen the gap.
- Vermont has hired a contractor to provide a cost of care analysis each year to provide to the Governor and Legislature.

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

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

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

- a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.
- i. Provide the date the report was completed: **6/1/2024**
 - ii. Provide the date the report containing results was made widely available (no later

than 30 days after the completion of the report): **6/30/2024**

- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Reports/CC-MRS/CC-MRS-Report-2024.pdf>
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **CDD has collected feedback on the survey methodology, cost analysis and community needs of data reported to the BBF Data and Evaluation Committee. The Data and Evaluation Committee focuses on early childhood data needs in the state. The recommendations from the committee included: 1) Using the ECE Financial Study; and 2) Estimating the Cost of High-Quality Early Care Education for Vermont. Vermont is in the process of seeking a contract with an organization to evaluate the cost of child care on a yearly basis that will readily be available for the Legislature and leadership.**

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
 - [x]** Yes.
 - i. If yes, check if the Lead Agency:
 - [x]** Sets the same payment rates for the entire State or Territory.
 - []** Sets different payment rates for different regions in the State or Territory.
 - []** No.

- ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **6/30/2024**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **N/A**

4.3.2 Base payment rates

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

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

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

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	471.00 Per Week	100.00	471.00	93.00	349.00	350.00	390.00		
Family Child Care for Infants (6 months)	387.00 Per Week	100.00	387.00	98.00	225.00	240.00	250.00		
Center Care for Toddlers (18 months)	443.00 Per Week	100.00	471.00	92.00	330.00	345.00	375.00		
Family Child Care for Toddlers (18 months)	364.00 Per Week	100.00	364.00	98.00	225.00	246.00	250.00		
Center Care for Preschoolers (4 years)	439.00 Per Week	100.00	439.00	95.00	305.00	325.00	356.00		
Family Child Care for Preschoolers (4 years)	361.00 Per Week	100.00	361.00	99.00	225.00	225.00	250.00		
Center Care for School-Age (6 years)	371.00 Per Week	100.00	371.00	88.00	272.00	297.00	325.00		
Family Child Care for School-Age (6 years)	321.00 Per Week	100.00	321.00	99.00	225.00	225.00	250.00		

- ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for

region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

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

Methodology?

☒ Yes.

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

4.3.3 Tiered rates, differential rates, and add-ons

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

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

☒ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Specialized child care providers are eligible to receive an additional 10% of the established CCFAP payment for children with a protective services, child with special health needs, or family support child care service need. Additionally, children with special health needs are also eligible for the rate add-on when documentation to support the special health needs status is on file.**

☐ No.

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

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

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

- i. ☒ Differential rate for non-traditional hours. Describe: **Extended care which is defined as fifty-one (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.**
- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. 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 .**
- iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v. ☐ Differential rate for higher quality, as defined by the Lead Agency. Describe:
- vi. ☐ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

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

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

☐ Yes. If yes, describe:

☒ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The 2022 ECE Financing Study helped to guide the rate setting that occurred in 2023. The Vermont Legislature used the analysis to inform legislation which increased the payment to providers at three different intervals. The information from the analysis gave them what they needed to determine affordability and implementation. On July 2, 2023, Vermont decoupled the STARS rating from the provider payment and set the rate for all providers at the rate for five (5) STARS. On December 17, 2023, the State increased the provider rates again by 35%. On June 30, 2024 the family child care providers rates increased by 50% of the difference of licensed centers and family child care homes. In both Licensed and Registered settings, with very few exceptions, State rates more than covered the 75th percentile of provider rates for full time care for all age groups. Conversely, in both Licensed and Registered settings, the State rates more often than not failed to cover the 75th percentile of provider rates for part time care for all age groups. Vermont also has universal entitlement to ten (10) hours of publicly funded prekindergarten for all three (3) and four (4) year-old children and for five (5) year-olds not yet eligible for kindergarten in Vermont. Services are provided through a mixed delivery system that includes private as well as public school programs. An annual tuition of \$3884 (for the 24/25 school year) 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.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The cost model includes costs of maintaining basic health, safety, quality, and staffing requirements which guided the establishment of rates equating to 88th - 95th percentile.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Rates are set by the legislative process and include many factors such as current data, budget and need. The State works with the Joint Fiscal Office and the Legislature to set the rates. At the end of 2022 there was an ECE Financing Study done by a hired contractor that looked at child care settings from many different avenues, including cost of care, health, safety, quality, and staffing requirement, which was presented to the State and the Legislature. The Legislature then used that information to set the rates paid to providers in three intervals.**

By paying providers the true cost of care helps to stabilize child care providers by paying them a livable wage, allowing for continuous care of children and allows for growth and sustainability. Looking at the current MRS, all providers are paid between the 88th - 98th percentile of the MRS.

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? Vermont no longer has a tiered rating system related to payment amount. The State rates are set to a higher amount to support all programs in achieving a higher quality of care for all children. The Vermont ECE Financing Study ("RAND") Study calculated the average cost per child of high-quality care at centers would be about \$33,000 annually. When coupling the subsidy amount and the family share amount Vermont is paying approximately 74% of the cost of quality care: closer than it been in the past to paying providers the true cost of care. Currently rates are set at the 88th - 95th percentile of the current MRS.
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. N/A

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?
☐ Yes. If yes, describe:
☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Child care providers can bill for the services provided every two weeks, with the payment happening within one week of billing. CDD will be seeking a waiver of the rule while working to come into compliance through updates and changes to the systems utilized to support payment practices in the state.**
- b. Does the Lead Agency pay based on authorized enrollment for all provider types?
☐ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.
☒ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: **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 provider closed days, thirty (30) per child per state fiscal year, and child absence days, which are also set at thirty (30) per child per state fiscal year. This process ensures that CDD is able to monitor for fraud. It also provides flexibility to families to use vacation or have sick time without more out of pocket costs, and to allow child care providers to have holiday or vacations without loss of funds.**
☐ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

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

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
☒ Yes.
☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:
- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[] Yes. If yes, identify the fees the Lead Agency pays for:

[x] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **CDD received non-compliance notice on March 11, 2024, because Vermont does not pay reasonable mandatory registration fees, or have data that supports that paying for fees is not a generally-accepted payment practice. Data will be collected to determine if collecting fees is a generally-accepted payment practice and to identify what, if any, fees CDD pays. However, CDD does not expect to be able to pay mandatory registration fees until 2025.**

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Providers must complete a payment agreement at minimum once every three years to receive CCFAP funds, with temporary extensions given on a case-by-case basis. The written payment agreement contains information on CDD's weekly payment schedule, and provides guidance on converting the providers' rates to weekly rates. In addition, the provider agreement defines 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 entered into CDDIS.**

The nondiscrimination and grievance policy that applies to providers is publicly available on CDD's Laws, Rules, & Procedures website and can be found here:
https://outside.vermont.gov/dept/DCF/Shared%20Documents/About/Nondiscrimination-Policy.pdf?_gl=1*birg37*_ga*ODQ3MTU5MTg4LjE3MDQ4MzI2NTY.*_ga_V9WQH77KLW*MTcyNTU0Mjc1My4yMS4wLjE3MjU1NDI4ODkuMC4wLjA.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **A start and end date are clearly noted on the payment certificate that is sent to the child care provider. When a change occurs to a certificate that could impact payment, a CDDIS Certificate Early End notice is generated by CDDIS. Providers without internet access receive a same day phone call as an alternate means of notification.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Child Care providers may contact the CDD payments technician if they feel that a payment received was inaccurate. The CDD payments technician reviews the CDDIS invoice and responds to the provider within one business day, often sooner. If the amount is incorrect, an adjustment is made. If additional funds are due to a provider, the payment will be made on the following pay date.**
- f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The CDD payment practices incentivize providers to participate in CCFAP, which provides more access to quality child care programs for families. CDD has multiple channels for support, including a CDDIS Help Desk, CDD payments technician, and staff at the CCCSAs, to ensure**

providers in all categories of care have the resources and assistance needed to access CCFAP. All provider types submit bi-weekly attendance claims to be paid with 10 days of the two week service period ending. All provider types may receive direct deposit if they choose to receive payment faster than waiting to receive a paper check by mail. All provider types are able to see the payment amount they will be receiving, and the amount of payment per child soon after submitting their claim.

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

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

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **CDD is currently not in compliance with this provision and intends to file a waiver to allow time to bring Vermont in compliance.**

If no, skip to question 4.5.2.

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

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

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

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

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

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

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

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

☒ Yes.

☐ No.

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

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☐ Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☒ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **In-home care may be provided, but payment from child care financial assistance will only be made to Approved Relative Child Care ("ARCC") providers who are licensed with the State of Vermont.**
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:

- i. Data sources used to identify shortages: CDD relies on a needs assessment conducted by BBF to identify gaps, challenges, and barriers faced by Vermont's children, families, and early childhood system. Let's Grow Kids ("LGK") publishes a bi-annual Stalled at the Start report which details a region-by-region analysis of the supply and demand for child care throughout the state. The allows us to target efforts in capacity building through capacity building grant programs, business technical assistance, and professional development outreach. In addition, CDD maintains a dashboard that tracks the licensed capacity and regulated child care in Vermont and offers an extensive view of the trends in each age group and license type.
 - ii. Method of tracking progress: CDD utilizes the Vermont Early Childhood Action Plan ("VECAP") to establish shared accountability and to achieve statewide priorities. BBF has released The State of Vermont's Children: 2023. This document reflects on the long term VECAP goals and measures the 2022-2023 data against the metrics established by VECAP. This report is reviewed yearly to align quality improvement efforts.
 - iii. What is the plan to address the child care shortages using family child care homes Vermont, like many states, continues to struggle with the shortage of infant and toddler care . The division invests CCDF funds to build the supply of high quality infant and toddler care across the state in partnership with First Children's Finance. Funds are sub-granted to FCCPs that intend to increase or maintain infant and toddler slots through a partnership with First Children's Finance. Vermont has also established a Quality and Capacity earmark to target infant and toddler capacity building, among other priorities.
 - iv. What is the plan to address the child care shortages using child care centers? Much like with the targeting of FCCPs in partnership with First Children's Finance, CDD invests CCDF funds to build the supply of high quality infant and toddler care across the state through funds that are sub-granted to CBCCPPs and intend to increase or maintain infant and toddler slots. Vermont has also established a Quality and Capacity earmark to target infant and toddler capacity building among other priorities.
- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: CDD relies on a needs assessment conducted by BBF to identify gaps, challenges, and barriers faced by Vermont's children, families, and early childhood system. Let's Grow Kids ("LGK") publishes a bi-annual Stalled at the Start report which details a region-by-region analysis of the supply and demand for child care throughout the state. The allows us to target efforts in capacity building through capacity building grant programs, business technical assistance, and professional development outreach. In addition, CDD maintains a dashboard that tracks the licensed capacity and regulated child care in Vermont and offers an extensive view of the trends in each age group and license type.
 - ii. Method of tracking progress: CDD utilizes the Vermont Early Childhood Action Plan ("VECAP") to establish shared accountability and to achieve statewide priorities. BBF has released The State of Vermont's Children: 2023. This document

reflects on the long term VECAP goals and measures the 2022-2023 data against the metrics established by VECAP. This report is reviewed yearly to align quality improvement efforts.

- iii. What is the plan to address the child care shortages using family child care homes? **Vermont is a rural state and especially struggles with supply of child care providers in the rural part of the state. The division has invested and will continue to invest CCDF funds to build the supply of high quality child care across the state in partnership with First Children's Finance. Funds are sub-granted to providers that intend to increase capacity across the state, with special consideration for providers in areas of the state that have significant childcare shortages. In addition, in 2024, Vermont increased the CCFAP state rates for Registered Family Child Care Programs ("FCCP") by 50% of the difference between registered family child care and licensed program state rates to encourage an increase of Registered FCCP, which is key to increasing child care supply in the areas of the state with shortages.**
- iv. What is the plan to address the child care shortages using child care centers? **Much like with the targeting of FCCPs in partnership with First Children's Finance, CDD invests CCDF funds to build the supply of high quality care across the state through funds that are sub-granted to CBCCPPs and intend to increase or maintain child care slots. Funds are sub-granted to providers that intend to increase capacity across the state, with special consideration for providers in areas of the state that have significant childcare shortages.**
- c. In care for special populations:
 - i. Data sources used to identify shortages: **CDD relies on a needs assessment conducted by BBF to identify gaps, challenges, and barriers faced by Vermont's children, families, and early childhood system. This assessment includes identifying gaps, challenges, and barriers faced by Vermont families with needs for special services.**
 - ii. Method of tracking progress: **CDD utilizes the Vermont's Early Childhood Action Plan ("VECAP") to establish shared accountability and to identify and achieve statewide priorities. BBF has released "The State of Vermont's Children: 2023." This document reflects on the long term VECAP goals and measures the 2022-2023 data against the metrics established by VECAP. The four set goals of VECAP include: Goal 1 - All children have a healthy start; Goal 2 - Families and communities play a leading role in children's well-being; Goal 3 - Children have access to high-quality opportunities that meet their needs; and Goal 4 - The early childhood system will be integrated, well-resourced, and data informed. This report is reviewed yearly to align our quality improvement efforts.**
 - iii. What is the plan to address the child care shortages using family child care homes? **Vermont, like many states, continues to struggle with the shortage of care for special populations. CDD supports Specialized Child Care Programs through STARS and SPARQS and those are both funded by CCDF.**
 - iv. What is the plan to address the child care shortages using child care centers? **CDD**

invests CCDF funds to build the supply of high quality child care and care for children with special needs. As with all efforts to increase child care across the state, CDD works in partnership with First Children's Finance to distribute funds to CBCCPPs that intend to increase or maintain slots. In recent years, with the use of America Rescue Plan Act ("ARPA") funds, CDD also has been able to invest additional funds in the Special Accommodations Grants ("SAG") program, to increase the number of grants and the total amount of funding to support Specialized Child Care Providers' efforts to increase their ability to provide care for children with special needs. The funds have been used to increase staffing, purchase necessary equipment, and provide targeted professional development to aid in the increase in available child care to children with special needs. Moving forward, Vermont will utilize Preschool Development Grant ("PDG") funds to continue to provide increased opportunities to the Specialized Child Care Providers to serve more children with special needs. In addition, Vermont has also established a Quality and Capacity earmark to target infant and toddler capacity building among other priorities.

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

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

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

- a. Underserved geographic areas. Describe: **L GK, a statewide non-profit organization that focuses on supporting affordable access to high-quality child care for all Vermont families and works in partnership with CDD, publishes a yearly "Stalled at the Start" report which details a region-by-region analysis of the supply and demand for child care throughout the state. The allows us to target efforts in capacity building through capacity building grant programs, business technical assistance and professional development outreach. The division invests CCDF funds to build the supply of high quality child care across the state in partnership with First Children's Finance. Funds are sub-granted to providers that intend to increase capacity across the state, with special consideration for underserved areas of the state.**
- b. Infants and toddlers. Describe: **Vermont utilizes VECAP to establish shared accountability and to achieve statewide priorities. BBF has released "The State of Vermont's Children: 2023." This document reflects on the long-term VECAP goals, and measures the 2022-2023 data against the metrics established by VECAP. This report is reviewed yearly to align our quality improvement efforts. Vermont also tracks the number of child care programs that receive sub grants through the Infant and Toddler Capacity Building Program and monitors the number of infant and toddler child care slots that are added in each region**
- c. Children with disabilities. Describe: **Children with disabilities and other specialized child care needs are eligible to apply for Special Accommodations Grants (SAG) which can be used for supports such as increased staffing, training and support for specialized child care**

staff; and purchase of equipment in order to maintain the placement for the child. CDD also supports an additional 10% differential in CCDF reimbursement for specialized child care. We are currently conducting a survey regarding the use of the SAG funds and inclusion and will have that data for future reporting.

- d. Children who receive care during non-traditional hours. Describe: **Vermont's rural nature makes it challenging to understand and meet the needs for non-traditional hours. We continue identifying non-traditional care needs through the BBF Needs Assessment, our Licensing data, and our Infant and Toddler Capacity Building Program. We work to create opportunities for non-traditional care where the need has been identified by offering sub grants to programs that can meet the need in a specific geographic area.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **Building the supply and capacity of school age care is also a priority for Vermont. We support an Afterschool capacity building grant program through Vermont Afterschool, as well as specific credit bearing professional development target to afterschool professionals.**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **CDD relies on a needs assessment conducted by BBF to identify gaps, challenges, and barriers faced by Vermont's children, families, and early childhood system. Let's Grow Kids ("LGK") publishes a bi-annual Stalled at the Start report which details a region-by-region analysis of the supply and demand for child care throughout the state. CDD partners with First Children's Finance and Vermont After School to provide child care building and capacity grants. These grants, which totaled roughly \$2.5 million in 2023-2024, were dispersed to help providers increase capacity for both infant and toddler slots and Afterschool capacity. Both First Children's Finance and Vermont After School worked closely with providers in underserved communities to recruit and support programs for these grants and monitor the increase or decrease of supply. Strategies used by First Children's Finance and Vermont After School include adding specific questions in grant applications about the needs in the community and prioritization for programs that accept CCAP and Specialized Child Care programs. In addition, our partners use their relationships and advertising of grant opportunities to help target investments in underserved areas and ensure providers in areas with significant concentrations of poverty and unemployment. In addition, CDD maintains a licensed capacity and registered program totals dashboard that reflects the totality of licensed and registered capacity for each age group and license type. The dashboard offers an extensive view of the increase and decrease in capacity since 2017. CDD also maintains a close relationship with the Head Start Collaborative Office to maintain connections with Head Start clients. CDD also partners with the Parent Child Center ("PCC") Network to support their comprehensive education and family support.**

5 Health and Safety of Child Care Settings

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

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

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

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **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 six (6) weeks to thirteen (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 five (5) years who are enrolled in or completed kindergarten to sixteen (16) years.**

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

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **In Vermont, a Family Child Care Home ("FCCH") provides developmentally appropriate care, education, protection, and supervision that are designed to ensure wholesome growth and educational experiences for children outside of their own homes for periods of less than twenty-four (24) hours per day. An FCCH shall be operated in the residence occupied by the Family Child Care Provider ("FCCP"). There are two (2) types of FCCH: 1) Registered FCCH that are licensed to serve children as specified in Vermont rules in section 6.2.1; or 2) Licensed FCCH that are licensed to serve children as specified in Vermont rules in section 6.2.2**

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

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **Vermont does not license in-home providers.**

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

☐ Yes. If yes, describe:

☒ No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
- Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Vermont does not currently allow exemption from licensing standards for CCDF eligible providers.**
 - 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**
 - 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 by answering the questions below.
- Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Vermont does not currently allow**

exemptions from licensing standards for CCDF eligible providers.

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
- 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 by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **N/A**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **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 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

- a. Infant. Describe: **An infant is a child who is at least six (6) weeks and under thirteen (13) months of age.**
- b. Toddler. Describe: **A toddler is a child between thirteen (13) months and thirty-five (35) months of age.**
- c. Preschool. Describe: **Vermont refers to this classification as "Pre-kindgartener" which is a child who is thirty-six (36) months of age up until school age.**
- d. School-Age. Describe: **School-age is 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 FCCPs, school age children are up to thirteen (13) years. For ASPs, school age children are up to sixteen (16) years.**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:

i. Infant.

Ratio: For CBCCPPs, the ratio is one to four (1:4). ASPs are not licensed to serve infants.

Group size: For CBCCPPs, the group size is eight (8). ASPs are not licensed to serve infants.

ii. Toddler.

Ratio: For CBCCPPs, regulations allow for a sliding ratio based on age. For thirteen (13) months to thirty (30) months the ratio is one to four (1:4), and for twenty-four (24) months to thirty-six (36) months the ratio is one to five (1:5). This provides flexibility when programs are transitioning children from one age group to another. ASPs are not licensed to serve toddlers.

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 (30) months the group size is ten (10); for twenty-four (24) months to thirty-six (36) months the group size is ten (10). This provides flexibility when programs are transitioning children from one age group to another. ASPs are not licensed to serve toddlers.

iii. Preschool.

Ratio: For CBCCPPs, the ratio is one to ten (1:10). ASPs are not licensed to serve preschool children.

Group size: For CBCCPPs, the group size is twenty (20). ASPs are not licensed to serve preschool children.

iv. School-Age.

Ratio: For CBCCPPs and for ASPs, the ratio is one to thirteen (1:13).

Group size: For CBCCPPs and for ASPs, the group size is twenty-six (26).

v. Mixed-Age Groups (if applicable).

Ratio: CBCCPP licensing rule 6.2.2 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.

Group size: CBCCPP licensing rule 6.2.2 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.

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

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

ii. Infant: **Vermont does not currently have license-exempt center-based providers**

- who receive CCDF funds.**
- iii. **Toddler: Vermont does not currently have license-exempt center-based providers who receive CCDF funds.**
 - iv. **Preschool: Vermont does not currently have license-exempt center-based providers who receive CCDF funds.**
 - v. **School-Age: Vermont does not currently have license-exempt center-based providers who receive CCDF funds.**
 - vi. **Mixed-Age Groups: Vermont does not currently have license-exempt center-based providers who receive CCDF funds.**
- c. **Licensed CCDF family child care home providers:**
- i. **Infant (if applicable)**

Ratio: There are a variety of FCCH regulations that speak to ratio, however, an FCCH can have no more than 10 children with one staff and 12 children with 2 staff.

Group size: There are a variety of FCCH regulations that speak to group size, however, an FCCH can have no more than ten (10) children with one (1) staff and twelve (12) children with two (2) staff.
 - ii. **Toddler (if applicable)**

Ratio: There are a variety of regulations that speak to ratio for toddlers, however, an FCCH can have no more than 10 children with one staff and 12 children with 2 staff.

Group size: There are a variety of FCCH regulations that speak to group size, however, an FCCH can have no more than ten (10) children with one (1) staff and twelve (12) children with two (2) staff.
 - iii. **Preschool (if applicable)**

Ratio: There are a variety of regulations that speak to ratio for preschool, however, an FCCH can have no more than 10 children with one staff and 12 children with 2 staff.

Group size: There are a variety of FCCH regulations that speak to group size, however, an FCCH can have no more than ten (10) children with one (1) staff and twelve (12) children with two (2) staff.
 - iv. **School-Age (if applicable)**

Ratio: There are a variety of regulations that speak to ratio, however, an FCCH can have no more than 10 children with one staff and 12 children with 2 staff.

Group size: There are a variety of FCCH regulations that speak to group size, however, an FCCH can have no more than ten (10) children with one (1) staff and twelve (12) children with two (2) staff.
 - v. **Mixed-Age Groups**

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. There are different ratio expectations in registered FCCH versus licensed FCCH and both are dependent on the number of staff present and caring for children. Vermont FCCPs uses the charts that 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 most 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.

Group size: There are a variety of FCCH regulations that speak to group size, however, an FCCH can have no more than ten (10) children with one (1) staff and twelve (12) children with two (2) staff.

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

☐ No.

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

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

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

- i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

- ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

- iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

- iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

- v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

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

☒ No.

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

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

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

- a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **There are four (4) levels of teacher positions in CBCCPP regulations: 1) Trainee; 2) Teacher Assistant; 3) Teacher Associate; and 4) 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 CCV 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. In ASP regulations, there are two (2) levels of teacher positions: ASP program staff; and ASP aide. The higher and more commonly used position 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 On-the-Job Training Certificate; or Vermont Afterschool Professional Credential; or Vermont Program Director Credential; or Vermont Teacher Licensure; or a bachelors ("**

BA" or "BS") or an associates ("AA" or "AS") degree. There is no change in ASP qualification requirements based on the ages of the children being served

- 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: **CBCCPP director qualifications vary depending on the size of the CBCCPP. The director must be at least twenty-one (21) years of age; qualifications depend on program size. A director of a CBCCPP that serves up to twelve (12) children shall meet the qualifications of a teacher associate. Director qualifications require more education for CBCCPPs with a licensed capacity between thirteen (13) and fifty-nine (59) children shall meet qualifications of a teacher associate and shall have completed either a VECAP Director Step One Certificate; or Successful completion of a three (3) college credit course in program management for early care and education or for school age care and education, or in staff supervision related to early care and education of children; and a three (3) college credit course in curriculum. Director qualifications require the most education for CBCCPPs with a licensed capacity of sixty (60) or more children. These directors shall meet the qualifications as a teacher, have an additional twenty-four (24) months of experienced working with groups of children from grade three (3) or younger, and have completed either: A VECAP Director Step Two Certificate or VECAP Director Credential, Step three; or successful completion of a three (3) college credit course in curriculum, and an additional nine (9) college credits in program management, staff supervision, administration, or human resource management. Directors of a CBCCPP licensed for thirteen (13) or more children shall complete within one (1) year of employment start date a three (3) college credit course in managing an early care and education program that includes budgeting and financial management, approved by CDD; or the licensee shall employ a business manager. Qualifications are the same regardless of the age of the children being served. ASP regulations have two (2) administrative positions: ASP child care program administrator and ASP site director. The ASP Administrator for an ASP or multiple numbers of ASPs for any number of children shall meet or exceed the following qualifications: be at least eighteen years of age, possess a BA or BS, and have one of the following: at least twenty months of experience working directly with school age children; or Vermont Afterschool Professional Credential; or Vermont Program Director Credential; or Vermont Teacher Licensure; or a master's degree in a youth-related field. The Afterschool Site Director shall meet or exceed the following qualifications: be at least eighteen years of age, possess a BA, BS or AA or AS and have one of the following: at least ten months direct work experience with school age children; or a Vermont On-The-Job Training certificate or; a Vermont Afterschool Professional Credential; or a Vermont Program Director Credential; or a Vermont Teacher Licensure; or master's degree in a youth-related field. Qualifications are the same regardless of the age of children being served.**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **A Registered FCCP that operates a registered FCCH 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 prior to licensure or within twelve (12) months of initial licensure: At least a Vermont Early Childhood Career Ladder Level One Certificate or higher; or at least successful completion of the Fundamentals for Early Childhood Professionals' course; or at least a current Child Development Association Credential (CDA) from the National Council for Professional Recognition; or at least a Child Care Certificate from CCV; or at least successful completion of twelve (12) college credits in content consistent with the core knowledge areas identified by NL CDC. The licensed FCCP that operates a licensed FCCH 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 or Level Three A Certificate; or at least a current Child Development Associate ("CDA") Credential from the National Council for Professional Recognition ("NCPR") and twelve (12) months experience working with groups of children grade three (3) or younger; or at least a Child Care Certificate from CCV 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.

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **N/A**
- b. License-exempt home-based child care. **Currently VT does not require any qualification criteria outside of record check authorization clearance and CCFAP confirms the required familial connection.**
- c. License-exempt in-home care (care in the child's own home). **Currently VT does not require any qualification criteria outside of record check authorization clearance and CCFAP confirms the required familial connection.**

5.3 Health and Safety Standards for CCDF Providers

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

exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Rule 5.1.2: General Health Examinations: Within forty-five (45) days of enrollment, the licensee shall obtain documentation of the child's age appropriate well care exam from the parent. Documentation shall include information regarding any health conditions and medications that may impact the care of the child.**

5.2 - Routine Health Practices:

5.2.1 Hand washing

5.2.1.1 CBCCPP staff shall ensure that adults and children wash their hands: • Upon arrival at the CBCCPP; • Before they eat, prepare or handle food; • Before and after handling raw meat; • Before feeding children; • After toileting or diapering; • After cleaning; • After taking out the garbage; • After handling animals; and • After outdoor play. 5.2.1.2 The program director shall ensure that adults also wash their hands: • Before and after giving medications; • Before and after caring for a child who is injured or may be sick; • Before diapering; and • After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body fluids.

5.2.1.3 The licensee shall ensure the hand washing procedures include the following steps in order: • Use of warm running water and liquid soap; • Moistening hands with water, applying soap, and washing hands for a minimum of twenty (20) seconds; • Rinsing hands under running water; • Drying hands with a single use towel or paper towel; and then • Disposing of the towel.

5.2.1.4 When hand washing is not practical due to outside activities or being off-site, and hands are not visibly soiled, hand sanitizer may be used by staff, other adults, and children in lieu of washing with soap and warm water. Staff shall ensure that children using a hand sanitizer rub their hands until the sanitizer has dried. Only non-alcohol hand sanitizer shall be used for children under twenty-four (24) months of age.

5.2.1.5 Sinks used for hand washing shall have hot and cold running water that comes from a single spigot. The hot water shall not exceed 120°F.

5.2.1.6 Soap and paper towels or individual single use cloth towels shall be available and accessible to the children at each hand washing sink.

5.2.1.7 If hand washing sinks are not child height, a step stool shall be available.

5.2.1.8 Staff shall wash the hands of children who are unable to wash their own hands and provide developmentally appropriate guidance and supervision to help children learn and practice healthy hand washing.

5.2.2 Children's clothing

5.2.2.1 The licensee shall ensure that extra clothing is available for children either by providing a sufficient quantity directly or requiring parents to provide and maintain a clean spare set of clothing for each child.

5.2.2.2 Staff shall ensure that children's clothing is changed when wet or soiled.

5.2.2.3 Wet or soiled clothing shall be placed in a sealed plastic container or bag, labeled with the child's name, and returned to the child's parent at the end of the day. 5.2.2.4 Children's personal articles, including combs and brushes, shall not be shared among children and shall be stored separately with individual children's personal belongings. 5.2.3 Diapering

5.2.3.1 Staff shall ensure that children's diapers are changed when wet or soiled.

5.2.3.2 Staff shall have an established procedure for checking diapers regularly including visually inspecting children's diapers at least every two (2) hours.

5.2.3.3 Staff shall monitor the supply of diapers for each child and make sure they are replenished regularly.

5.2.3.4 The licensee shall ensure that there is a sturdy diaper changing area with a clean, washable, and non-absorbent surface. The diaper changing area shall not be located in the kitchen, or any area where food is stored, prepared or served.

5.2.3.5 The hand washing sink used for toileting and diapering shall be conveniently located near the toileting and diapering areas. This sink shall not be used for food preparation and shall meet requirements in the rule 5.2.1.5 of these regulations.

5.2.3.6 The licensee shall ensure that used disposable diapers are placed in a container that is washable and has a cover that prevents children from accessing the diapers.

5.2.3.7 The container for diapers shall be within arm's reach of the diaper changing area.

5.2.3.8 The container for diapers shall be emptied, cleaned, and disinfected daily.

5.2.3.9 If cloth diapers are used, staff shall place the wet or soiled diaper in a plastic bag or individual container that can be sealed and kept out of the reach of children. 5.2.3.10 Cloth diapers shall be sent home with the child on a daily basis.

5.2.3.11 Each diaper changing procedure shall include: • Preparation: assemble supplies, staff member washes hands, prepares changing surface with either a disposable covering or ensure that the surface was recently cleaned and disinfected and bring the child to the diaper changing area. • Dirty Phase: remove soiled diaper, dispose of diaper, and cleanse diaper area of the child. • Clean Phase: put on clean diaper, dress child, and wash the child's hands. • Clean up: clean and disinfect the diaper changing surface, and staff member washes their own hands. • Record diaper change.

5.2.3.12 The licensee shall post the diaper changing procedure at each diaper changing area.

5.2.3.13 In addition to hand washing, disposable non-porous gloves shall be worn during diapering when: • A staff member has an open cut, sore or cracked skin; • A child has an open cut or sore on his/her skin; or • A child has a known infection that is spread through feces.

5.2.4 Toileting and Toilet Learning/Training

5.2.4.1 Children shall be accommodated in a timely manner when they need to use the toilet. 5.2.4.2 Staff shall provide positive guidance on safe and sanitary toileting. Children shall be supported in developing toileting skills appropriate to their age and ability.

5.2.4.3 Staff shall ensure that all toilet learning/training is carried out with the parent's knowledge and consent. Toilet training methods performed by staff shall be consistent with the parent's toilet training methods when these are developmentally appropriate and do not constitute a violation of these regulations. The child's progress and success in toileting shall be communicated regularly to the child's parent(s). 4

5.2.4.4 Safe and cleanable equipment for toilet learning/training such as child-sized toilets, step aids, modified child-sized toilet seats or inserts that fit directly over the toilet shall be provided for children who are learning to use the toilet.

5.2.5 Standard Practices for Exposure to Bodily Fluids Staff shall use standard precautions when exposed to blood or blood-containing bodily fluids. The standard precautions include: • Use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid; • Clean and disinfect the soiled surface; • Dispose of contaminated materials and store washable items in securely sealed plastic bags; and • Wash hands thoroughly as required in the rule

5.2.1.3 of these regulations.

5.2.6 Cleaning, Sanitizing, and Disinfecting (see section 2.2 of these regulations for definitions of these terms)

5.2.6.1 Cleaning shall occur prior to sanitizing and disinfecting unless otherwise instructed by the manufacturer's recommendations. 5.2.6.2 All sanitizing and disinfecting solutions shall be EPA registered and used according to the manufacturers' instructions. 5.2.6.3 Household bleach may be used for both sanitizing and disinfecting. When bleach is used for these purposes, fresh bleach solutions shall be mixed daily. 5.2.6.4 Cleaning of the following items shall be done on the following schedule: After each use: • Countertops; • Food preparation appliances; • Plastic mouthed toys; • Changing tables; and • Cribs, cots, mats, and bedding, if used by different children. When it touches another surface: • Pacifiers Every Day: • Uncarpeted floors Every week: • Cribs, cots, mats, and bedding if used by the same child every day. Every month: • Machine washable toys; • Dress-up clothes including hats; • Play activity centers; and • Refrigerator. 5.2.6.5 Sanitizing of the following items shall be done on the following schedule: Before and after each use: • Food preparation surfaces; • Dining tables and highchair trays; and • Non flushing potty chairs. After each use: • Eating utensils and dishes; At the end of each day: • Food preparation appliances; • Plastic mouthed toys; and • Pacifiers. 5.2.6.6 Disinfecting of the following items shall be done at the end of each day: • Door and cabinet handles; • Hand washing sinks and faucets; • Countertops; • Toilets and toilet learning equipment; • Diaper pails; and • Drinking fountains.

Section 5.3 Managing Infectious Diseases:

5.3.1 The licensee shall develop and implement a plan for the management of communicable disease in the CBCCPP including the following: • Naming and identifying symptoms of illnesses for which a child will be excluded or sent home from the CBCCPP; • Identifying communicable diseases for which a child will not be admitted to the CBCCPP without a statement from a health care provider; and • Written notification to parents when children may have been exposed to a reportable communicable disease.

5.3.2 Daily Health Check Upon arrival into the CBCCPP staff shall observe each child for symptoms of communicable disease and signs of injuries. Any obvious injuries shall be documented along with any comments from the parent pertaining to the child's condition. This documentation shall be maintained in the child's file for a minimum of 365 days. 5.3.3 Exclusion of Children from Care 5.3.3.1 Staff shall follow the exclusion policies as set forth in Signs and Symptoms of Illness Chart, (see Appendix A).

5.3.3.2 Signs and Symptoms of Illness Chart document shall be posted where it is

clearly visible to staff and parents.

5.3.3.3 A child shall be excluded from care if, in the opinion of the program director, he/she is too ill to participate in usual daily activities.

5.3.4 Responding to Children Who Become Ill

5.3.4.1 The program director shall ensure that a comfortable space, separate from other children, can be created for children who are exhibiting symptoms of illness until their parent arrives to pick them up. The separate area shall be appropriately furnished to allow the child to sleep or rest, which shall not be located in the kitchen or toilet area.

5.3.4.2 All items used by an ill child shall be cleaned and disinfected prior to being used by another child.

5.3.4.3 Staff shall ensure that an ill child is supervised.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: The FCCP shall ensure that the FCCH environment and practices support children's health and safety.

5.1.2 General Health Examinations: Within forty-five (45) days of enrollment the FCCP shall obtain documentation of the child's age appropriate well care exam from the parent. Documentation shall include information regarding any health conditions and medications that may impact the care of the child. . 5.2 Routine Health Practices

5.2.1 Hand washing

5.2.1.1 The FCCP shall ensure that adults and children wash their hands: • Upon arrival at the FCCH; • Before they eat, prepare or handle food; • Before and after handling raw meat; • Before feeding children; • After toileting or diapering; • After cleaning; • After taking out the garbage; • After handling animals; and • After outdoor play.

5.2.1.2 The FCCP shall ensure that adults also wash their hands: • Before and after giving medications; • Before and after caring for a child who is injured or may be sick; • Before diapering; and • After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body fluids.

5.2.1.3 The FCCP shall ensure the hand washing procedure include the following steps in order: • Use of warm running water and liquid soap; • Moistening hands with water, applying soap, and washing hands for a minimum of twenty (20) seconds; • Rinsing hands under running water; • Drying hands with a single use towel or paper towel; and then • Disposing of the towel. 5.2.1.4 When hand washing is not practical due to outside activities or being off-site, and hands are not visibly soiled, hand sanitizer may be used by the FCCP, staff, other adults, and

children in lieu of washing with soap and warm water. Staff shall ensure that children using a hand sanitizer rub their hands until the sanitizer has dried. Only non-alcohol hand sanitizer shall be used for children under twenty-four (24) months of age.

5.2.1.5 Sinks used for hand washing shall have hot and cold running water that comes from a single spigot. The hot water shall not exceed 120°F.

5.2.1.6 Soap and paper towels or individual single use cloth towels shall be available and accessible to the children at each hand washing sink.

5.2.1.7 If hand washing sinks are not child height, a step stool shall be available.

5.2.1.8 The FCCP and/or staff shall wash the hands of children who are unable to wash their own and provide developmentally appropriate guidance and supervision to help children learn and practice healthy hand washing.

5.2.2 Children's clothing 5.2.2.1 The FCCP shall ensure that extra clothing is available for children either by providing a sufficient quantity directly or requiring parents to provide and maintain a clean spare set of clothing for each child.

5.2.2.2 The FCCP shall ensure that children's clothing is changed when wet or soiled.

5.2.2.3 Wet or soiled clothing shall be placed in a sealed plastic container or bag labeled with the child's name and returned to the child's parent at the end of the day. A FCCP may choose to launder wet or soiled clothing on site.

5.2.2.4 Children's personal articles, including combs and brushes, shall not be shared among children and shall be stored separately with individual children's personal belongings. 5.2.3 Diapering

5.2.3.1 The FCCP shall ensure that children's diapers are changed when wet or soiled.

5.2.3.2 The FCCP shall have an established procedure for checking diapers regularly including visually inspecting children's diapers at least every two (2) hours.

5.2.3.3 The FCCP shall monitor the supply of diapers for each child and make sure they are replenished regularly.

5.2.3.4 The FCCP shall ensure that there is a sturdy diaper changing area with a clean, washable and non-absorbent surface. The diapering changing area shall not be located in the kitchen or any area where food is stored, prepared or served.

5.2.3.5 If the hand washing sink used for toileting and diapering is also used for food preparation, the faucet and sink shall be sanitized prior to being used for

food preparation.

5.2.3.6 The FCCP shall ensure that used disposable diapers are placed in a leak proof bag or container that is washable and has a firmly fitting cover.

5.2.3.7 A container used for diapers s

hall be out of reach of children. 5.2.3.8 A container for diapers shall be emptied, cleaned and disinfected daily.

5.2.3.9 If cloth diapers are used, the FCCP shall ensure that wet or soiled diapers are placed in a plastic bag or individual container that can be sealed and kept out of reach of children.

5.2.3.10 Cloth diapers shall be sent home with the child on a daily basis. The FCCP may choose to wash cloth diapers daily.

5.2.3.11 Each diaper changing procedure shall include: • Preparation: assemble supplies, staff member washes hands, prepares changing surface with either a disposable covering or ensure that the surface was recently cleaned and disinfected and bring the child to the diaper changing area. • Dirty Phase: remove soiled diaper and cleanse diaper area of the child. • Clean Phase: put on clean diaper, dress child, and wash the child's hands. • Clean up: clean and disinfect the diaper changing surface, dispose of diaper, and staff member washes their own hands. • Record diaper change.

5.2.3.12 The FCCP shall have a written diaper changing procedure that is accessible to staff.

5.2.3.13 A licensed FCCP shall post the diaper changing procedure at each diaper changing area.

5.2.3.14 In addition to hand washing, disposable non-porous gloves shall be worn during diapering when: • A staff person has an open cut, sore or cracked skin; • A child has an open cut or sore on his/her skin; or • A child has a known infection that is spread through the feces.

5.2.4 Toileting and Toilet Learning/Training

5.2.4.1 Children shall be accommodated in a timely manner when they need to use the toilet. 5.2.4.2 The FCCP and staff shall provide positive guidance on safe and sanitary toileting. Children shall be supported in developing toileting skills appropriate to their age and ability.

5.2.4.3 The FCCP shall ensure that all toilet learning/training is carried out with the parent's knowledge and consent. Toilet training methods shall be consistent with the parent's toilet training methods when these are developmentally appropriate and do not constitute a violation of these regulations. The child's progress and

success in toileting shall be communicated regularly to the child's parent(s).

5.2.4.4 Safe and cleanable equipment for toilet learning/training such as child-sized toilets, step aids, modified child-sized toilet seats or inserts that fit directly over the toilet shall be provided for children who are learning to use the toilet.

5.2.5 Standard Practices for Exposure to Body Fluids Staff shall use standard precautions when exposed to blood or blood-containing body fluids. The standard precautions include: • Use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid; • Clean and disinfect the soiled surface; • Dispose of contaminated materials and store washable items in securely sealed plastic bags; and • Wash hands thoroughly as required in the rule 5.2.1.3 of these regulations.

5.2.6 Cleaning, Sanitizing and Disinfecting (see section 2.2 of these regulations for definitions of these terms)

5.2.6.1 Cleaning shall occur prior to sanitizing and disinfecting unless otherwise instructed by the manufacturer's recommendations. 5.2.6.2 All sanitizing and disinfecting solutions shall be EPA registered and used according to the manufacturers' instructions. 5.2.6.3 Household bleach may be used for both sanitizing and disinfecting. When bleach is used for these purposes, fresh bleach solutions shall be mixed daily. 5.2.6.4 Cleaning of the following items shall be done on the following schedule: After each use: • Plastic mouthed toys; • Changing tables; and • Cribs, cots, mats, and bedding, if used by different children. When it touches another surface: • Pacifiers Every week: • Cribs, cots and mats, and bedding if used by the same child every day. Every month: • Machine washable toys; • Dress-up clothes including hats; • Play activity centers; and • Refrigerator.

5.2.6.5 Sanitizing of the following items shall be done on the following schedule: Before and after each use: • Food preparation surfaces; and • Dining tables and highchair trays. After each use: • Eating utensils and dishes At the end of each day: • Food preparation appliances; • Plastic mouthed toys; and • Pacifiers.

5.2.6.6 The following items shall be Disinfected at the end of each day: • Door handles; • Hand washing sinks and faucets; • Countertops; • Toilets and toilet learning equipment; • Diaper pails; and • Drinking fountains.

5.3 Managing Infectious Diseases 5.3.1 The FCCP shall develop and implement a plan for the management of communicable disease in the FCCH including the following: • Naming and identifying symptoms of illnesses for which a child will be excluded or sent home from the FCCH; • Identifying communicable diseases for which a child will not be admitted to the FCCH without a statement from a health care provider; and • Written notification to parents when children may have been exposed to a reportable communicable disease.

5.3.2 Daily Health Check Upon arrival into the FCCH staff shall observe each child for symptoms of communicable disease and signs of injuries. Any obvious injuries shall be documented along with any comments from the parent pertaining to the

child's condition. This documentation shall be maintained in the child's file for a minimum of 365 days. 5.3.3 Exclusion of Children from Care

5.3.3.1 The FCCP shall follow the exclusion policies as set forth in Signs and Symptoms of Illness Chart (see Appendix A).

5.3.3.2 The Signs and Symptoms of Illness Chart document shall be available for staff and parents to read.

5.3.3.3 A child may be excluded from care if, in the opinion of the FCCP, he/she is too ill to participate in usual daily activities. 5.3.4 Responding to Children Who Become Ill

5.3.4.1 The FCCP shall ensure that a comfortable space, separate from other children, can be created for children who are exhibiting symptoms of illness until their parent arrives to pick them up. The separate area shall be appropriately furnished to allow the child to sleep or rest, which shall not be located in the kitchen or toilet area.

5.3.4.2 All items used by an ill child shall be cleaned and disinfected prior to being used by another child.

5.3.4.3 Staff shall ensure that an ill child is supervised.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 13 - Health Standards:**

13.1 Staff shall use universal precautions when in contact with all blood and other body fluids that are potentially infectious (saliva, nose and eye discharges, vomit, urine, feces) by following the procedures listed below: • wear non-porous latex or vinyl gloves unless the fluid can be easily contained by the material used to clean it up (tissue for noses, etc.) being careful not to get any of the fluid being handled into eyes, nose, mouth or open sores/cuts • clean and then disinfect any surfaces coming into contact with body fluids using a bleach dilution according to manufacturer's instructions for disinfecting • dispose of contaminated materials and store launderable items in securely sealed containers or bags • wash hands with soap and water. 13.2 Children shall have free access to toilet facilities.

13.3 Devices that diffuse or emit airborne chemicals, such as anti-pest strips, ozone generators, plug-in air fresheners, nail polish, nail polish remover, and aerosol sprays shall not be used in the Afterschool Child Care Program. 13.4

Children shall have access to clean, sanitary drinking water which is readily available in indoor and outdoor areas throughout the day.

Conditions for Exclusion

13.5 Children and Staff may be excluded if in the opinion of the Program Administrator or Site Director, designee or medical professional the individual is too ill to participate.

13.6 Staff shall follow the exclusion policies as set forth in the document Signs and Symptoms of Illness Chart (Adapted) which shall be made available to parents and Staff, and posted where parents and Staff can read it. (See Appendix A).

Hand Washing

13.7 Staff and children shall all wash their hands with soap under warm, running water: • before they eat or prepare food • after they use the toilet • after handling animals • after playing outside. 13.8 Staff shall also wash their hands with soap under running water: • before and after giving medication • after eating • after cleaning up after a sick child or injured child • after handling items soiled with blood or body fluids. 13.9 Hand sanitizers shall only be used when running water is not available such as during outdoor play or on field trips.

Cleaning Practices

13.10 All toys and indoor equipment shall be cleaned at least monthly.

13.11 Toilets and sinks shall be cleaned and disinfected daily. 13.12 Bathrooms shall be cleaned daily.

13.13 Shelves and doorknobs shall be washed and disinfected weekly so as to minimize the spread of illness.

13.14 The tops of tables used for eating snacks or meals or other surfaces coming into contact with food shall be washed and sanitized prior to eating.

13.15 Hard floors and carpets shall be cleaned at least daily. Carpets shall be vacuumed daily. Carpets shall be hot water extracted at least twice per year.

13.16 Sanitizers and disinfectants including bleach shall be registered with US Environmental Protection Agency. If environmentally preferable cleaning products are used, these products shall comply with 18 V.S.A. Chapter 39.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Rule 3.4.4.1: The**

program director shall maintain a complete and up-to-date enrollment file on-site for each child enrolled in the CBCCPP. A complete file shall contain, at minimum, the following information:

- Child's immunization record or Vermont Department of Health approved exemption document as required in the rules in section 5.1.3 of these regulations.

Rule 5.1.3: Immunizations:

The licensee shall maintain documentation in the child's file of each child's current immunization status.

- Immunization records shall include the immunization administered and the date of each immunization. The immunization record should be updated after each additional immunization has been received.

- If an enrolled child is in the process of complying with immunization requirements in accordance with the Vermont recommended immunization schedule, documentation in the child's file shall include the required Vermont Department of Health form.

- If a child has not had a required immunization due to a Vermont allowed

exemption, documentation in the child's file shall include the required

Vermont Department of Health form.

Rule 5.1.4: The licensee shall submit a Vermont Child Care Immunization Report at least

once every 365 days to the Vermont Department of Health, Immunization Office as required by 18 V.S.A. §§ 1120 - 1129.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **3.3.4.1**
The FCCP shall maintain a complete and up-to-date enrollment file on-site for each child enrolled in the FCCH. A complete file shall contain, at minimum, the following information: • Child's immunization record or Vermont Department of Health approved exemption document as required in the rules in section 5.1.3 of these regulations

5.1.3 Immunizations: The FCCP shall maintain documentation in the child's file of each child's current immunization status.

- Immunization records shall include the immunization administered and the date of each immunization. The immunization record should be updated after each additional immunization has been received.
- If an enrolled child is in the process of complying with immunization requirements in accordance with the Vermont recommended immunization schedule, documentation in the child's file shall include the required Vermont Department of Health form.

- If a child has not had a required immunization due to a Vermont allowed exemption, documentation in the child's file shall include the required Vermont Department of Health form.

5.1.4 The FCCP shall submit a Vermont Child Care Immunization Report at least once every 365 days to the Vermont Department of Health, Immunization Office as required by 18 V.S.A. §§ 1120 - 1129.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **4.3 A child shall be admitted in an Afterschool Child Care Program when there is on file on the premises, either in hard copy or accessible and printable electronic format documentation in the child's file of each child's current immunization status.**
 - Immunization records shall include the immunization administered and the date of each immunization.
 - If an enrolled child is in the process of complying with immunization requirements in accordance with the Vermont recommended immunization schedule, documentation in the child's file shall include the required Vermont Department of Health form.
 - If a child has not had a required immunization due to a Vermont allowed exemption, documentation in the child's file shall include the required Vermont Department of Health form.

This is documented in the Administrative Memo, issued by CDD, effective October 1, 2024.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **5.4.2 Safe Sleep Practices for Infants Under Twelve (12) Months of Age**

5.4.2.1 Infants shall be allowed to nap when tired.

5.4.2.2 Infants shall always be placed on their backs to sleep. 5.4.2.3 Staff shall ensure that infants sleep in cribs or port-a-cribs. Infants shall not be placed to

sleep on soft surfaces, such as a couch or sofa, pillow, quilts, sheepskins, or blankets. Infants shall not be placed in car seats, swings, high chairs, jumping chairs or similar equipment for sleep. A child that falls asleep in this type of equipment shall be gently transferred to a crib or port-a-crib as soon as feasible.

5.4.2.4 Each crib and port-a-crib shall have a firm, tight-fitting mattress covered by a tight-fitting crib sheet.

5.4.2.5 Soft objects, toys or loose bedding shall not be used in infants' sleep areas. Soft or loose bedding includes bumper pads, pillows, quilts, comforters, sheepskins, blankets, flat sheets, cloth diapers, and bibs. Infants shall not be swaddled for sleep.

5.4.2.6 Clothing sacks or similar clothing designed for safe sleep may be used. Bibs, necklaces, and garments with ties or hoods shall be removed from the child prior to placing the child in the crib or port-a-crib.

5.4.2.7 No positioning devices shall be used unless required by the child's health care provider. Instructions for the use of any such device shall be kept in the child's file in writing from the child's health care provider.

5.4.2.8 Infants shall not be placed in cribs or port-a-cribs with bottles. Pacifiers are permitted in cribs and port-a-cribs with parental permission. Pacifiers may not have cords or clips that may pose a strangulation risk.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **5.4.2 Safe Sleep Practices for Infants Under Twelve (12) Months of Age**

5.4.2.1 Infants shall be allowed to nap when tired.

5.4.2.2 Infants shall always be placed on their backs to sleep. 5.4.2.3 The FCCP and staff shall ensure that infants sleep in cribs or port-a-cribs. Infants shall not be placed to sleep on soft surfaces, such as a couch or sofa, pillow, quilts, sheepskins or blankets. Infants shall not be placed in car seats, swings, high chairs, jumping chairs or similar equipment for sleep. A child that falls asleep in this type of equipment shall be gently transferred to a crib or porta-crib as soon as feasible.

5.4.2.4 Each crib and port-a-crib shall have a firm, tight-fitting mattress covered by a tight-fitting crib sheet.

5.4.2.5 Soft objects, toys or loose bedding shall not be used in infant sleep areas. Soft or loose bedding includes: bumper pads, pillows, quilts, comforters, sheepskins, blankets, flat sheets, cloth diapers, and bibs. Infants shall not be swaddled for sleep.

5.4.2.6 Clothing sacks or similar clothing designed for safe sleep may be used. Bibs, necklaces, and garments with ties or hoods shall be removed from the child prior to placing the child in the crib or port-a-crib.

5.4.2.7 No positioning devices shall be used unless required by the child's health

care provider. Instructions for the use of any such device shall be kept in the child's file in writing from the child's health care provider.

5.4.2.8 Infants shall not be placed in cribs or portacribs with bottles. Pacifiers are permitted in cribs and port-a-cribs with parental permission. Pacifiers may not have cords or clips that may pose a strangulation risk

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This is not applicable for ASP because they do not serve infants.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **CBCCPP providers are required to maintain records pertaining to all medications administered to children either in the child's file or in a separate medication administration log book and kept for 365 days from the date the medication was given. Additionally, Vermont has rules that guide CBCCPPs on the safe administration of medication which include: the program director shall develop and consistently implement a written policy and plan regarding the administration of medication to children; the program director shall ensure that only staff, who have completed a training course approved by the Division, administer medication in the CBCCPP; all prescription medication administered by staff shall be in its original container, properly labeled for the child, and administered prior to the expiration date on the container; all non-prescription medication administered by staff shall be labeled with the child's name and be in its original container with directions for its administration. It must be administered prior to the expiration date on the container. Any deviations from the label's instructions shall be in writing from the child's health care provider; a record of the administration of all medications shall be made including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records shall be maintained for 365 days from the start date of medication administration and may be kept in the child's file or in a medication administration log; unused medication shall be returned to the parent when no longer needed by the child; insect repellent, sunscreen and non-prescription diaper ointment are not considered medications; all medication and non-medications shall be securely**

stored and inaccessible to children; prescription rescue medication, such as rescue inhalers, epinephrine pen ("epi pen"), and seizure medication must be kept immediately accessible for use in cases of emergency.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Vermont has rules that guide FCCPs on the administration of medication which include: the FCCP shall develop and consistently implement a written policy and plan regarding the administration of medication to children; the FCCP are required to ensure that only staff, who have completed a training course approved by the Division, administer medication in the FCCH; the FCCP shall ensure that parents are notified if a substitute is not approved to administer medication; all prescription medication administered by staff shall be in its original container, properly labeled for the child, and administered prior to the expiration date on the container; all non-prescription medication administered by staff is required to be labeled with the child's name and be in its original container with directions for its administration. It must be administered prior to the expiration date on the container. Any deviations from the label's instructions shall be in writing from the child's health care provider; a record of the administration of all medications is required to be made including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records are required to be maintained for 365 days from the start date of medication administration and may be kept in the child's file or in a medication administration log; unused medication shall be returned to the parent when no longer needed by the child; insect repellent, sunscreen and non-prescription diaper ointment are not considered medications; all medication and non-medications shall be securely stored and inaccessible to children; prescription rescue medication, such as rescue inhalers, epi pen, and seizure medication must be kept immediately accessible for use in cases of emergency.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Vermont has rules that support the safe administration of medication in ASPs that include: all medications shall be inaccessible to children but immediately accessible to designated staff; all prescription medications shall be kept in the original containers and be clearly labeled with children's name, dosage, medication name, and schedule of administration; the program shall maintain onsite a record of all prescribed medications given which include the name of the medication(s), date, dosage, and time given.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the

following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **3.4.6.3 The licensee shall maintain records pertaining to all medications administered to children as required in the rule 5.6.7 of these regulations. These may be kept in children's files or in a separate medication administration log book. Medication records must be kept for a minimum of 365 days from the date the medication was given.**

5.6 Administration of Medication

5.6.1 The program director shall develop and consistently implement a written policy and plan regarding the administration of medication to children.

5.6.2 The program director shall ensure that only staff, who have completed a training course approved by the Division, administer medication in the CBCCPP. With written parental permission, a school age child may self-medicate under the direct supervision of staff who meets the training requirement within this rule.

5.6.3 Medication or herbal/folk remedies shall not be administered to a child unless the CBCCPP has received written permission from the child's parents for each medication given.

5.6.4 Written permission from parents to administer medication must include all of the following information for each prescription and non-prescription medication administered to children: • Name of the child; • Child's date of birth; • Any medication allergies; • Name of medication; • Dosage to be given; • Time when medication is to be given; • Route of administration (mouth, ear, nose, topical, inhalation); • Reason for the medication; • Start and end dates for administration of the medication; and • Any special instructions.

5.6.5 All prescription medication administered by staff shall be in its original container, properly labeled for the child, and administered prior to the expiration date on the container.

5.6.6 All non-prescription medication administered by staff shall be labeled with the child's name and be in its original container with directions for its administration. It must be administered prior to the expiration date on the container. Any deviations from the label's instructions shall be in writing from the child's health care provider. 5.6.7 A record of the administration of all medications shall be made including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records shall be maintained for 365 days from the start date of medication administration and may be kept in the child's file or in a medication administration log.

5.6.8 Un-used medication shall be returned to the parent when no longer needed by the child. 5.6.9 Insect repellent, sunscreen and non-prescription diaper ointment are not considered medications. Written parental permission shall be obtained prior to the application of insect repellent, sunscreen and non-

prescription diaper ointment. This parental permission shall specify the product but may permit application as needed over a span of time. Such permission shall be updated at least once every 365 days and shall be maintained in each child's file. Children younger than school age shall not apply any of these items independently. School age children may apply these items independently with supervision.

5.6.10 All medication and non-medications described in the rule 5.6.9 of these regulations shall be securely stored and inaccessible to children.

5.6.11 Prescription rescue medication, such as rescue inhalers, epinephrine (epi) pen, and seizure medication must be kept immediately accessible for use in cases of emergency.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 3.3.6.3 The FCCP shall maintain records pertaining to all medications administered to children as required in the rule 5.6.8 of these regulations. These may be kept in children's files or in a separate medication administration log book. Medication records must be kept for a minimum of 365 days from the date the medication was given.

5.6 Administration of Medication 5.6.1 The FCCP shall develop and consistently implement a written policy and plan regarding the administration of medication to children.

5.6.2 The FCCP shall ensure that only staff, who have completed a training course, approved by the Division, administer medication in the FCCH.

5.6.3 The FCCP shall ensure that medication or herbal/folk remedies is not administered to a child unless the FCCH has received written permission from the child's parents for each medication given. 5.6.4 The FCCP shall ensure that parents are notified if a substitute is not approved to administer medication.

5.6.5 The FCCP shall ensure that written permission from parents to administer medication must include all of the following information for each prescription and non-prescription medication administered to children: • Name of the child; • Child's date of birth; • Any medication allergies; • Name of medication; • Dosage to be given; • Time when medication is to be given; • Route of administration (mouth, ear, nose, topical, inhalation); • Reason for the medication; • Start and end dates for administration of the medication; and • Any special instructions.

5.6.6 The FCCP shall ensure that all prescription medication is in its original container, properly labeled for the child, and administered prior to the expiration date on the container.

5.6.7 The FCCP shall ensure that all non-prescription medication shall be labeled with the child's name and be in its original container with directions for its administration. It must be administered prior to the expiration date on the

container. Any deviations from the label's instructions shall be in writing from the child's health care provider. 5.6.8 The FCCP shall ensure that there is a record of the administration of all medications including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records shall be maintained for 365 days from the start date of medication administration, and may be kept in the child's file or in a medication administration log.

5.6.9 The FCCP shall ensure that un-used medication is returned to the parent when no longer needed by the child.

5.6.10 Insect repellent, sunscreen and non-prescription diaper ointment are not considered medications. The FCCP shall ensure that written parental permission is obtained prior to the application of insect repellent, sunscreen and non-prescription diaper ointment. This parental permission shall specify the product but may permit application as needed over a span of time. Such permission shall be updated at least once every 365 days and shall be maintained in each child's file. Children younger than school age shall not apply any of these items independently. School age children may apply these items independently with supervision. 5.6.11 The FCCP shall ensure that all medication and non-medications described in the rule 5.6.10 of these regulations shall be securely stored and inaccessible to children.

5.6.12 Prescription rescue medication, such as rescue inhalers, epinephrine (epi) pen, and seizure medication, must be kept immediately accessible for use in cases of emergency.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x]Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Medications and Topical Applications**

13.17 All medications shall be inaccessible to children but immediately accessible to designated Staff. A child with parent permission to self-medicate may do so under direct Staff supervision.

13.18 Written parental permission shall be obtained before administering any medication. The permission statement shall include the name of the child, name of the medication, dosage, the date and time to be given and how the medication is to be given (mouth, ear, etc.).

13.19 No Staff, employee, or volunteer shall administer medicines, drugs or herbal or folk

remedies that affect behavior except as prescribed by a health care provider with specific written instructions and parental permission.

13.20 All prescription medications shall be kept in the original containers and be clearly labeled with children's name, dosage, medication name, and schedule of administration.

13.21 The program shall maintain onsite a record of all prescribed medications given which include the name of the medication(s), date, dosage, and time given.

13.22 Written general permission for over-the-counter medications shall be obtained from parents for giving oral medication to a child. Parents shall be verbally notified before oral medications are given. 13.23 Prior to supervised application, written general permission shall be obtained from parents prior to the application of non-prescription medications and products, such as ointments, creams, sunscreens, tick and insect repellants, and other topically applied ointments and lotions. Such general permission shall be updated annually.

13.24 Direct supervision is required for all topical applications applied by children.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **CBCCPP directors shall maintain complete and up-to-date enrollment files on-site for each child enrolled in the CBCCPP. A complete file shall contain, at minimum, the following information: A description of any special medical, developmental, emotional, or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries, and any prescribed medication including those for emergency situations. Additionally, the program director shall develop and implement a written policy concerning meals and snacks. This policy shall be provided to all parents at the time of enrollment and include: a description of all food services provided; usual time of snacks and meals; policies and procedures related to food allergies, religious dietary requirements, and other special needs; and policies and procedures for safe eating habits.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The FCCP shall maintain a complete and up-to-date enrollment file on-site for each child enrolled in the FCCH. A complete file shall contain, at minimum, the following information: A description of any special medical, developmental, emotional or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations. Additionally, the FCCP shall develop and implement a written policy concerning meals and snacks. This policy shall be provided to all parents at the time of enrollment and include: a description of all food services provided; usual time of snacks and meals; policies and procedures**

related to food allergies, religious dietary requirements and other special needs; and policies and procedures for safe eating habits.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **In ASPs when a child has a medically diagnosed food allergy, a special care plan from the child's health care provider shall be readily available and describe steps to take in the event of exposure. Children with food sensitivities or allergies shall be offered an alternative snack. All Staff are required to be aware of a child's food allergy and of the emergency steps to be taken should an allergic child be exposed to the problem food.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **3.4.4.1 The program director shall maintain a complete and up-to-date enrollment file on-site for each child enrolled in the CBCCPP. A complete file shall contain, at minimum, the following information: • A description of any special medical, developmental, emotional, or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations;**

5.11.1.1 The program director shall develop and implement a written policy concerning meals and snacks. This policy shall be provided to all parents at the time of enrollment as required in the rule 4.7 of these regulations. It shall include: • Policies and procedures related to food allergies, religious dietary requirements, and other special needs;

5.11.8.2 The program director shall ensure that if the parent requests modification of basic meal patterns due to a child's medical need such as food allergies or food intolerance that the parent provides the CBCCPP with written documentation from the child's health care provider authorizing the modification

6.2.6.3 When children are eating, staff shall be positioned to allow for visual supervision of all children and shall be able to physically respond immediately to any child that may be choking.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **3.3.4.1 The FCCP shall maintain a complete and up-to-date enrollment file on-site for each child enrolled in the FCCH. A complete file shall contain, at minimum, the**

following information:

- A description of any special medical, developmental, emotional or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations;

5.11.1.1 The FCCP shall develop and implement a written policy concerning meals and snacks. This policy shall be provided to all parents at the time of enrollment as required in the rule 4.7 of these regulations. It shall include:

- A description of all food services provided;
- Usual time of snacks and meals;
- Policies and procedures related to food allergies, religious dietary requirements and other special needs; and
- Policies and procedures for safe eating habits

5.11.8.2 The FCCP shall ensure that if the parent requests modification of basic meal patterns due to a child's medical need such as food allergies or food intolerance that the parent provides the FCCP with written documentation from the child's health care provider authorizing the modification.

6.2.4.5 When children are eating, the FCCP and/or staff shall be positioned to allow for visual supervision of all children and shall be able to physically respond immediately to any child that may be choking.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **15.6 When a child has a medically diagnosed food allergy, a special care plan from the child's health care provider shall be readily available and describe steps to take in the event of exposure.**

15.7 Children with food sensitivities or allergies shall be offered an alternative snack. All Staff and Volunteers shall be aware of a child's food allergy and of the emergency steps to be taken should an allergic child be exposed to the problem food.

- 5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **5.10 Physical Environment and Safety**

5.10.1 General Safety of Building and Grounds

5.10.1.1 General Safety: The licensee shall ensure the physical facilities of the CBCCPP, grounds, equipment, and toys present no hazard to the health, safety, and well-being of the children. **5.10.1.1.1** The licensee shall ensure that children are protected from electrical outlets, such as by using protective covers, tamper-proof outlets, or other devices manufactured for this purpose.

5.10.1.1.2 Children shall be protected from choking hazards presented by cords on window coverings, electric or electronic appliances or equipment and telephones.

5.10.1.1.3 Furniture and equipment shall be sturdy. Furniture and equipment that present a tipping or falling hazard shall be secured. **5.10.1.1.4** Closet and bathroom doors that can be locked shall have an unlocking device readily accessible to staff. No locking or fastening device shall be used on the outside of the door that would prevent free escape.

5.10.1.1.5 Children younger than three (3) years of age shall not have unsupervised access to small toys and objects that pose a choking hazard, deemed by the Consumer Product Safety Commission (CPSC) as objects being smaller than their Choke Test Cylinder (1.25 inches in diameter and 2.25 inches in length).

5.10.1.1.6 Sharp objects shall be kept out of children's reach unless used for a planned activity and closely supervised by an adult. **5.10.1.2 Fire Safety**

5.10.1.2.1 The licensee shall ensure that the CBCCPP is in compliance with Vermont Division of Fire Safety rules at all times. This includes but is not limited to: • Complying with Vermont Division of Fire Safety inspection reports; 54 • Having regular fire systems inspected with violations identified during the inspection noted as corrected; and • Having fire extinguishers tagged with valid inspection tags.

5.10.1.2.2 Staff shall be physically able to assist in exiting all of the children present at one (1) time in the case of a fire.

5.10.1.2.3 Staff shall be familiar with the use and handling of a fire extinguisher.

5.10.1.3 Plumbing, Water and Sewage

5.10.1.3.1 The licensee shall ensure that the CBCCPP plumbing is kept in good working condition. **5.10.1.3.2** The licensee shall ensure that the CBCCPP meets all

applicable plumbing codes as established by the Vermont Division of Fire Safety.

5.10.1.3.3 The licensee shall ensure that the CBCCPP is in compliance with applicable rules from the Department of Environmental Conservation at all times.

5.10.1.3.4 The licensee shall ensure that any outlets used for drinking, cooking purposes, and brushing teeth is potable by meeting Vermont's legally enforceable drinking water standards at all times. Bottled water for drinking, cooking purposes, and brushing teeth shall be provided until such time as at least one (1) outlet meets Vermont's legally enforceable drinking water standards and is in compliance with CBCCPP rule 5.10.2.1.2.

5.10.1.4 Trash, Recycling and Composting

5.10.1.4.1 Garbage and compost shall be in containers that are securely covered.

5.10.1.4.2 Children shall only access compost containers when under direct supervision of staff. 5.10.1.4.3 Recycling materials shall be rinsed and stored in a manner that does not attract insects, rodents, or other pests that pose a safety or health hazard for children.

5.10.1.4.4 Recycling items that pose a safety hazard for children such as metal cans shall be inaccessible to children.

5.10.1.4.5 Garbage, recycling and compost shall be removed daily from rooms used by children. 5.10.1.4.6 Garbage and recycling shall be removed from the premises on a regular basis but not less than once every fourteen (14) days.

5.10.1.4.7 Compost shall be removed from the premises on a regular basis but not less than once every (7) days; unless a contained composter is constructed outside, away from where children play, and shall be maintained in a manner that does not pose any safety or health risks to children.

5.10.1.5 Ventilation, Heating and Cooling

5.10.1.5.1 Any room in the CBCCPP used by the children shall be maintained at a minimum temperature of 65°F and a maximum of 85°F at one (1) foot above floor level. Areas used by infants shall be kept at least 68°F at floor level.

5.10.1.5.2 Adequate ventilation shall be provided indoors during hot weather. All rooms occupied by children shall have at least one (1) window that opens and is properly screened, unless artificial ventilation is used.

5.10.1.5.3 A window that opens and is properly screened or an operating electric exhaust fan shall ventilate each bathroom to the outside air.

5.10.1.5.4 The use of unvented kerosene heaters is prohibited. 5.10.1.5.5 The licensee shall ensure that all heating and cooling equipment is safely shielded to

prevent injury to children and approved for use by the Vermont Division of Fire Safety.

5.10.1.5.6 The licensee shall ensure that screens used on all windows, doors or other openings to the outside are in good repair. Doors that remain open to the outside, excluding fire doors, shall have screens.

5.10.1.5.7 The licensee shall ensure that air conditioners, electric fans and 56 heaters, including all floor or window fans are inaccessible to children when they pose a health or safety hazard. If they are mounted indoors or outdoors, they shall be securely attached.

5.10.1.6 Lighting

5.10.1.6.1 The licensee shall ensure that the CBCCPP has sufficient natural and artificial lighting in all areas where care and education is provided to allow children to see clearly to reduce the risk of injury and allow staff to supervise the children visually. 5.10.1.6.2 The licensee shall ensure that parking areas, pedestrian walkways, and other exterior portions of the premises used by children, parents and staff members after dark are illuminated.

5.10.1.7 Hazardous Finishes and Surfaces The licensee shall ensure that all surfaces and finishes in the CBCCPP and premises are safe and non-hazardous.

5.10.1.8 Childhood Lead Poisoning Prevention The licensee shall comply with the requirements of 18 V.S.A. Chapter 38 Vermont Lead Law and shall ensure that Essential Maintenance Practices (EMP) is performed. This includes but is not limited to protecting children from peeling or chipping paint, and dust build up from the friction of moving doors or windows.

5.10.1.9 Use of Pesticides 5.10.1.9.1 The licensee shall ensure that pesticide applications shall be used only when other pest prevention and control measures fail. Pesticides shall not be used to control pests for aesthetic reasons alone. Whenever possible the CBCCPP shall use pesticides of least risk. Only pesticides registered with the Vermont Department of Agriculture, Food and Markets shall be used, and be documented in administrative records as required in the rule 3.4.6.4 of these regulations. 5.10.1.9.2 The licensee shall ensure that all contracted pesticide applications shall be applied only by commercial applicators certified by the Vermont Agency of Agriculture, Food and Markets.

5.10.1.9.3 The licensee shall ensure that parents of children and staff are notified in writing five (5) days prior to any planned application of pesticides. Notice shall include the site of the planned application, pests to be treated for, and proposed pesticide to be used.

5.10.1.9.4 The licensee shall ensure that application of pesticides shall only be made when children are not present, that there is ample time to ventilate indoor areas after application, and that surfaces that can be touched or mouthed by

children are not treated or are thoroughly cleaned and sanitized after an application. If outdoor applications of pesticides are made while children are present, children shall not be permitted in those areas until recommended by the manufacturer's instructions and/or the applicator's instructions, if applied by a pest control professional.

5.10.1.9.5 The licensee shall ensure that pest baits are not to be used unless in childproof bait boxes. Bait boxes shall be inaccessible to children.

5.10.1.11 Use of Tobacco, Alcohol and Illegal Drugs

5.10.1.11.1 The licensee and the program director shall ensure that the use of tobacco and tobacco substitutes (including e-cigarettes), alcohol and illegal drugs is prohibited at the CBCCPP (both indoor and outdoor environments used by children) and also in any vehicle used to transport children.

5.10.1.11.2 No person in the CBCCPP shall use or be under the influence of alcohol or drugs while present at the CBCCPP. Medication prescribed by a physician or over the counter medication that does not impair the ability of staff to adequately supervise and care for the children may be taken.

5.10.1.12 Firearms and Other Weapons The licensee shall ensure no firearms and other weapons; including hunting knives, archery equipment, and weapon accessories such as ammunition are present at the CBCCPP. 5.10.1.13 Telephones

5.10.1.13.1 The licensee shall ensure that the CBCCPP has an operating telephone that is present and in service at all times children are present. The telephone number shall be provided to the Division and the parents of children that are enrolled. If an answering machine is used, staff shall check it every fifteen (15) minutes to ensure parents are able to communicate with staff during the day.

5.10.1.13.2 The program director shall ensure that a list of the following phone numbers is posted or located near the phone along with 911 and the directions to the CBCCPP: • Police; • Fire; • Ambulance/Rescue Squad; • Poison Center (1-800-222-1222); • Child Development Division; • Interpreter Service (when needed for enrolled children); and • Child Abuse Hotline 800 number. Child specific information: • Parental contacts; • Emergency contacts; and • Doctor contact information. 5.10.1.14 Pets 5.10.1.14.1 The program director shall ensure that animals present at the CBCCPP do not present a danger or health hazard to the children and staff.

5.10.1.14.2 The program director shall ensure that any animals or pets present at or brought into the CBCCPP are vaccinated as prescribed by law with documentation maintained at the CBCCPP.

5.10.1.14.3 Animals present in the CBCCPP shall be maintained and cared for in a safe and sanitary manner that does not pose a health hazard for children or staff.

5.10.1.14.4 Animals shall not be allowed on surfaces where food or drink is prepared or served.

5.10.1.15 Disruptive or Dangerous Behavior The licensee shall prohibit any person, including but not limited to parents, staff, partner staff or volunteers, from the CBCCPP and property, when his/her presence or behavior disrupts the program, distracts the staff from their responsibilities, intimidates or promotes fear among the children and/or staff, or when there is reason to believe that his/her actions or behavior presents a risk of harm to children present.

5.10.2 Kitchen

5.10.2.1 General Kitchen Provisions

5.10.2.1.1 The licensee shall ensure that all on-site meal preparation shall have approval by the Division. The on-site preparation of snacks only does not require approval by the Division.

5.10.2.1.2 The food preparation surfaces shall not be used for other activities when food or drink is being prepared or served. A bathroom sink shall not be used for food preparation.

5.10.2.1.3 The kitchen and all food preparation, storage and serving areas, and utensils shall be kept clean, sanitary, and free of insects, rodents, dust, and other contaminants.

5.10.2.1.4 The kitchen shall have at least one (1) sink with a single spigot with hot and cold running water.

5.10.2.1.5 Children shall be permitted in the meal preparation areas only when under the direct supervision of staff.

5.10.2.2 Kitchen Equipment, Dishwashing and Surfaces **5.10.2.2.1** All dishes, cups and glasses used by the children shall be free from chips, cracks, or other defects.

5.10.2.2.2 The kitchen shall contain the necessary operable equipment to prepare, store, serve and clean-up all meals and snacks for children and adults. All kitchen machinery and equipment shall be constructed and arranged to be easily cleanable and shall be in good repair.

5.10.2.2.3 If the CBCCPP uses a dishwasher, the dishwasher shall be installed and operated according to the manufacturer's recommendations.

5.10.2.2.4 When a dishwasher is not available, and single service items are not used for food service, the licensee shall ensure there shall be three (3) compartments with a drain board set-up for cleaning dishes. A four (4) step process shall include dishwashing, rinsing, sanitizing, and air drying of all dishes and utensils. • Dishes shall be washed with soap in hot clean water. • Dishes shall be rinsed in hot clean water. • Dishes shall then be immersed for at least ten (10) seconds in a sanitizing rinse. The sanitizing rinse shall be EPA registered or a diluted bleach and water mixture. If using bleach, staff shall follow the manufacturer's instructions when mixing for this purpose. • Dishes shall be air

dried.

5.10.2.2.5 All surfaces used for food preparation shall be easily cleanable and non-porous. 5.10.2.2.6 All single service items including cups, plates, spoons, forks, and other single service containers and utensils shall only be used once.

5.10.2.3 Storage

5.10.2.3.1 The CBCCPP shall have a refrigerator to keep perishable foods at 40°F or colder and a freezer to maintain frozen food at 0°F or colder. Food stored in the refrigerator shall be stored in a manner that allows the free circulation of cool air. All refrigerated foods shall be covered. 5.10.2.3.2 The CBCCPP shall ensure that perishable food provided by home is stored in insulated lunch boxes with at least two (2) ice packs. The CBCCPP shall ensure that perishable food provided by home is stored in a refrigerator as specified in the rule 5.10.2.3.1 of these regulations when the perishable food is not stored in an insulated lunch box, and/or not stored with at least two (2) ice packs.

5.10.2.3.3 All food shall be stored in containers that are dated. Food items used by or intended for specific children shall be plainly labeled.

5.10.2.3.4 All utensils, equipment and food shall be stored in a clean, dry place free from insects, rodents, dust and other contamination and shall be handled in such a manner as to prevent contamination. • If stored openly, all containers and utensils shall be stored eighteen (18) inches off of the floor; • Dishes shall be stored in a closed space; • Utensils shall be covered or inverted when not in use; and • Single service items shall be purchased and stored in sanitary cartons.

5.10.2.3.5 Food items shall be stored separately from cleaning materials.

5.10.2.4 Food Safety

5.10.2.4.1 The program director shall ensure that individuals who are ill do not prepare food for children and are not present in the food preparation area and that individuals with open sores that cannot be covered do not handle or prepare food.

5.10.2.4.2 Foods shall be cooked to proper temperatures and shall be served promptly after preparation. All reheated food shall be cooked to at least 165°F. Hot foods shall be maintained at temperatures not less than 135°F and cold foods shall be maintained at temperatures not more than 41°F.

5.10.2.4.3 All readily perishable food shall not be kept at room temperature for more than one (1) hour while being prepared or served. Readily perishable food shall be stored in the refrigerator in a covered shallow pan.

5.10.2.4.4 Frozen foods shall be thawed in the refrigerator, under cold running water or defrosted in the microwave oven.

5.10.2.4.5 All unsafe, contaminated food shall be disposed of promptly. Swelled, rusty, dented or punctured canned food or drink shall not be consumed.

5.10.2.4.6 Fresh fruits and vegetables shall be thoroughly washed before being served. 5.10.2.4.7 Food that has been served to a child or adult shall be disposed of if not eaten. Once food has been served, it shall not be re-used, served to a different child, or stored, except as compost. 5.10.3 Outdoor Play Area

5.10.3.1 General Outdoor Play Area Provisions

5.10.3.1.1 There shall be a safe outdoor play area with a minimum of seventy-five (75) square feet per child to provide opportunities for vigorous play and large muscle activity on the premises or within a safe walking distance of the CBCCPP approved by the Division. 5.10.3.1.2 The outdoor play area shall include a provision for shade. 5.10.3.1.3 The play area shall be fenced or otherwise protected from traffic and other hazards. Fencing or natural barriers, such as hedges or other clear land boundaries, shall prevent children from exiting and allow for safe supervision of outdoor play.

5.10.3.1.4 If fencing is used, it shall be sturdy, safe, and reinforced to give support, constructed to discourage climbing, and shall not prevent visual supervision of children by staff.

5.10.3.1.5 Fencing installed after the effective date of these regulations shall: • Be a minimum of four (4) feet in height with openings no larger than 3.5 inches; • Equipped with gates with self-closing and self-latching mechanisms; and • Include at least two (2) exits with one (1) that does not lead into the CBCCPP. 5.10.3.1.6 The outdoor play area shall be free of dumpsters, uncovered trash cans, highly flammable materials, standing pools of water and other hazards. Staff shall inspect the outdoor play area before children begin to play to make sure there are no hazards present such as, but not limited to, animal feces, litter, adult tools, or other items that might injure a child.

5.10.3.2 Play Equipment and Riding Toys

5.10.3.2.1 All outdoor play equipment shall be sturdy, safe, clean and free from rough edges, sharp corners, pinch and crush points, splinters, and exposed bolts. • To prevent entrapment, no openings in equipment shall be between 3.5 and nine (9) inches. • Chains on swings shall have protective coverings and swing seats shall be made of soft materials with no sharp edges. 5.10.3.2.2 Equipment shall be arranged so that children playing on one (1) piece of equipment will not interfere with children playing on another piece of equipment. 5.10.3.2.3 The licensee shall ensure that large outdoor play equipment is anchored firmly in accordance with manufacturers' specifications, is not located on concrete or asphalt surfaces and is placed so as to accommodate manufacturers' specifications for use zones.

5.10.3.2.4 Sandboxes shall be maintained in a safe and sanitary manner.

5.10.3.2.5 Bicycles, tricycles, scooters, and other riding toys shall be the correct

size for the child using the riding toy, and riding toys shall be maintained in good condition. • Tricycles shall not have spokes, and tricycles and bicycles with chains shall have chain guards. • Staff shall ensure that all children wear properly fitting safety helmets while riding outside on bicycles and using scooters.

5.10.3.3 Safe Use Zones For all play equipment that is thirty (30) inches or higher from the ground, including climbing equipment, slides, swings and other similar equipment, the licensee shall ensure that the surface under and around the equipment, including recommended use zones, is of approved resilient material that protects children if they fall. • Materials in the use zone shall consist of wood chips, pea stone, mulch, engineered wood fibers, sand, safety-tested shredded or rubber like material or rubber mats designed for protective cushioning; • Materials used in the use zone shall follow the recommendations listed in the most recent publication of U.S. Consumer Product Safety Commission's Public Playground Safety Handbook regarding critical depth of tested materials determined by the height of the highest climbing surface of the equipment; • Materials used in the use zone shall be installed and maintained according to the manufacturer's instructions; • If the loose material such as sand, mulch, or shredded rubber is used in use zones, the licensee shall ensure that the material is raked regularly and replenished to maintain depth and resilience; and • If the resilient material in use zones freezes, staff shall ensure that children will not play on the equipment until the resilient material has thawed and is once again resilient.

5.10.4 Indoor Area

5.10.4.1 Access to Useable Space by Children The licensee shall ensure that interior space licensed for use by children shall provide a minimum of thirty-five (35) square feet of safe useable space per child for the maximum number of children using the space at one (1) time. Each child shall have adequate space for free movement and active play. Measurements shall be from wall to wall on the inside of the building. Furniture that restricts children's free movement and active play shall be considered a deductible factor when determining square footage. Bathroom, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing square footage of useable space. **5.10.4.2 Exits:** Stairways, hallways, windows, and doors from rooms used by children shall be clear and unobstructed from stored items, non-movable barriers, toys, and other items at all times.

5.10.4.3 Steps and Stairs **5.10.4.3.1** The licensee shall ensure that stairways over three (3) steps, inside and outside, have railings and are well lit.

5.10.4.3.2 The licensee shall ensure that safe and sturdy gates are used on stairways accessible to children, at all times when children under thirty-six (36) months of age are present. **5.10.4.4 Bathrooms**

5.10.4.4.1 The CBCCPP shall include at least one (1) conveniently located toilet and sink for every fifteen (15) children present at any one (1) time. **5.10.4.4.2**

Bathrooms identified in the rule 5.10.4.4.1 of these regulations shall only be used by children, parents, CBCCPP staff, partner staff, auxiliary staff, the business manager, and volunteers of the program while the program is operating.

5.10.4.4.3 The licensee shall ensure the bathroom is equipped with properly functioning toilet(s) and hand sink(s) that meet criteria in the rule 5.2.1.5 of these regulations.

5.10.4.4.4 Bathrooms used by enrolled children shall have toilet paper readily available and dispensed properly. Toilets shall be flushed after every use.

5.10.4.5 Cleanliness, Maintenance and Safety

5.10.4.5.1 The program director shall ensure that the CBCCPP, its furnishings, and toys are kept in a clean and orderly condition. 5.10.4.5.2 All interior and exterior walls, roofs, chimneys, floors, doors, ceilings, windows, skylights, stairways, ramps, and porches shall be maintained in good repair. 5.10.4.5.3 The licensee shall ensure that the CBCCPP is kept free from rodent and insect infestation.

5.10.4.5.4 Carpeted floors in areas where care and education is provided shall be vacuumed daily and cleaned by hot water extraction at least twice per year.

5.10.4.5.5 Hard surfaces accessible to children shall be smooth, non-porous, and easy to clean. See the rules in section 5.2.6 of these regulations for a schedule for cleaning, disinfecting, and sanitizing of specific surfaces and items.

5.10.4.5.6 Exterior stairs, walks, ramps, and porches shall be cleared of ice and snow or other environmental hazards that may block exits.

5.10.4.5.7 The program director shall ensure that toys and other equipment used by children are sturdy and free from hazards such as but not limited to rough edges, pinch and crush points, splinters, exposed bolts, small loose pieces, areas that cause entrapment, and free from recall from the U.S. Consumer Product Safety Commission.

5.10.4.5.8 Mobile baby walkers shall not be used unless deemed medically necessary by a qualified health practitioner.

5.10.4.5.9 Trampolines may be used if they measure thirty-six (36) inches or smaller in size. 5.10.4.5.10 The program director shall ensure that all art and play materials are nontoxic.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **5.10 Physical Environment and Safety**

5.10.1 General Safety of Building and Grounds

5.10.1.1 General Safety: The FCCP shall ensure the physical facilities of the FCCH, grounds, equipment, and toys present no hazard to the health, safety and well-

being of the children.

5.10.1.1.1 The FCCP shall ensure that children are protected from electrical outlets, such as by using protective covers, tamper-proof outlets, or other devices manufactured for this purpose. 5.10.1.1.2 The FCCP shall ensure that children are protected from choking hazards presented by cords on window coverings, electric or electronic appliances or equipment and telephone cords. 5.10.1.1.3 The FCCP shall ensure that furniture and equipment are sturdy. Furniture and equipment that present a tipping or falling hazard shall be secured.

5.10.1.1.4 The FCCP shall ensure that closet and bathroom doors that can be locked have an unlocking device readily accessible. No locking or fastening device shall be used on the outside of the door that would prevent free escape.

5.10.1.1.5 The FCCP shall ensure that children younger than three (3) years of age do not have unsupervised access to small toys and objects that pose a choking hazard, deemed by the Consumer Product Safety Commission (CPSC) as objects being smaller than their Choke Test Cylinder (1.25 inches in diameter and 2.25 inches in length).

5.10.1.1.6 The FCCP shall ensure that sharp objects are kept out of children's reach unless used for a planned activity and closely supervised by an adult.

5.10.1.2 Fire Safety

5.10.1.2.1 The licensed FCCP shall ensure that the licensed FCCH is in compliance with Vermont Division of Fire Safety rules at all times. This includes but is not limited to • Complying with Vermont Division of Fire Safety inspection reports; • Having regular fire systems inspected with violations identified during the inspection noted as corrected; and • Having fire extinguishers tagged with valid inspection tags.

5.10.1.2.2 The FCCP shall limit the care of children to the ground floor of the home unless another level used has two (2) separate means of exit to the outside of the home. If the second floor is used there shall be a safe evacuation plan for children from the second floor. 5.10.1.2.3 On the basement level, at least one (1) exit shall be directly to the outside of the home. Bulkhead type doors are prohibited as exits. If the basement is used, one (1) of the exits may be a window provided the window is no more than forty-four (44) inches from the sill of the window to the floor and has a minimum opening of at least twenty (20) inches wide by twenty-four (24) inches high. The window shall be accessible to children and staff and easy to open.

5.10.1.2.4 The FCCP shall ensure that each floor of the home, and in the corridor to access the home in an apartment building, has an operating smoke detector as well as a smoke detectors in the immediate vicinity where children sleep. The FCCP shall ensure carbon monoxide monitors are located outside of rooms were children sleep.

5.10.1.2.4.1 The licensed FCCP shall ensure that each floor of the home, and in the corridor to access the home in an apartment building, has an operating smoke detector as well as smoke detectors in all rooms where children sleep. The licensed FCCP shall ensure carbon monoxide monitors are located outside of rooms were children sleep.

5.10.1.2.5 There shall be at least one (1) easily accessible dry chemical fire extinguisher which has at least a 2-A: 10BC classification. This fire extinguisher shall be maintained in operating condition. It shall bear an official tag, properly

signed, attesting to current operating condition. 49 5.10.1.2.6 The extinguisher shall be visibly mounted to the wall near an exit door.

5.10.1.2.7 The FCCP and all staff (as applicable) shall be familiar with the use and handling of the fire extinguisher.

5.10.1.2.8 The FCCP and staff (as applicable) shall be physically able to assist in exiting all of the children present at one (1) time in the case of a fire.

5.10.1.3 Plumbing, Water and Sewage

5.10.1.3.1 The FCCP shall ensure that the FCCH plumbing is kept in good working condition.

5.10.1.3.2 The licensed FCCP shall ensure that the licensed FCCH meets all applicable plumbing codes as established by the Vermont Division of Fire Safety.

5.10.1.3.3 The licensed FCCP shall ensure that the licensed FCCH is in compliance with applicable rules from the Department of Environmental Conservation at all times.

5.10.1.3.4 The FCCP shall ensure that drinking water is potable by meeting Vermont standards at all times or shall provide bottled water for drinking.

5.10.1.4 Trash, Recycling and Composting

5.10.1.4.1 The FCCP shall ensure that garbage and compost are kept in containers that are securely covered.

5.10.1.4.2 The FCCP shall ensure children only access compost containers when under direct supervision of staff.

5.10.1.4.3 The FCCP shall ensure recycling materials are rinsed and stored in a manner that does not attract insects, rodents, or other pests that pose a safety or health hazard for children.

5.10.1.4.4 The FCCP shall ensure recycling items for children such as metal cans

are inaccessible to children. 5.10.1.4.5 The FCCP shall ensure garbage, recycling and compost is not allowed to exceed the limits of its container and is removed

from rooms used by children at least once the container is full, if it develops an

odor, or presents some other health or safety risk. 5.10.1.4.6 The FCCP shall

ensure garbage and recycling is removed from the premises on a regular basis but not less than once every fourteen (14) days.

5.10.1.4.7 The FCCP shall ensure compost is removed from the premises on a regular basis but not less than once every (7) days; unless a contained composter is constructed outside, away from where children play, and shall be maintained in a manner that does not pose any safety or health risks to children.

5.10.1.5 Ventilation, Heating and Cooling

5.10.1.5.1 The FCCP shall ensure that any room in the FCCH used by children is maintained at a minimum temperature of 65°F and a maximum of 85°F at one (1) foot above floor level and that areas used by infants shall be

kept at least 68°F at floor level. 5.10.1.5.2 Adequate ventilation shall be provided indoors during hot weather. All rooms occupied by children shall have at least one (1) window that opens and is properly screened, unless artificial ventilation is used.

5.10.1.5.3 A window that opens and is properly screened or an operating electric exhaust fan shall ventilate each bathroom to the outside air.

5.10.1.5.4 The use of unvented kerosene heaters is prohibited. 5.10.1.5.5 The

FCCP shall ensure that all heating and cooling equipment is safely shielded to prevent injury to children and approved for use by the Vermont Division of Fire

Safety.

5.10.1.5.6 The FCCP shall ensure that screens used on all windows, doors or other openings to the outside are in good repair. Doors that remain open to the outside, excluding fire doors, shall have screens.

5.10.1.5.7 The FCCP shall ensure that air conditioners, electric fans and heaters, including all floor or window fans are inaccessible to children when they pose a health or safety hazard. If they are mounted indoors or outdoors they shall be securely attached. **5.10.1.6 Lighting**

5.10.1.6.1 The FCCP shall ensure that the FCCH has sufficient natural and artificial lighting in all areas where care and education are provided to allow children to see clearly to reduce the risk of injury and allow the FCCP and staff to supervise the children visually. **5.10.1.6.2** The FCCP shall ensure that parking areas of

driveways, pedestrian walkways, and other exterior portions of the premises used by children, parents and staff members after dark are illuminated.

5.10.1.7 Hazardous Finishes and Surfaces The FCCP shall ensure that all surfaces and finishes in the FCCH and premises are safe and non-hazardous.

5.10.1.8 Childhood Lead Poisoning Prevention The FCCP shall comply with the requirements of 18 V.S.A. Chapter 38 Vermont Lead Law and shall ensure that Essential Maintenance Practices (EMP) is performed. This includes but is not limited to protecting children from peeling or chipping paint, and dust build up from the friction of moving doors or windows.

5.10.1.9 Use of Pesticides **5.10.1.9.1** The FCCP shall ensure that pesticide applications shall be used only when other pest prevention and control measures fail. Pesticides shall not be used to control pests for aesthetic reasons alone. Whenever possible the FCCH shall use pesticides of least risk. Only pesticides registered with the Vermont Department of Agriculture, Food and Markets shall be used, and be documented in administrative records as required in the rule 3.3.6.4 of these regulations.

5.10.1.9.2 The FCCP shall ensure that all contracted pesticide applications shall be applied only by commercial applicators certified by the Vermont Department of Agriculture, Food and Markets.

5.10.1.9.3 The FCCP shall ensure that parents of children and staff are notified in writing five (5) days prior to any planned application of pesticides. Notice shall include the site of the planned application, pests to be treated for, and proposed pesticide to be used. **5.10.1.9.4** The FCCP shall ensure that application of pesticides shall only be made when children are not present, that there is ample time to ventilate indoor areas after application, and that surfaces that can be touched or mouthed by children in care are not treated or are thoroughly cleaned and sanitized after an application. If outdoor applications of pesticides are made while children are present, children shall not be permitted in those areas until recommended by the manufacturer's instructions and/or the applicator's instructions, if applied by a pest control professional.

5.10.1.9.5 The FCCP shall ensure that pest baits are not be used unless in childproof bait boxes. Bait boxes shall be inaccessible to children.

5.10.1.11 Use of Tobacco, Alcohol and Illegal Drugs

5.10.1.11.1 The FCCP shall ensure that the use of tobacco and tobacco substitutes (including e-cigarettes), alcohol and illegal drugs is prohibited at the FCCH (both indoor and outdoor environments used by children) when children are present

and also in any vehicle used to transport children for program purposes.

5.10.1.11.2 If smoking occurs in the FCCH when children are not present, the FCCP shall inform parents that their child will be exposed to an environment in which tobacco products or tobacco substitutes, or both, are used prior to the parent enrolling the child in the FCCH.

5.10.1.11.3 No person working or volunteering in the FCCH shall use or be under the influence of alcohol or drugs while children are present at the FCCH.

Medication prescribed by a physician or over the counter medication that does not impair the ability of the FCCP and staff to adequately supervise and care for the children may be taken.

5.10.1.12 Firearms and Other Weapons The FCCP shall ensure all firearms and other weapons, including but not limited to hunting knives, archery equipment and weapon accessories such as ammunition, are locked at the FCCH. Ammunition shall be locked and stored in a location separate from weapons.

5.10.1.13 Telephones

5.10.1.13.1 The FCCP shall ensure that the FCCH has an operating telephone that is present and in service at all times children are present. The telephone number shall be provided to the Division and the parents of children that are enrolled. If an answering machine is used, the FCCP shall check it every fifteen (15) minutes to ensure parents are able to communicate with the FCCP during the day. 5.10.1.13.2

The FCCP shall ensure that a list of the following phone numbers is posted or located near the phone along with 911 and the directions to the FCCH: • Police; • Fire; • Ambulance/Rescue Squad; • Poison Center (1-800-222-1222); • Child Development Division; and • Child Abuse Hotline 800 number Child specific information: • Parental contacts; • Emergency contacts; and • Doctor contact information.

5.10.1.14 Pets

5.10.1.14.1 The FCCP shall ensure that animals present at the FCCH do not present a danger or health hazard to the children and staff. 5.10.1.14.2 The FCCP shall

ensure that any animals or pets present at or brought into the FCCH are vaccinated as prescribed by law, with documentation maintained at the FCCH.

5.10.1.14.3 Animals present at the FCCH shall be maintained and cared for in a safe and sanitary manner that does not pose a health hazard for children or staff.

5.10.1.14.4 Animals shall not be allowed on surfaces where food or drink is prepared or served. Animals who roam freely shall not be allowed near children who are eating.

5.10.1.15 Disruptive or Dangerous Behavior The FCCP shall prohibit any person, including but not limited to household members, parents, staff, partner staff or volunteers, from the FCCH and property when his/her presence or behavior disrupts the program, distracts the staff from their responsibilities, intimidates or promotes fear among the children and/or staff, or when there is reason to believe that his/her actions or behavior presents a risk of harm to children present.

5.10.2 Kitchen

5.10.2.1 General Kitchen Provisions

5.10.2.1.1 The licensed FCCP shall ensure that all on-site meal preparation shall have approval by the Division. The on-site preparation of snacks only does not require approval by the Division.

5.10.2.1.2 The food preparation surfaces shall not be used for other activities

when food or drink is being prepared or served. 5.10.2.1.3 The kitchen and all food preparation, storage and serving areas, and utensils shall be kept clean, sanitary, and free of insects, rodents, dust and other contaminants.

5.10.2.1.4 The kitchen shall have at least one (1) sink with a single spigot with hot and cold running water.

5.10.2.2 Equipment, Dishwashing and Surfaces

5.10.2.2.1 The FCCP shall ensure all dishes, cups and glasses used by the children are free from chips, cracks or other defects.

5.10.2.2.2 The kitchen shall contain the necessary operable equipment to prepare, store, serve and clean-up all meals and snacks for children and adults. All kitchen machinery and equipment shall be constructed and arranged to be easily cleanable and shall be in good repair.

5.10.2.2.3 If the FCCP uses a dishwasher, the dishwasher shall be installed and operated according to the manufacturer's recommendations.

5.10.2.2.4 When a dishwasher is not available, and single-service items are not used for food service, the FCCP shall ensure there shall be three (3) compartments with a drain board set-up for cleaning dishes. A four (4) step process shall include dishwashing, rinsing, sanitizing, and air drying all dishes and utensils. • Dishes shall be washed with soap in hot clean water. • Dishes shall be rinsed in hot clean water. • Dishes shall then be immersed for at least ten (10) seconds in a sanitizing rinse. The sanitizing rinse shall be EPA registered or a diluted bleach and water mixture. If using bleach, the FCCP shall follow the manufacturer's instructions when mixing for this purpose. • Dishes shall be air dried.

5.10.2.2.5 All surfaces used for food preparation shall be easily cleanable and non-porous. 5.10.2.2.6 All single service items including cups, plates, spoons, forks, and other single service containers and utensils shall only be used once.

5.10.2.3 Storage

5.10.2.3.1 The FCCP shall have a refrigerator to keep perishable foods at 40°F or colder and a freezer to maintain frozen food at 0°F or colder. Food stored in the refrigerator, including lunch boxes, shall be stored in a manner that allows the free circulation of cool air. All refrigerated foods shall be covered.

5.10.2.3.2 All food shall be stored in containers that are dated. Food items used by or intended for specific children shall be plainly labeled.

5.10.2.3.3 All utensils, equipment and food shall be stored in a clean, dry place free from insects, rodents, dust and other contamination and shall be handled in such a manner as to prevent contamination. • If stored openly, all containers and utensils shall be stored eighteen (18) inches off of the floor; • Dishes shall be stored in a closed space; • Utensils shall be covered or inverted when not in use; and • Single service items shall be purchased and stored in sanitary cartons.

5.10.2.3.4 Food items shall be stored separately from cleaning materials. 5.10.2.4

Food Safety 5.10.2.4.1 The FCCP shall ensure that individuals with open sores that cannot be covered do not handle or prepare food.

5.10.2.4.2 Foods shall be cooked to proper temperatures and shall be served promptly after preparation. All reheated food shall be cooked to at least 165°F. Hot foods shall be maintained at temperatures not less than 135°F and cold foods shall be maintained at temperatures not more than 41°F.

5.10.2.4.3 All readily perishable food shall not be kept at room temperature for more than one (1) hour while being prepared or served. Readily perishable food

shall be stored in the refrigerator in a covered shallow pan.

5.10.2.4.4 Frozen foods shall be thawed in the refrigerator, under cold running water, or defrosted in the microwave oven.

5.10.2.4.5 All unsafe, contaminated food shall be disposed of promptly. Swelled, rusty, dented or punctured canned food or drink shall not be consumed.

5.10.2.4.6 Fresh fruits and vegetables shall be thoroughly washed before being

served. 5.10.2.4.7 Food that has been served to a child or adult shall be disposed of if not eaten. Once food has been served, it shall not be re-used, served to a different child or stored, except as compost.

5.10.3 Outdoor Play Area

5.10.3.1 General Outdoor Play Area Provisions

5.10.3.1.1 There shall be a safe outdoor play area large enough to provide opportunities for vigorous play and large muscle activity on the premises or within a safe walking distance of the FCCH approved by the Division. 5.10.3.1.1.1 A licensed FCCP shall maintain or have access to a safe outdoor play area with at least seventy-five (75) square feet per child to provide opportunities for vigorous play and large muscle activity on the premises or within a safe walking distance of the licensed FCCH approved by the Division.

5.10.3.1.2 The outdoor play area shall include a provision for shade. 5.10.3.1.3 The outdoor play area shall be fenced or otherwise protected from traffic and other hazards. Fencing or natural barriers, such as hedges or other clear land boundaries, shall prevent children from exiting and allow for safe supervision of outdoor play.

5.10.3.1.4 If fencing is used, it shall be sturdy, safe and reinforced to give support, constructed to discourage climbing, and shall not prevent visual supervision of children by the FCCP and/or staff. 5.10.3.1.5 Fencing installed after the effective date of these regulations shall: • Be a minimum of four (4) feet in height with openings no larger than 3.5 inches; • Equipped with gates with self-closing and self-latching mechanisms; and • Include at least two (2) exits with one (1) that does not lead into the FCCH.

5.10.3.1.6 The outdoor play area shall be free of dumpsters, uncovered trash cans, highly flammable materials, standing pools of water and other hazards. The FCCP shall inspect the outdoor play area before children begin to play to make sure there are no hazards present such as, but not limited to, animal feces, litter, adult tools, or other items that might injure a child.

5.10.3.2 Play Equipment and Riding Toys

5.10.3.2.1 All outdoor play equipment is sturdy, safe, clean and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts. • To prevent entrapment, no openings in equipment shall be between 3.5 and nine (9) inches. • Chains on swings shall have protective coverings and swing seats shall be made of soft materials with no sharp edges.

5.10.3.2.2 Equipment shall be arranged so that children playing on one (1) piece of equipment will not interfere with children playing on another 58 piece of equipment, excluding a multifunction, prefabricated residential play structure.

5.10.3.2.3 The FCCP shall ensure that large outdoor play equipment is anchored firmly in accordance with manufacturers' specifications, is not located on concrete or asphalt surfaces and is placed so as to accommodate manufacturers' specifications for use zones.

5.10.3.2.4 Sandboxes shall be maintained in a safe and sanitary manner.

5.10.3.2.5 Bicycles, tricycles, scooters, and other riding toys shall be the correct size for the child using the riding toy and the riding toys shall be maintained in good condition. • Tricycles shall not have spokes, and tricycles and bicycles with chains shall have chain guards. • The FCCP shall ensure that all children wear properly fitting safety helmets while riding outside on bicycles and using scooters.

5.10.3.3 Safe Use Zones For all play equipment that is thirty (30) inches or higher from the ground, including climbing equipment, slides, swings and other similar equipment, the FCCP shall ensure that the surface under and around the equipment, included recommended use zones, is of approved resilient material that protects children if they fall. • Materials in the use zone shall consist of wood chips, pea stone, mulch, engineered wood fibers, sand, safety-tested shredded or rubber like material or rubber mats designed for protective cushioning; • Materials used in the use zone shall follow the recommendations listed in the most recent publication of U.S. Consumer Product Safety Commission's Public Playground Safety Handbook regarding critical depth of tested materials determined by the height of the highest climbing surface of the equipment; • Materials used in the use zone shall be installed and maintained according to the manufacturer's instructions; • If the loose material such as sand, mulch, or shredded rubber is used in use zones, the FCCP shall ensure that the material is raked regularly and replenished to maintain depth and resilience; and • If the resilient material in use zones freezes, the FCCP shall ensure that the children will not play on the equipment until the resilient material has thawed and is once again resilient.

5.10.4 Indoor Area

5.10.4.1 Access to Useable Space by Children The FCCP shall ensure that interior space designated for use by children is available to children when the FCCH is in operation, is sufficient, and arranged to allow each child adequate space for free movement and active play.

5.10.4.1.1 In a licensed FCCH, a minimum of thirty-five (35) square feet of safe useable space per child is available. Each child shall have adequate space for free movement and active play. Measurements shall be from wall to wall on the inside of the home. Furniture that restricts children's free movement and active play shall be considered a deductible factor when determining square footage. Bathroom, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing required square footage of useable space.

5.10.4.2 Exits: Stairways, hallways, windows, and doors from the rooms used by children shall be clear and unobstructed from stored items, non-movable barriers, toys, and other items at all times.

5.10.4.3 Steps and Stairs 5.10.4.3.1 The FCCP shall ensure that stairways over three (3) steps, inside and outside, have railings and are well lit.

5.10.4.3.2 The FCCP shall ensure that safe and sturdy gates are used on stairways, accessible to children, at all times when children younger than thirty-six (36) months of age are present.

5.10.4.4 Bathrooms

5.10.4.4.1 The FCCP shall ensure that the FCCH has at least one (1) bathroom equipped with one (1) properly functioning toilet and hand sink.

5.10.4.4.2 The FCCP shall ensure the bathroom is equipped with properly functioning hand sink(s) that meet criteria in the rule 5.2.1.5 of these regulations.

5.10.4.4.3 Bathrooms used by children shall have toilet paper shall be readily available and dispensed properly. Toilets shall be flushed after every use.

5.10.4.5 Cleanliness, Maintenance and Safety

5.10.4.5.1 The FCCP shall ensure that the FCCH, its furnishings, and toys are kept in a clean and orderly condition.

5.10.4.5.2 All interior and exterior walls, roofs, chimneys, floors, doors, ceilings, windows, skylights, stairways, ramps and porches shall be maintained in good repair.

5.10.4.5.3 The FCCP shall ensure that the FCCH is kept free from rodent

and insect infestation.

5.10.4.5.4 In areas where care and education is provided floors shall be kept clean. • Uncarpeted floors shall be swept daily, and • Carpeted floors shall be vacuumed weekly.

5.10.4.5.5 Hard surfaces accessible to children shall be smooth, non-porous, and easy to clean. See the rules in section 5.2.6 of these regulations for a schedule for cleaning, disinfecting and sanitizing specific surfaces and items.

5.10.4.5.6 Exterior stairs, walks, ramps and porches shall be cleared of ice and snow or other environmental hazards that may block exits.

5.10.4.5.7 The FCCP shall ensure that toys and other equipment used by children are sturdy and free from hazards such as but not limited to rough edges, pinch and crush points, splinters, exposed bolts, small loose pieces, areas that cause entrapment, and free from recall from the U.S. Consumer Product Safety Commission.

5.10.4.5.8 Mobile baby walkers shall not be used unless deemed medically necessary by a qualified health practitioner.

5.10.4.5.9 Trampolines may be used if they measure thirty six (36) inches or

smaller in size.

5.10.4.5.10 The FCCP shall ensure that all art and play materials are nontoxic.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **General Standards**

11.1 The licensed space shall provide at least thirty-five (35) square feet of safe, usable space per child inside the facility, excluding areas where children's personal belongings are stored and areas primarily used for hallways, bathrooms, offices and the food preparation area in the kitchen. **11.2** There shall be a safe outdoor play area which provides a minimum of seventy-five (75) square feet of space per child. The play area shall include provision for shade and be fenced or otherwise separated from traffic and other hazards.

11.3 The facility shall provide a pleasant, safe, and clean, environment suitable for

children. 11.4 Areas licensed as indoor useable space for children shall have sufficient lighting.

11.5 The temperature, ventilation, and noise level in the indoor space shall be adequate and appropriate for the ages and activities of the children.

11.6 All indoor areas used by children shall be at least 68 degrees Fahrenheit one foot above the floor. Indoor gross motor areas not counted in the indoor square footage 33 measurement are exempt from this provision.

11.7 All areas used to determine the indoor licensed capacity shall not be subject to drafts.

11.8 The following shall be maintained in good condition: • roofs • chimneys • interior and exterior walls • doors • skylights • windows • floors • ceilings • stairways • ramps • porches • gates

11.9 The facility's grounds, fencing and equipment shall be well-maintained and kept in good repair.

11.10 Bathroom and kitchen floors and molding surfaces shall be constructed and maintained to permit easy cleaning.

11.11 Surfaces accessible to children shall be smooth and easily cleanable and free of toxic materials

11.12 Air conditioners, electric fans and heaters shall be mounted out of children's reach or have safeguards that prevent children from being injured.

11.13 Stairs, ramps, walks, platforms and porches shall be equipped with handrails and be kept clear and safe.

11.14 The Licensee shall ensure garbage, recycling and compost is not allowed to exceed the limits of its container and is removed from rooms used by children at least once the container is full, if it develops an odor, or presents some other health or safety risk. 11.15 Reasonable efforts shall be made to keep the center free of insects and rodents.

11.16 Outdoor play areas shall be free of dumpsters, uncovered garbage cans, highly flammable materials and other hazards.

11.17 All electrical receptacles shall be in compliance with applicable current Vermont Division of Fire Safety code.

11.18 Pools and swimming facilities shall be maintained in accordance with sound health and safety practices. 11.19 Piers, floats and platforms used by children in swimming areas shall be maintained in good repair.

Bathrooms

11.20 There shall be a conveniently located toilet and hand washing sink for every fifteen children or portion thereof. Toilets are to be used only by children, parents, Staff and volunteers of the center during program hours.

11.21 A screened window that opens or an operating electric exhaust fan shall ventilate each bathroom to the outside air.

11.22 Sinks used for hand washing shall have running water not to exceed 120 degrees Fahrenheit. Sinks shall have hot and cold running water.

11.23 Toilet paper shall be available and dispensed within children's arm reach.

11.24 Liquid soap and disposable paper towels, or properly functioning electric air hand dryer, shall be available and accessible to the children at each hand washing area.

11.25 Step stools for children shall be required if hand sinks are installed at other

than child height. 11.26 Bathrooms are to be kept in good repair with adequate lighting. Lead and Asbestos Safe Facilities The following subsection is pursuant to 18 V.S.A. Chapter 38, Childhood Lead Poisoning Prevention Law (ACT 165 of 1995) and pertains only to buildings constructed before 1978. Regulated programs housed in public schools are exempt.

11.27 Essential Maintenance Practices (EMPs) shall be performed prior to initial licensure and annually thereafter in the space defined as licensed space. Essential Maintenance Practices shall be performed by a person who (a) has been certified by the Vermont Department of Health to perform Essential Maintenance Practices, or (b) is supervised on-site by a person certified by the Vermont Department of Health to perform Essential Maintenance Practices.

11.28 The Licensee shall protect children from lead exposure by following Essential Maintenance Practices related to: • a visual on-site inspection of interior and exterior surfaces to identify deteriorated paint in areas frequented by children in warm weather • the stabilization of paint if more than one square foot of deteriorated paint is found on any interior or exterior surface • the stabilization of paint or restricting access by children if more than one square foot of deteriorated paint is found on any exterior surface accessible to children • assurance that window well inserts are properly installed in all windows wells in areas defined as licensed space • cleaning of window wells and windowsills with a HEPA (High Efficiency Particulate Air) filter vacuum and general all-purpose cleaner • assuring that notice is posted in a prominent location emphasizing to building occupants the importance of reporting deteriorated paint to the facility owner.

11.29 Responsible precautions shall be taken when disturbing painted surfaces including approved work practices and safety precautions to prevent the spread of lead dust.

11.30 At the conclusion of work on painted surfaces, the work area shall be cleaned using a HEPA filtered vacuum and general all-purpose cleaner.

11.31 Burning, water blasting, dry scraping power sanding or sand blasting of painted surfaces is prohibited.

11.32 An Essential Maintenance Practices Compliance Statement shall be filed annually with the Childhood Lead Poisoning Prevention Program of the Vermont Department of Health and the Licensee's liability insurance carrier.

11.33 Protection of Children from Asbestos: Prior to any renovation or remodeling of the Afterschool Child Care Program or if demolition, repair, maintenance, or other conditions in the Afterschool Child Care Program are observed that indicate building material that may contain asbestos has been disturbed or exposed, the licensee shall ensure that an assessment is performed by a person certified by the Vermont Department of Health in compliance with statutory and regulatory requirements of 18 V.S.A. Chapter 26 and the Vermont 36 Department of Health's Regulations for Asbestos Control. The licensee shall ensure that any and all abatement recommendations made as a result of that assessment are followed. A copy of the assessment, which includes the recommendations and statement of compliance achieved, shall be submitted to the Division. Regulatory action may be taken on the basis of children potentially exposed to asbestos as a health hazard. Plumbing and Water

11.34 All plumbing shall comply with the applicable federal and state plumbing

codes. Work notices shall be filed by a Master Plumber with the Fire Safety Division of the Vermont Department of Public Safety prior to beginning new construction or renovation of plumbing.

11.35 An approved drinking water system serving at least twenty-five persons daily shall provide a supply of water that meets applicable standards as defined by Department of Environmental Conservation.

11.36 Water supply employing water haulage (tank truck haulage, containers, etc.) to the distribution system shall be used only in emergency situations and after approval is granted by the Division. 11.37 Water from a public water system shall be in compliance with the applicable Department of Environmental Conservation regulations.

11.38 Private water systems shall be capable of furnishing an adequate supply of potable water at pressure necessary to sustain equipment during all hours of operation. A minimum residual pressure of twenty pounds per square inch is required during maximum draft at faucets.

General Standards

12.1 Children in care shall be protected from any and all conditions which threaten a child's health, safety and well-being.

12.2 Furniture shall be appropriate for the size, abilities and activities of the children. Furniture and equipment shall be clean, sturdy, without sharp edges, and present minimal hazards.

12.3 Indoor climbing structures that allow children to achieve a height of more than 30 inches shall have appropriate shock absorbing cushioned surfaces beneath them to protect children from injury in the event of a fall.

12.4 Bookcases and other shelving units above 3 feet in height shall be secured. Other shelving units shall not present a tipping or falling hazard.

12.5 Hazardous substances shall be in their original container, stored separately and inaccessible to children.

12.6 Closet and bathroom doors which can be locked shall have an unlocking device readily accessible to Staff. A locking or fastening device shall not be used on the outside of the door which would prevent free escape from inside.

12.7 There shall be no animal present at the facility which presents a danger or health hazard to the children. Children shall not have contact with wild animals unless animals are under the supervision of a professional wild animal handler.

Outdoor Safety 12.8 Children shall be provided with a variety of outdoor play experiences daily when weather and air quality conditions do not pose a significant health risk.

The Program Administrator or Site Director shall be aware of extreme weather conditions such as excessive heat and humidity, cold temperatures including wind chill factors, or poor air quality that could affect the well-being or health of children.

Children shall not be allowed to play outside during extreme weather conditions. 12.9 Children shall be properly attired for the weather and be outfitted with coats, hats, boots, gloves, etc. when appropriate.

12.10 Each day the program is operating and prior to use by children a designated person shall: • inspect the playground equipment and fencing to ensure it is in good repair.

Equipment found in disrepair shall be either repaired or not used by children until appropriate repairs are made; and • inspect the playground for hazardous materials (for example, broken glass, syringes, condoms, etc.). Hazardous

materials shall be removed prior to the playground being used by children. 12.11 Outdoor play equipment shall be available and appropriate for the children. 12.12 Equipment made with pressure-treated lumber that was constructed prior to the effective date of these regulations shall be sealed every year with a sealant such as an oil-based stain. 12.13 All outside equipment, materials, furnishings and play areas shall be sturdy, safe, and in good repair and shall meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC). (See Appendix B). 12.14 Cushioning material which is absorbent shall be in place under climbers, slides, swings, or other structures which allow children to achieve a height of more than thirty inches. The depth of surfacing materials shall be appropriate to the height and use of the equipment as outlined by the Consumer Product Safety Commission's National Playground Safety Standards (see Appendix B). Surfacing material shall be maintained in good condition. Grass, bare ground, asphalt and concrete are prohibited under these structures. If weather conditions make the use of equipment unsafe, Staff shall keep children off of the equipment. 12.15 Children on bicycles, roller blades, skateboards, or scooters shall wear helmets. 12.16 Play equipment and play surfaces shall be provided for children with disabilities in accordance with recommendations from the Americans with Disabilities Act (ADA).

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **5.10.5 Swimming and Access to Water and Pools**
 - 5.10.5.1 Written permission from each child's parent shall be obtained prior to the child engaging in swimming or wading activities. This written permission shall be retained in each child's file. 5.10.5.2 Pool/Water Fencing
 - 5.10.5.2.1 A fence is not required for water filled wading pools. 5.10.5.2.2 For in ground or above ground pools or natural or manmade bodies of water accessible from the outdoor play area, the licensee shall ensure that a fence is installed so that no child may gain access without staff approval, observation, and supervision. Fences around pools shall be at least four (4) feet high with a maximum vertical clearance of 3.5 inches at the bottom. Gates shall swing outward with self-closing and self-latching devices installed at least three (3) inches below the top of the gate on the side facing the pool/water. Gates shall be locked when not in use. 5.10.5.3 Pool/Water Sanitation Practices
 - 5.10.5.3.1 The program director shall ensure that wading pools are cleaned and disinfected daily when used and filled with fresh water at least daily. Wading pools shall be empty and stored dry when not in use.
 - 5.10.5.3.2 For in ground or above ground pools the licensee shall ensure that the water is filtered and maintained in accordance with the pool/filter manufacturer's recommendations. Pools shall be maintained in accordance with sound health and safety practices. 5.10.5.3.3 For natural or manmade bodies of water accessible from the outdoor play area, the program director shall visually inspect the area prior to use to ensure it is free of hazards such as glass, animal feces or other

health and safety risks.

5.10.5.4 Pool/Water Supervision/Prohibitions

5.10.5.4.1 The program director shall ensure that when children are using wading pools, staff with valid certification in infant/child CPR is/are present, and physically and visually supervising all children at all times.

5.10.5.4.2 The program director shall ensure that when children are swimming or playing in in-ground or above ground pools or natural or manmade bodies of water, staff who are confident swimmers and hold a valid certification in infant/child CPR is/are present and physically and visually supervising all children at all times.

5.10.5.4.3 When twelve (12) or fewer enrolled children swim or play in an in-ground or above ground pools or natural or manmade bodies of water at one (1) time, the licensee shall maintain the following staff/child ratios if no lifeguard is present: • One (1) adult: two (2) children for infants/toddlers and pre-kindergarten age children; • One (1) adult: six (6) children for school age children.

5.10.5.4.4 When thirteen (13) or more enrolled children swim or play in in-ground or above ground pools or natural or manmade bodies of water at one (1) time, the licensee shall ensure that there is one (1) certified lifeguard assigned to each group of twenty-five (25) or fewer children in the water. 5.10.5.4.5 Lifeguards shall possess first aid, CPR, and lifeguard certification from the YMCA, American Red Cross (ARC), Boy Scouts of America (BSA), Ellis & Associates or another nationally recognized organization that provides equivalent certification.

5.10.5.4.6 When lifeguards are on duty supervising the swimming area, they shall not be counted in the following staff/child ratios. The minimum staff/child ratios for children participating in a swimming activity supervised by a certified lifeguard shall be: • One (1): ten (10) for children age eight (8) and older; • One (1): eight (8) for children ages six (6) and seven (7); • One (1): six (6) for children ages three (3) to five (5); and • One (1): three (3) for children younger than three (3) years.

5.10.5.4.7 The program director shall develop a written aquatic plan that addresses supervision and safety of swimming activities. This plan shall have a table of contents and plot plan for any swimming facility in use by the program indicating where first aid is to be practiced and where emergency equipment is to be placed. The plan shall be: • Reviewed once every 365 days; • Updated as needed; • Known by all staff present at the swimming facility; • Kept on file at the facility with a copy available while swimming occurs; • In the case of off-site swimming locations, the plan is formulated in conjunction with off-site aquatics personnel; and • Available for review. 5.10.5.4.8 The written aquatic plan shall include the designation of an aquatic director who is responsible for the implementation of the plan when children are present and shall include the following systems: • Assessing each child's swimming ability performed by a person who holds a valid American Red Cross (ARC) Water Safety Instructor (WSI) certificate or current certificate issued by an approved certifying agency providing for equivalent levels of training. When bathers are in water less than waist deep, a system for assessing swimming ability is not required. • Identification of each bather by name, predetermined status of swimmer or non-swimmer, his/her swimming ability, and the area to which the bather is assigned. • Identify a system for visual identification of each child. • Restricting non-swimmers to areas where the water is less than waist deep, except for "learn to swim" programs or when

shallow water is in a non-swimming area. • Recording the entry to and exit from the swim area for each bather. • Assigning each bather to a buddy who must have the same swimming ability. One threesome is allowed per swimming area. When children are unable to comprehend or implement a buddy system, another method that provides an equivalent level of bather safety, supervision and accountability shall be substituted and described in the written aquatic plan. • Instructing buddies to notify the lifeguard when their partner is distressed or missing. • Checking all bathers every fifteen (15) minutes. • Addressing a “lost swimmer” plan which becomes activated when a check fails to account for all bathers and shall include clearing the water and searching for and supervising children during the search for the lost swimmer.

5.10.5.4.9 Swimming/use of pools/bodies of water is prohibited during hours of darkness. 5.10.5.4.10 Diving is prohibited for enrolled children.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 5.10.5 Swimming and Access to Water and Pools
 - 5.10.5.1 Written permission from each child’s parent shall be obtained prior to the child engaging in swimming or wading activities. This written permission shall be retained in each child’s file. 5.10.5.2 Pool/Water Fencing
 - 5.10.5.2.1 A fence is not required for water filled wading pools
 - 5.10.5.2.2 For in ground or above ground pools or natural or manmade bodies of water accessible from the outdoor play area, the FCCP shall ensure that a fence is installed so that no child may gain access without FCCP and/or staff approval, observation and supervision. Fences around pools shall be at least four (4) feet high with a maximum vertical clearance of 3.5 inches at the bottom. Gates shall swing outward with self-closing and self-latching devices installed at least three (3) inches below the top of the gate on the side facing the pool/water. Gates shall be locked when not in use.
 - 5.10.5.3 Pool/Water Sanitation Practices
 - 5.10.5.3.1 The FCCP shall ensure that wading pools are cleaned and disinfected daily when used, and filled with fresh water at least daily. Wading pools shall be empty and stored dry when not in use.
 - 5.10.5.3.2 For in ground or above ground pools the FCCP shall ensure that the water is filtered and maintained in accordance with the pool/filter manufacturer’s recommendations. Pools shall be maintained in accordance with sound health and safety practices.
 - 5.10.5.3.3 For natural or manmade bodies of water accessible from the outdoor play area, the FCCP shall visually inspect the area prior to use to ensure it is free of hazards such as glass, animal feces or other health and safety risks.
 - 5.10.5.4 Pool/Water Supervision/Prohibitions
 - 5.10.5.4.1 The FCCP shall ensure that when children are using wading pools, the FCCP and/or staff with valid certification in infant/child CPR is/are present and physically and visually supervising all children at all times.
 - 5.10.5.4.2 The FCCP shall ensure that when children are swimming or playing in ground or above ground pools or natural or manmade bodies of water, the FCCP shall ensure that the FCCP and/or staff who are confident swimmers and hold a valid certification in infant/child CPR is/are present and physically and visually supervising all children at all times.
 - 5.10.5.4.3 The FCCP shall ensure that when children in care are swimming or

playing in an in ground or above ground pool or natural or manmade bodies of water, the FCCP shall ensure that a lifeguard is present or shall maintain the following staff/child ratios: • One (1) adult: two (2) children for infants/toddlers and pre-kindergarten age children; • One (1) adult: six (6) children for school age children.

5.10.5.4.4 Lifeguards shall possess first aid, CPR and lifeguard certification from the YMCA, American Red Cross (ARC), Boy Scouts of America (BSA), Ellis & Associates or another nationally recognized organization that provides equivalent certification.

5.10.5.4.5 When lifeguards are on duty supervising the swimming area, they shall not be counted in the following staff/child ratios. The minimum staff/child ratios for children participating in a swimming activity supervised by a certified lifeguard shall be: • One (1): ten (10) for children age eight (8) and older; • One (1): eight (8) for children ages six (6) and seven (7); • One (1): six (6) for children ages three (3) to five (5); and • One (1): three (3) for children younger than three (3) years.

5.10.5.4.6 Swimming/use of pools/bodies of water is prohibited during hours of darkness.

5.10.5.4.7 Diving is prohibited for enrolled children.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **16.1 Each child shall have written permission from her/his parent prior to participating in a wading or swimming activity.**

16.2 Swimming facilities shall be protected and pools fenced so that no child may gain access without Staff approval, observation and supervision.

16.3 For each group of 26 children, the Licensee shall ensure that a lifeguard with current certification from a nationally recognized organization is supervising the swimming area.

16.4 The minimum ratio of Staff to children participating in a swimming activity shall be: Ratio Age of Youngest Child in Group 1:10 8 years and older 1:8 6 and 7 years old 1:6 5 years old

16.5 When lifeguards are on duty supervising the swimming area, they shall not be counted in the staff/child ratios for swimming as designated in rule 16.4 of these regulations.

16.6 When swimming lessons are being provided, the lessons shall be provided by a certified instructor.

16.7 The Staff of the licensed program is responsible for supervising the children in their care when the children are engaged in swimming activities regardless of who employs the lifeguard(s) on duty. Staff/child ratios shall also apply when a

lifeguard is on duty.

16.8 The Licensee or the Licensee's designee shall develop a written aquatic safety plan addressing supervision and safety of all swimming activities. This plan shall: • be reviewed annually • be updated as needed • be known by program Staff persons present at the swimming facility • include the location of the first aid and emergency supplies, and • be kept on file at the licensed program facility with a copy available where swimming occurs.

16.9 The written aquatic safety plan shall include: • an assessment of each child's swimming ability, performed by a person who holds a valid American Red Cross Water Safety Instructor certificate or current certificate issued by an approved certifying agency providing for equivalent levels of training. • a system whereby each child's designation of swimmer or non-swimmer shall be predetermined, documented and on file. When all bathers are in water less than waist deep on them, swimming ability assessment is not required. • a system whereby non-swimmers are restricted to areas where the water is less than waist deep on them (except for learn to swim programs or when shallow water is in a non-swimming area). • the emergency plan should a child be missing or in distress in the water. The plan shall include supervising children during times of emergency.

16.10 Swimmers shall be assigned to specific Staff members who will monitor their activities.

16.11 Swimmers shall be accounted for at least every ten minutes.

16.12 Swimming is prohibited during the hours of darkness unless adequate lighting is provided and swimming is restricted to shallow water.

16.13 If diving is permitted, the minimum water depth shall be clearly marked. The minimum water depth for a one-meter board shall be at least ten feet and free from stumps, rocks, or other debris.

16.14 When children in care share swimming areas with other bathers, a visible system of identification shall be in place to distinguish children in care. Personal flotation devices of any kind shall not be used as identifiers.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **All CBCCPP play areas must be fenced or otherwise protected from traffic and other hazards.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All FCCH play areas must be fenced or otherwise protected from traffic and other hazards.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **All ASP outdoor play areas must be fenced or otherwise protected from traffic and other hazards.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **CBCCPP program directors shall develop and implement a policy in plain language regarding positive guidance and behavior management of children. Staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child. No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to hitting, shaking, biting, pinching, restricting a child's movements or actions through use of physical force, binding, tying, use of any other mechanical restraint. These regulations help protect children from shaken baby syndrome and abusive head trauma.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **FCCPs shall develop and implement a policy in plain language regarding positive guidance and behavior management of children. Staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child. No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to hitting, shaking, biting, pinching, restricting a child's movements or actions through use of physical force, binding, tying, use of any other mechanical restraint. These regulations help protect children from shaken baby syndrome and abusive head trauma.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **There are no standards for ASPs that speak to shaken baby syndrome given the children served must be five (5) years of age or older to receive services. ASP staff orientation includes training on positive behavior management and child guidance and no staff, employee, volunteer or parent shall use corporal punishment or other forms of inappropriate discipline, such as, but not limited to hitting, shaking, biting, pinching, or restricting a child's movement through binding, tying or use of any other restraint which could help**

protect children from experiencing abusive head trauma.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **2.1.5 Children in a regulated Center Based Child Care and Preschool Program shall not be subjected to abuse, neglect, mistreatment, or immoral surroundings.**
 - 6.2.5 Quality of Interactions**
 - 6.2.5.1 Each child shall be treated with consideration and respect with equal opportunities to take part in all developmentally appropriate activities.**
 - 6.2.5.2 Staff shall appropriately hold, touch, smile and talk to children.**
 - 6.2.5.3 Staff shall speak to children at their eye level.**
 - 6.2.5.4 Staff shall be available and responsive to children, encouraging them to share experiences, ideas, and feelings.**
 - 6.2.5.5 At least one (1) staff member shall sit with children during meals and snacks.**
 - 6.2.5.6 Staff shall listen to children with attention and respect.**
 - 6.2.5.7 Children shall be attended to when they cry.**
 - 6.2.5.8 Nurturing activities performed by staff, including diapering, toileting, feeding, dressing, and resting; shall be performed in a relaxed, reassuring and individualized manner that is developmentally appropriate and promotes the child's learning, self-help and social skills.**
 - 6.2.5.9 Nurturing activities performed by staff shall be performed with consideration of the parents' expressed preferences and nurturing practices when these are developmentally appropriate and do not constitute a violation of these regulations.**
 - 6.2.5.10 Staff's voices shall not dominate the overall sound of the group.**
 - 6.2.7 Positive Guidance and Behavior Management**
 - 6.2.7.1 The program director shall develop and implement a policy in plain language regarding positive guidance and behavior management of children. The policy shall be routinely provided to staff and parents.**
 - 6.2.7.2 Staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child.**
 - 6.2.7.3 Staff shall use positive methods of guidance and behavior management that encourage self-control, self-direction, self-esteem, and cooperation.**
 - 6.2.7.4 No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to:**
 - 6.2.7.4.1 Hitting, shaking, biting, pinching;**
 - 6.2.7.4.2 Restricting a child's movements or actions through use of physical force, binding, tying, use of any other mechanical restraint, or using medication without written parental permission, without following the medicine's label, and/or without following medical prescription;**
 - 6.2.7.4.3 Withholding of food, water, or toilet use;**
 - 6.2.7.4.4 Confining a child in an enclosed or darkened area, such as a closet or a locked room;**
 - 6.2.7.4.5 Inflicting mental or emotional punishment such as**

humiliating, shaming, threatening, or frightening a child; or
 6.2.7.4.6 Making disparaging remarks regarding a child or his/her family.
 6.2.7.5 No punitive action shall be taken with children for not going to sleep, for toileting accidents, for failure to eat all or part of a meal or for failure to complete a prescribed activity.
 6.2.7.6 Profanity and obscene language shall not be used in the CBCCPP while children are present.
 6.2.7.7 The program director shall consult with parents and professionals to design an effective behavior management plan and adapt behavior management practices for a child who exhibits a pattern of challenging behaviors.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **2.1.5 Children in a regulated FCCH shall not be subjected to abuse, neglect, mistreatment, or immoral surroundings.**
6.2.5 Positive Guidance and Behavior Management
 6.2.5.1 The FCCP shall develop and implement a policy in plain language regarding positive guidance and behavior management of children. The policy shall be routinely provided to staff and parents.

 6.2.5.2 The FCCP and/or staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child.
 6.2.5.3 The FCCP and/or staff shall use positive methods of guidance and behavior management that encourage self-control, self-direction, self-esteem and cooperation.
 6.2.5.4 No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to:
 6.2.5.4.1 Hitting, shaking, biting, pinching;
 6.2.5.4.2 Restricting a child's movements through binding, tying, or use of any other mechanical restraint;
 6.2.5.4.3 Withholding of food, water, or toilet use;
 6.2.5.4.4 Confining a child in an enclosed or darkened area, such as a closet or a locked room; 6.2.5.4.5 Inflecting mental or emotional punishment such humiliating, shaming, threatening, or frightening a child; or
 6.2.5.4.6 Making disparaging remarks regarding a child or his/her family.
 6.2.5.5 No punitive action shall be taken with children for not going to sleep, for toileting accidents, for failure to eat all or part of a meal or for failure to complete a prescribed activity.
 6.2.5.6 Profanity and obscene language shall not be used in the FCCH while children are present. 6.2.5.7 The FCCP shall consult with parents and professionals to design an effective behavior management plan and adapt behavior management practices for a child who exhibits a pattern of challenging behaviors.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 [x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **3.12 Any person shall be prohibited from the facility when her/his presence or behavior disrupts the program, distracts the Staff from their responsibilities, intimidates or promotes fear among the children, or when there is reason to believe that her/his actions or behavior will present risk of harm to the children in the program.**

9.1 Staff shall use positive methods of guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem and cooperation including: • redirection • planning ahead to prevent problems • reinforcing and praising appropriate behavior • encouraging children to express their feelings and ideas instead of solving problems with force.

9.2 No Staff, employee, volunteer or parent shall use corporal punishment or other forms of inappropriate discipline, such as, but not limited to:

9.2.a. hitting, shaking, biting, pinching

9.2.b. restricting a child's movement through binding, tying or use of any other restraint

9.2.c. withholding food, water, or toilet use 3

9.2.d. confining a child in an enclosed or darkened area such as a closet or locked room

9.2.e. inflicting mental or emotional punishment such as humiliating, shaming, threatening or frightening a child

9.2.f. the intentional infliction of pain by any means for the purpose of punishment, correction, discipline, instruction or any other reason.

9.3 Staff shall positively model and set limits for children in areas of health, safety, and personal interactions.

9.4 Staff shall encourage and guide children to resolve their own conflicts.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
 - ☒ Training
 - ☒ Practice drills

vi. Volunteer emergency preparedness

☒ Training

☒ Practice drills

vii. ☒ Communication with families

viii. ☒ Reunification with families

ix. ☒ Continuity of operations

x. Accommodation of

☒ Infants

☒ Toddlers

☒ Children with disabilities

☒ Children with chronic medical conditions

xi. If any of the above are not checked, describe: **The licensee and/or FCCH shall develop and maintain a written Emergency Response Plan to respond to a full range of emergencies both natural and man-made. A complete plan shall include how the licensee will address and manage the following situations and responsibilities:**

- Evacuations or other emergencies such as leaving the premise and lockdown situations;
- Specific concerns related to the location of the program, such as proximity to a nuclear reactor, an area prone to flooding or power loss;
- Notifying the local authorities of the emergency • A system for notifying the parents of the emergency;
- Notifying the local emergency planning committee regarding the location of the CBCCPP and using the committee as a resource in emergency planning for the program;
- A system of identifying the children and staff present at the time of the emergency and maintaining knowledge of their whereabouts;
- A system for handling infants, toddlers, and children with special needs;
- An established evacuation meeting location within walking distance of the CBCCPP;
- A system to account for all children and staff at the evacuation meeting place;
- A process for relocation if necessary, including safe transportation;
- A system for shelter in place if the staff and children present need to remain in the CBCCPP for an extended period; and
- Staff chain of command and individual staff roles and responsibilities, (if applicable) during emergencies
- A process for reunifying children with their families in the event of an emergency

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **5.2.5 Standard Practices for Exposure to Bodily Fluids**
Staff shall use standard precautions when exposed to blood or blood-containing bodily fluids. The standard precautions include:
- Use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid;
 - Clean and disinfect the soiled surface;
 - Dispose of contaminated materials and store washable items in securely sealed plastic bags; and
 - Wash hands thoroughly as required in the rule 5.2.1.3 of these regulations.
- 5.10.1.10 Management of Toxic Substances**
5.10.1.10.1 All containers of poisonous, toxic, or hazardous materials present in the CBCCPP shall be labeled for easy identification and used only in such a manner and under conditions that will not contaminate food or create a hazard to the children or staff.
5.10.1.10.2 The storage of flammable liquids and gases shall not be permitted in the CBCCPP except as permitted by the Vermont Division of Fire Safety.
5.10.1.10.3 All poisonous or toxic materials, except materials required for routine cleaning, shall be locked in a secure storage area. **5.10.1.10.4** Materials required for routine cleaning shall be stored and used in a safe manner out of the reach of children.
5.10.1.10.5 Devices that diffuse or emit airborne chemicals such as anti-pest strips, ozone generators, plug-in air fresheners, nail polish, nail polish remover, and aerosol sprays shall not be used in the CBCCPP.
5.10.1.10.6 Plants accessible to children (indoors and outdoors) shall be non-toxic.
5.10.1.10.7 Protection of Children from Asbestos: Prior to any renovation or remodeling of the CBCCPP or if demolition, repair, maintenance, or other conditions in the CBCCPP are observed that indicate building material that may contain asbestos has been disturbed or exposed, the licensee shall ensure that an assessment is performed by a person certified by the Vermont Department of Health in compliance with statutory and regulatory requirements of 18 V.S.A. Chapter 26 and the Vermont Department of Health's Regulations for Asbestos Control. The licensee shall ensure that any and all abatement recommendations made as a result of that assessment are followed. A copy of the assessment, which includes the recommendations and statement of compliance achieved, shall be submitted to the Division. Regulatory action may be taken on the basis of children potentially exposed to asbestos as a health hazard.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **5.2.5 Standard Practices for Exposure to Body Fluids**
Staff shall use standard precautions when exposed to blood or blood-containing body fluids. The standard precautions include:
- Use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid;
 - Clean and disinfect the soiled surface;
- Dispose of contaminated materials and store washable items in securely sealed

plastic bags; and

- Wash hands thoroughly as required in the rule 5.2.1.3 of these regulations.

5.10.1.10 Management of Toxic Substances

5.10.1.10 Management of Toxic Substances

5.10.1.10.1 All containers of poisonous, toxic, or hazardous materials present in the FCCH shall be labeled for easy identification and used only in such a manner and under conditions that will not contaminate food or create

a hazard to the children or staff. 5.10.1.10.2 The storage of flammable liquids and gases shall not be permitted in the FCCH except as permitted by the Vermont Division of Fire Safety. 5.10.1.10.3 All poisonous or toxic materials shall be inaccessible to children.

5.10.1.10.4 Devices that diffuse or omit airborne chemicals such as anti-pest strips, ozone generators, plug-in air fresheners, nail polish, nail polish remover, and aerosol sprays shall not be used in the FCCH while children are present.

5.10.1.10.5 Plants accessible to children (indoors and outdoors) shall be non-toxic.

5.10.1.10.6 Protection of Children from Asbestos: Prior to any renovation or remodeling of the FCCH or if demolition, repair, maintenance, or other conditions in the FCCH are observed that indicate building material that may contain asbestos has been disturbed or exposed, the FCCP shall ensure that an assessment is performed by a person certified by the Vermont Department of Health in compliance with statutory and regulatory requirements of 18 V.S.A. Chapter 26 and the Vermont Department of Health's Regulations for Asbestos Control. The FCCP shall ensure that any and all abatement recommendations made as a result of that assessment are followed. A copy of the assessment, which includes the recommendations and statement of compliance achieved, shall be submitted to the Division. Regulatory action may be taken on the basis of children potentially exposed to asbestos as a health hazard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **12.5 Hazardous substances shall be in their original container, stored separately and inaccessible to children.**

13.1 Staff shall use universal precautions when in contact with all blood and other body fluids that are potentially infectious (saliva, nose and eye discharges, vomit, urine, feces) by following the procedures listed below:

- wear non-porous latex or vinyl gloves unless the fluid can be easily contained by the material used to clean it up (tissue for noses, etc.) being careful not to get any of the fluid being handled into eyes, nose, mouth or open sores/cuts

- clean and then disinfect any surfaces coming into contact with body fluids using a bleach dilution according to manufacturer's instructions for disinfecting
- dispose of contaminated materials and store launderable items in securely sealed containers or bags
- wash hands with soap and water.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- All CCDF-eligible licensed center care. Provide the standard: **All CBCCPP staff counted in ratio and/or allowed to work alone with children must complete an orientation training that includes the disposal of bio contaminants. CBCCPPs have standard practices for exposure to bodily fluids which includes staff using standard precautions when exposed to blood or blood-containing bodily fluids. The standard precautions include use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid; clean and disinfect the soiled surface; dispose of contaminated materials and store washable items in securely sealed plastic bags; and wash hands thoroughly.**
 - All CCDF-eligible licensed family child care homes. Provide the standard: **All FCCPs and staff must complete an orientation training that includes the disposal of bio contaminants. FCCPs have standard practices for exposure to bodily fluids which includes staff using standard precautions when exposed to blood or blood-containing bodily fluids. The standard precautions include use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid; clean and disinfect the soiled surface; dispose of contaminated materials and store washable items in securely sealed plastic bags; and wash hands thoroughly.**
 - All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All ASPs staff must complete an orientation training that includes the disposal of bio contaminants. Staff shall use universal precautions when in contact with all blood and other body fluids that are potentially infectious (saliva, nose and eye discharges, vomit, urine, feces) by following the procedures listed below: wear non-porous latex or vinyl gloves unless the fluid can be easily contained by the material used to clean it up (tissue for noses, etc.) being careful not to get any of the fluid being handled into eyes, nose, mouth or open sores/cuts; clean and then disinfect any surfaces coming into contact with body fluids using a bleach dilution according to manufacturer's instructions for disinfecting; dispose of contaminated materials and store**

launderable items in securely sealed containers or bags; and, wash hands with soap and water.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **5.10.6 Transportation**
 - 5.10.6.1 Vehicle Safety**
 - 5.10.6.1.1** The licensee shall ensure that any vehicle, owned by the CBCCPP, used for transporting children be registered, inspected, and insured according to state law.
 - 5.10.6.1.2** The licensee shall ensure that any vehicle, owned by the CBCCPP, used to transport children is equipped with a first aid kit and additional emergency items as specified in the rule 5.7.3 of these regulations.
 - 5.10.6.1.3** The program director shall ensure that any vehicle, not owned by the CBCCPP, meets requirements in the rules 5.10.6.1.1 & 5.10.6.1.2 of these regulations. This documentation shall be kept on file at the CBCCPP for 365 days.
 - 5.10.6.1.4** The program director shall ensure that any driver does not transport more persons, including children and adults, than the capacity of the vehicle.
 - 5.10.6.2 Car Seats and Seat Belts**
 - 5.10.6.2.1** All children under eight (8) years of age shall be properly secured in a federally approved child restraint system appropriate to their weight and size unless a child's medical condition requires the use of a special seat. These child restraint system requirements do not apply to bussing options that do not have seat belts.
 - 5.10.6.2.2** All children over eight (8) years of age, the driver, and any adult passengers shall be properly restrained using a child restraint, or safety belt system in good working order at all times.
 - 5.10.6.3 Interior Temperature of Vehicle** All vehicles shall have operable heating and air conditioning. A comfortable temperature shall be maintained in vehicles while transporting children. Buses that are not equipped with an air conditioning feature may be used when the interior of the bus does not exceed 85°F degrees.
 - 5.10.6.4 Vehicle Maintenance**
 - 5.10.6.4.1** The licensee shall ensure that any vehicle, owned by the CBCCPP, used to transport children is safe and in good repair.
 - 5.10.6.4.2** When a vehicle is used to transport children that is not owned by the CBCCPP, the program director shall obtain a written statement from the vehicle owner stating the vehicle is safe and in good repair. This documentation shall be kept on file at the CBCCPP for 365 days.
 - 5.10.6.5 Qualifications and Safe Practice of Driver**
 - 5.10.6.5.1** The licensee shall ensure that the driver of any motor vehicle, employed by the CBCCPP, who is transporting children, holds a valid operator's license that is appropriate for that vehicle. If sixteen (16) or more persons, including the driver, are transported at one (1) time, the driver shall hold a valid commercial driver's license with a passenger endorsement.
 - 5.10.6.5.2** The licensee shall ensure that the driver, employed by the CBCCPP, obeys all traffic laws.
 - 5.10.6.5.3** The licensee shall ensure that the driver, employed by the CBCCPP, does not use a cell phone or text while driving. Should communication be necessary, the driver shall park the vehicle before using any hand held device.
 - 5.10.6.5.4** The program director shall ensure that the driver of

any motor vehicle, not employed by the CBCCPP, who is transporting children, meets the requirements in the rules 5.10.6.5.1 – 5.10.6.5.3 of these regulations.

5.10.6.6 Safety and Supervision of Transported Children

5.10.6.6.1 The program director shall ensure that written permission is obtained from parents prior to providing transportation of children. Parents shall also be notified when someone not employed by the program may transport their child. This written permission shall be retained in each child's file. 5.10.6.6.1.1 Written permission authorizing the CBCCPP to transport children home shall specify the address where the children shall be released and whether the child may be released without an authorized person present.

5.10.6.6.1.2 Written permission authorizing the CBCCPP to release a child to a transportation service not under the authority of this CBCCPP shall be noted as such within the written permission. 5.10.6.6.2 No child shall ever be left unattended or unsupervised in a vehicle at any time.

5.10.6.6.3 Staff/child ratios established in the rules in section 6.2.1 of these regulations shall be maintained at all times while children are being transported.

5.10.6.6.4 No more than six (6) children shall be transported in a vehicle without the presence of a second adult in addition to the driver.

5.10.6.6.5 The program director shall ensure that when there are three (3) or more non-ambulatory children in the vehicle, there must be at least two (2) staff members present. When there are more than six (6) non-ambulatory children in the vehicle a one (1): four (4) staff/child ratio shall apply in addition to the driver.

5.10.6.6.6 The program director shall establish and implement a procedure for accounting for all children transported. The procedure shall minimally include: • Recording information on all trips including date, time, driver, vehicle, and children transported; • Recording the adult, a child was released to if not CBCCPP staff; • Recording the address, a child was released to if not to an authorized person or CBCCPP Staff; and • A method for confirming that every child exits the vehicle after each trip.

5.10.6.7 The program director shall ensure that when the CBCCPP provides transportation, the maximum amount of time a child can be transported to or from the child's home, the CBCCPP, or school shall not exceed forty-five (45) minutes one (1) way.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **5.10.6 Transportation**

5.10.6.1 Vehicle Safety

5.10.6.1.1 The FCCP shall ensure that any vehicle used for transporting children shall be registered, inspected and insured according to state law.

5.10.6.1.2 The FCCP shall ensure that any vehicle used to transport children is equipped with a first aid kit and additional emergency items as specified in the rule 5.7.3 of these regulations.

5.10.6.1.3 The FCCP shall ensure that any vehicle, not owned by the FCCH, meets requirements in the rules 5.10.6.1.1 – 5.10.6.1.2 of these regulations. This documentation shall be kept on file at the FCCH for 365 days. 5.10.6.1.4 The FCCP shall ensure that any driver does not transport more persons, including children

and adults, than the capacity of the vehicle.

5.10.6.2 Car Seats and Seat Belts 5.10.6.2.1 All children under eight (8) years of age shall be properly secured in a federally approved child restraint system appropriate to their weight and size unless a child's medical condition requires the use of a special seat. These child restraint system requirements do not apply to bussing options that do not have seat belts.

5.10.6.2.2 All children over eight (8) years of age, the driver, and any adult passengers shall be properly restrained using a child restraint or safety belt system in good working order at all times.

5.10.6.3 Interior Temperature of Vehicle All vehicles shall have operable heating and air conditioning. A comfortable temperature shall be maintained in vehicles while transporting children. Buses that are not equipped with an air conditioning feature may be used when the interior of the bus does not exceed 85°F degrees.

5.10.6.4 Vehicle Maintenance The FCCP shall ensure that any vehicle used to transport children is safe and in good repair.

5.10.6.5 Qualifications and Safe Practice of Driver

5.10.6.5.1 The FCCP shall ensure that the driver of any motor vehicle who is transporting children holds a valid operator's license that is appropriate for that vehicle. If sixteen (16) or more persons, including the driver, are transported at one (1) time, the driver shall hold a valid commercial driver's license with a passenger endorsement.

5.10.6.5.2 The FCCP shall ensure that the driver obey all traffic laws. 5.10.6.5.3

The FCCP shall ensure that the driver does not use a cell phone or text while driving. Should communication be necessary, the driver shall park the vehicle before using any hand held device. 5.10.6.6 Safety and Supervision of Transported Children

5.10.6.6.1 The FCCP shall ensure that written permission is obtained from parents prior to providing transportation of children. Parents will also be notified when someone not employed by the program may transport their child. This written permission shall be retained in each child's file.

5.10.6.6.1.1 Written permission authorizing the FCCH to transport children home shall specify the address where the children shall be released and whether the child may be released without an authorized person present. 5.10.6.6.1.2 Written permission authorizing the FCCH to release a child to a transportation service not under the authority of the FCCH shall be noted as such within the written permission. 5.10.6.6.2 No child shall ever be left unattended or unsupervised in a vehicle at any time.

5.10.6.6.3 Staff/child ratios established in the rules in section 6.2 of these regulations shall be maintained at all times while children are being transported. 5.10.6.6.4 The FCCP shall ensure that when there are three (3) or more non-ambulatory children in the vehicle, there must be at least two (2) staff members present. When there are more than six (6) non-ambulatory children in the vehicle a one (1): Four (4) staff/child ratios shall apply in addition to the driver.

5.10.6.6.5 The FCCP shall establish and implement a procedure for accounting for all children transported. The procedure shall minimally include: • Recording information on all trips including date, time, driver, vehicle and children transported; • Recording what adult a child was released to if not the FCCP; • Recording the address a child was released to if not to an authorized person or

5.10.6.6.5 The FCCP shall establish and implement a procedure for accounting for all children transported. The procedure shall minimally include: • Recording information on all trips including date, time, driver, vehicle and children transported; • Recording what adult a child was released to if not the FCCP; • Recording the address a child was released to if not to an authorized person or

FCCP and/or staff; and • A method for confirming that every child exits the vehicle after each trip.

5.10.6.7 The FCCP shall ensure that when the FCCH provides transportation, the maximum amount of time a child can be transported to or from the child's home, the FCCH, or school shall not exceed forty-five (45) minutes one (1) way.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **17.1 The Program Administrator or Site Director shall ensure that written permission is obtained from parents prior to providing transportation of children. Parents shall also be notified when someone not employed by the program may transport their child. This written permission shall be retained in each child's file.**

17.2 Any vehicles used for transporting children shall be registered, inspected and insured according to Vermont State Law. 17.3 The operator of any motor vehicle who is transporting children shall hold a valid operator's license that is appropriate for that vehicle. The Licensee shall ensure that the driver obeys all traffic laws.

17.4 If sixteen or more persons, including the driver, are transported at one time, the driver shall hold a valid commercial driver's license with a passenger endorsement as required by Vermont State Law.

17.5 Children in vehicles shall not be left unsupervised or unattended at any time.

17.6 Staff/child ratios are as follows for transporting ambulatory children: Number of Children Number of Staff 1 - 6 children 1 Staff person (can be the driver) 7 - 13 children 2 Staff persons (can include the driver)

17.7 Two Staff persons shall be present in addition to the driver when fourteen or more children are transported.

17.8 The Program Administrator or Site Director shall ensure that when there are three or more non-ambulatory children in the vehicle, there must be at least two staff members present. When there are more than six non-ambulatory children in the vehicle a one: four staff/child ratio shall apply in addition to the driver.

17.9 When being transported in a motor vehicle, all passengers, except children who have physical conditions which prevent the use of a child safety seat or seat belt, shall be properly restrained in accordance with Vermont State Law.

17.10 The number of children within the school bus shall not be more than the number of seating spaces provided.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The CBCCPP licensee shall ensure that at least one (1) staff who has successfully completed and is currently certified in pediatric first aid is on the premises at all times children are present. Staff who are counted in the staff/child ratios and auxiliary staff left alone with children and/or counted in staff/child ratio shall obtain training in pediatric first aid within three (3) months of beginning work in the CBCCPP and remain currently certified.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **7.1.2.1 The FCCP shall have successfully completed pediatric first aid and CPR prior to being licensed and must remain currently certified.**
7.1.2.2 The FCCP shall ensure that at least one (1) responsible adult who has successfully completed and is currently certified in pediatric first aid and infant and child CPR is on the premises at all times children are present.
7.1.2.3 The licensed FCCP shall ensure that staff who are counted in the staff/child ratios shall obtain training in pediatric first aid and infant and child CPR within three (3) months of beginning work in the licensed FCCH and remain currently certified.

7.6.7 The licensed FCCP shall ensure substitutes obtain training in pediatric first aid and infant and child CPR as required in the rule 7.1.2.3 of these regulations.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The ASP standard in Vermont requires the Program Administrator, the Site Director, new and returning ASP staff and aides to have infant/child first aid training and maintain certification and at least one Staff person who holds a current CPR card in rescue breathing, and airway obstruction shall be present at all times.**

5.39 Within three months of hire, all paid Staff counted in the staff/child ratios shall have obtained CDD-approved training in infant/child CPR and basic first aid for children, injury prevention and emergency readiness. All Staff shall receive retraining in first aid prior to the expiration date on each Staff person's first aid card.

5.41 Substitutes shall obtain training in pediatric first aid and child CPR within three months of beginning work and remain currently certified.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The CBCCPP licensee shall ensure that at least one (1) staff who has successfully completed and is currently certified in infant and child CPR is on the premises at all times children are present. Staff who are counted in the staff/child ratios and auxiliary staff left alone with children and/or counted in staff/child ratio shall obtain training in infant and child CPR within three (3) months of beginning work in the CBCCPP and remain currently certified.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **7.1.2.1 The FCCP shall have successfully completed pediatric first aid and CPR prior to being licensed and must remain currently certified.**
7.1.2.2 The FCCP shall ensure that at least one (1) responsible adult who has successfully completed and is currently certified in pediatric first aid and infant and child CPR is on the premises at all times children are present.
7.1.2.3 The licensed FCCP shall ensure that staff who are counted in the staff/child ratios shall obtain training in pediatric first aid and infant and child CPR within three (3) months of beginning work in the licensed FCCH and remain currently certified.

7.6.7 The licensed FCCP shall ensure substitutes obtain training in pediatric first aid and infant and child CPR as required in the rule 7.1.2.3 of these regulations.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
N/A
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The ASP standard in Vermont requires the Program Administrator, the Site Director, new and returning ASP staff and aides to have infant/child CPR and maintain certification and at least one Staff person who holds a current CPR card in rescue breathing, and airway obstruction shall be present at all times.**
5.39 Within three months of hire, all paid Staff counted in the staff/child ratios shall have obtained CDD-approved training in infant/child CPR and basic first aid for children, injury prevention and emergency readiness. All Staff shall receive retraining in first aid prior to the expiration date on each Staff person's first aid card.

5.41 Substitutes shall obtain training in pediatric first aid and child CPR within three months of beginning work and remain currently certified.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **CBCCPP directors must develop and implement written policies requiring staff to report suspected cases of child abuse or neglect and that staff are trained in the prevention and identification of child abuse and neglect, in the prevention of child sexual abuse, in the signs and symptoms of sexual abuse, sexual violence, and grooming processes; in recognizing the dangers of child sexual abuse in and close to the home; and other predatory behaviors of sex offenders. These standards apply to staff and volunteers.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensed FCCPs must develop and implement written policies requiring staff to report suspected cases of child abuse or neglect and that staff are trained in the prevention and identification of child abuse and neglect, in the prevention of child sexual abuse, in the signs and symptoms of sexual abuse, sexual violence, and grooming processes; in recognizing the dangers of child sexual abuse in and close to the home; and other predatory behaviors of sex offenders. These standards apply to staff and volunteers. It is the responsibility of the registered FCCP to ensure that staff and partner staff working with children in the FCCH understand that abuse and/or neglect of children is against the law and that all child care workers are legally required to report suspected child abuse or neglect.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The ASP licensee shall ensure all staff receive an orientation, based on materials recommended by AHS and AOE on the prevention, identification, and mandatory reporting requirements of child abuse, including child sexual abuse, signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse in and close to the home, and other predatory behaviors of sex offenders.**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **3.3 Legal Mandates Regarding Child Abuse and Neglect**

3.3.1 The licensee, staff, auxiliary staff, and partner staff shall be informed of and have ready access to the twenty-four (24) hour Child Abuse Hotline maintained by the Department.

3.3.2 The licensee, staff, auxiliary staff, and partner staff working with children are mandated reporters of child abuse and neglect pursuant to 33 V.S.A. §4913 and are required to report to the Child Abuse Hotline when they reasonably suspect abuse or neglect of a child. This report must be made within twenty-four (24) hours of the time information regarding the suspected abuse or neglect was first received or observed.

3.3.3 The licensee, staff, auxiliary staff, and partner staff shall understand that abuse and/or neglect of children is against the law and that all child care workers are 31 legally required to report suspected child abuse or neglect as specified in the rule 3.3.2 of these regulations.

3.3.4 The program director shall develop and implement a written policy requiring the licensee, staff, and auxiliary staff to report suspected child abuse or neglect to the Department as specified in the rule 3.3.2 of these regulations. 3.3.5 The licensee, staff, and auxiliary staff shall be trained in prevention, identification and mandatory reporting of child abuse and neglect.

3.3.6 The licensee, staff, and auxiliary staff shall be trained in prevention of child sexual abuse; in signs and symptoms of sexual abuse, sexual violence, and grooming processes; in recognizing the dangers of child sexual abuse in and close to the home; and other predatory behaviors of sex offenders.

3.3.7 The licensee shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to any person because he/she filed a good faith report with the Department regarding suspicion of abuse or neglect of a child

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **3.2 Legal Mandates Regarding Child Abuse and Neglect**

3.2.1 The FCCP, staff, and partner staff shall be informed of and have ready access to the twenty-four (24) hour Child Abuse Hotline maintained by the Department.

3.2.2 The FCCP, staff, and partner staff working with children are mandated reporters of child abuse and neglect pursuant to 33 V.S.A. §4913 and are required to report to the Child Abuse Hotline when they reasonably suspect abuse or neglect of a child. This report must be made within twenty-four (24) hours of the time information regarding the suspected abuse or neglect was first received or observed.

3.2.3 It is the responsibility of the FCCP to ensure that staff and partner staff working with children in the FCCH understand that abuse and/or neglect of children is against the law and that all child care workers are legally required to report suspected child abuse or neglect as specified in the rule 3.2.2 of these regulations.

3.2.4 The licensed FCCH program director shall develop and implement a written policy requiring the licensed FCCP, and staff to report suspected child abuse or neglect to the Department as specified in the rule 3.2.2 of these regulations.

3.2.5 The licensed FCCP and staff shall be trained in prevention, identification and

mandatory reporting of child abuse and neglect.

3.2.6 The licensed FCCP and staff shall be trained in prevention of child sexual abuse; in signs and symptoms of sexual abuse, sexual violence, grooming processes; in recognizing the dangers of child sexual abuse in and close to the home; and other predatory behaviors of sex offenders.

3.2.7 A licensed FCCP shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation or take any other action detrimental to any person because he/she filed a good faith report with the Department regarding suspicion of abuse or neglect of a child.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **4.10 The licensee and staff shall be informed of and have ready access to the twenty-four (24) hour Child Abuse Hotline maintained by the Department.**

4.11 The licensee and staff working with children are mandated reporters of child abuse and neglect pursuant to 33 V.S.A. §4913 and are required to report to the Child Abuse Hotline when they reasonably suspect abuse or neglect of a child. This report must be made within twenty-four (24) hours of the time information regarding the suspected abuse or neglect was first received or observed.

4.12 The licensee and staff shall understand that abuse and/or neglect of children is against the law and that all child care workers are legally required to report suspected child abuse or neglect as specified in the rule 4.11 of these regulations.

4.13 The Licensee shall develop and implement a policy requiring all Staff to report suspected child abuse or neglect to the Department for Children and Families within 24 hours when there is reasonable cause to believe that a child has been abused or neglected.

4.14 The Licensee shall ensure that they and all Staff receive training and demonstrate understanding of their legal responsibilities regarding preventing and reporting suspected child abuse and neglect.

4.15 The Licensee shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation or take any other action detrimental to any Staff member because the Staff member filed a good faith report with the Department regarding suspicion of abuse or neglect of a child.

4.16 The Licensee shall comply with Act One (2009) which requires licensed child care facilities to ensure that all individuals working at the facility receive an orientation, based on materials recommended by the Agency of Human Services

and the Agency of Education, on the prevention, identification, and mandatory reporting requirements of child abuse, including child sexual abuse, signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse in and close to the home, and other predatory behaviors of sex offenders.

- c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. **Nutrition. Describe: CBCCPPs, FCCHs, and ASPs regulations have "Food and Nutrition" standards when providing meals and snacks; nutritional content of meals and snacks; handling of hot food and liquids around children; accessibility to drinking water; food vendor requirements; infant nutrition standards and storage requirements; nutritional education provided to parents who provide their own food; and, how to handle special nutritional requests and restrictions.**
- ii. **Access to physical activity. Describe: CBCCPPs and FCCHs have standards regarding providing children with outdoor play/gross motor activity/opportunities. ASPs have program curriculum standards activity options offered each day.**
- iii. **Caring for children with special needs. Describe: CBCCPPs and FCCHs have standards to support children with special health needs, disabilities, and English Language Learners. ASPs have standards to support children with special needs. All programs have policies and practices to support the inclusion of children with special needs and disabilities.**

- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **CBCCPPs, FCCHs, and ASPs are all required to meet the Vermont Department of Health's lead water testing. If a program is on a well, they must also test their water taps for bacteria and chemicals. Additionally, all buildings built before 1977 must comply with Vermont's Asbestos and Lead Regulatory Program ("ALRP").**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[]	[]	[]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[]	[]	[]
g. Emergency preparedness and response planning and procedures	[]	[]	[]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[]	[]	[]

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **CDD received non-compliance notice on March 11, 2024, because we do not have all the components of the health and safety pre-service/orientation training requirements represented within our current licensing regulations. CBCCPP and FCCH providers are missing the following pre-service/orientation requirements in current regulations: Immunization requirements, including information about exemptions from immunizations and the grace period for meeting this requirement; identification of and protection from hazards, bodies of water and vehicular traffic; prevention of shaken baby syndrome and abusive head trauma; Emergency Preparedness**

and Response Planning (Relocation, shelter-in-place, lock down, staff training and practice drills, volunteer training and practice drills, communication with families, reunification with families, continuity of operations, and accommodation of infants, toddlers, children with disabilities and children with chronic medical conditions); and the 5 major domains of child development. For ASP providers the pre-service/orientation is lacking: Immunization requirements, including information about exemptions from immunizations and the grace period for meeting this requirement; Identification of and protection from hazards, bodies of water and vehicular traffic; Emergency Preparedness and Response Planning (Relocation, shelter-in-place, staff training and practice drills, volunteer training and practice drills, communication with families, reunification with families, continuity of operations, and accommodation of infants, toddlers, children with disabilities and children with chronic medical conditions); and, the 5 major domains of child development. In addition, Vermont does not currently require that pre-service/orientation training be complete within three (3) months for CBCCPP staff, FCCH staff, and ASP providers. These findings of non-compliance will be addressed as a part of licensing rule promulgation, which we anticipate will be complete by summer 2025.

- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

☒ No

☐ Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No. If no, describe: **CDD has implemented a comprehensive compliance checklist that covers all health and safety standards currently contained in our regulations. CDD received non-compliance notice on March 11, 2024, VT does not currently monitor Emergency Preparedness and response planning: reunification with families, VT does not monitor for pre-service/orientation training that includes all of the required health and safety topics, VT does not monitor on ongoing training requirements for all substitutes in CCDF-eligible programs, and VT does not monitor on immunization requirements for non-recurring care service providers. This finding of non-compliance will be addressed as a part of revising Vermont's licensing Rules. At this time, CDD anticipates that Licensing rule promulgation will not be complete until Summer 2025**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **CDD is responsible for completing the inspection for licensed center-based providers.**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No. If no, describe: **CDD has implemented a comprehensive compliance checklist that covers all health and safety standards currently contained in our regulations.**

CDD received non-compliance notice on March 11, 2024, VT does not currently monitor Emergency Preparedness and response planning: reunification with families, VT does not monitor for pre-service/orientation training that includes all of the required health and safety topics, and VT does not monitor on ongoing training requirements for all substitutes in CCDF-eligible programs. This finding of non-compliance will be addressed as a part of revising Vermont's licensing Rules. At this time, CDD anticipates that Licensing rule promulgation will not be complete until Summer 2025.

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **CDD is responsible for completing the inspections for licensed family care providers.**
- c. Licensed in-home CCDF child care providers
 - i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
 - ☒ No.
 - ☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
 - ☐ Yes.
 - ☐ No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 - ☐ Annually.
 - ☐ More than once a year. If more than once a year, describe:
 - ☒ Other. If other, describe: **Because Vermont does not license in-home providers, no inspections are conducted by CDD.**
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
 - ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - ☒ No.
 - iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - ☐ Annually.
 - ☐ More than once a year. If more than once a year, describe:
 - ☒ Other. If other, describe: **Vermont does not have license-exempt providers.**

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **N/A**
 - b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
☐ Annually.
☐ More than once a year. If more than once a year, describe:
☒ Other. If other, describe: **Vermont does not have license-exempt providers.**
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **N/A**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Vermont's only allowable license-exempt in-home care are approved relative child care providers (ARCC).**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **N/A**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not

produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

- a. Does the Lead Agency post:
 - i. ☒ Pre-licensing inspection reports for licensed programs.
 - ii. ☐ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. ☒ Other. Describe: **CDD received non-compliance notice on March 11, 2024, for not publicly posting pre-licensure inspection reports nor a full inspection report for any CCDF provider type. CDD has shifted its practice of completing pre-licensure inspection reports from technical assistance reports, to site visit reports which can be accessed by the public. CDD has reinstituted the practice of adding talking points to the annual inspection reports. However, this feature within BFIS does not publish to the public Consumer Education portal. BFIS also does not allow for this feature to be enabled, so that the public can view completed inspection reports. CDD will bring Vermont into compliance with 98.33(a)(4) through the development of a Licensing Module within CDDIS that will address this deficit. Completion of this module is not expected until 2026. At this time, the CDD acknowledges that Vermont is not in full compliance with this requirement.**
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. ☒ Date of inspection.
 - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **All violations are listed at the top of every site visit report in the BFIS public portal.**
 - iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Corrective action and the factual basis for the violation and action due date, as well as an action completed date and status are available to the public.**
 - iv. ☒ A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain: **N/A**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

- i. Provide the direct URL/website link to where the reports are posted:
http://www.brightfutures.dcf.state.vt.us/vtcc/reset.do?0Mmr3gjmkz13-SgYEjWekr3%3dxguw3YEa.aU7zaju.xnn.xGOG0-Oh-OS%2bGO%256Uhd%256U00.SDGgwEkeUs3peYY.wjRszYgwUVm31mLUjsegsUWVjUVm3mWgwkmppwUVm31mLUjsegkz13SqS0dSShG0SDG_O
- ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Monitoring reports are completed and posted to the public portal within ten (10) business days of the inspection.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
☒ Yes.
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
☒ Yes.
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
☒ Yes.
☐ No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The 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. 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 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.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **In Vermont we currently have a one to eighty-seven (1:87) ratio of licensors to child care providers, with a total of twelve (12) licensors working full-time for CDD. We are able to complete timely annual compliance visits to each program due to using CCDF funds to pay for three (3) limited services licensor positions; without the addition of these three (3) licensors we would not be able to meet the federal requirement of annual compliance visits to every licensed child care provider in the state.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Staff are currently required to complete anywhere from 4 - 15 hours of training annually, depending on their position type, and the type of licensure that is being supported. For example, staff and volunteers in Center Based Child Care and Preschool Programs are required to complete 15 hours of ongoing professional development annually, whereas staff and volunteers in Afterschool Child Care Programs have to complete 4 - 12 hours of training annually, depending on their position title.**

7.1.2.1 The licensee shall ensure that at least one (1) staff who has successfully completed and is currently certified in pediatric first aid and in infant and child CPR is on the premises at all times children are present. 7.1.2.2 Staff who are counted in the staff/child ratios and auxiliary staff left alone with children and/or counted in staff/child ratio as specified in the rule 6.2.1.8 of these regulations shall obtain training in pediatric first aid and in infant and child CPR within three (3) months of beginning work in the CBCCPP and remain currently certified.

An Administrative Memo effective October 1, 2024, requires substitutes to complete four (4) hours of annual professional development activities in addition to any requirements for infant/child CPR certification (or recertification) and first aid training. It is anticipated that all requirements covered by the administrative memo will be incorporated in Vermont's licensing rules as a part of the upcoming rule promulgation process, which is expected to be completed by late summer of 2025.

- b. License-exempt child care centers: **N/A**
- c. Licensed family child care homes: **Fifteen (15) hours of annual professional development are required for staff in Licensed family child care homes.**

7.1.2.1 The FCCP shall have successfully completed pediatric first aid and CPR prior to being licensed and must remain currently certified.

7.1.2.2 The FCCP shall ensure that at least one (1) responsible adult who has successfully completed and is currently certified in pediatric first aid and infant and child CPR is on the premises at all times children are present

An Administrative Memo effective October 1, 2024, requires substitutes to complete four (4) hours of annual professional development activities in addition to any requirements for infant/child CPR certification (or recertification) and first aid training. It is anticipated that all requirements covered by the administrative memo will be incorporated in Vermont's licensing rules as a part of the upcoming rule promulgation process, which is expected to be completed by late summer of 2025.

- d. License-exempt family child care homes: **N/A**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **Vermont has no requirements for relative providers to have any ongoing training.**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints

for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender

registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **If a prospective child care provider has a substantiation for abuse or neglect that is present within the Vermont Child Abuse and Neglect Registry ("VT CANS"), they are automatically disqualified from employment in the program, and the licensee and/or director is notified by phone immediately that the potential employee is not eligible for employment.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **Vermont requires all potential employees to complete out of state records requests for any state they have resided in within the past five (5) years. A verified substantiation from another state would be used to disqualify the individual from employment in a licensed child care setting.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the

results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☐ Yes.

☒ No. If no, describe: **Vermont currently allows prospective child care staff to begin working in all three program types prior to the results of a FBI criminal background check, but they are not allowed to be alone with children in that time, and must be supervised by at all times by someone who has already received a qualifying result on a background check. CDD received a non-compliance notice on March 11, 2024, that included reference to a preliminary notice of non-compliance issued on December 13, 2021, specific to allowing prospective employees to begin working in child care settings prior to the return of an FBI criminal fingerprint supported clearance. Vermont remains out of compliance with this requirement, and will not be able to come into compliance by October 1, 2024. CDD will begin work with NCSIA to map our background check process, and will receive additional technical assistance from NCSIA that could include: onsite visits with CDD to train on/discuss allowable practices and regulations; onsite visit to work directly with new or existing CDD staff processing background checks; call or onsite visit with the Vermont Criminal Investigation Center ("VCIC") to discuss challenges and opportunities; call with leadership to explain the issues and help problem solve solutions; and providing examples and/or connections to states who have had similar issues.**

- b. In-state criminal background check with fingerprints.

☐ Yes.

☒ No. If no, describe: **Vermont currently allows prospective child care staff to begin working in all three program types prior to the results of the FBI criminal background check but they must be supervised by at all times by someone who has already received a qualifying result on a background check . CDD received non-compliance notice on March 11, 2024, that included reference to a preliminary notice of non-compliance issued on December 13, 2021, specific to allowing prospective employees to begin working in child care settings prior to the return of an in-state criminal fingerprint supported clearance.**

Vermont remains out of compliance and will not be able to come into compliance by October 1, 2024. Vermont will begin work with NCSIA to complete a map of our background check process. Additionally, Vermont will receive technical assistance from NCSIA that could include: onsite visit to the state to train/discuss allowable practices and regulations with CDD staff; onsite visit to work directly with new or existing state staff processing background checks; call or onsite visit with VCIC to discuss challenges and opportunities; call with leadership to explain the issues and help problem solve solutions; and providing examples and/or connections to states who have had similar issues.

- c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe:

- d. In-state child abuse and neglect registry.

☒ Yes.

☐ No. If no, describe:

- e. Name-based national Sex Offender Registry (NCIC NSOR).

☐ Yes.

☒ No. If no, describe: The NCIC NSOR is conducted by the Vermont Criminal Information Center (VCIC) in addition to the FBI fingerprint supported background clearance. Vermont currently allows prospective child care staff to begin working in all three program types prior to these results being returned from VCIC. Vermont does review the public National Sex Offender Registry and the Vermont Sex Offender Registry prior to child care staff working supervised.

- f. Interstate criminal background check, as applicable.

☐ Yes.

☒ No. If no, describe: Similar to the FBI and in-state fingerprint checks, Vermont currently allows prospective employees who have lived out of state within the past 5 years the ability to start employment after they have submitted and passed the a Vermont Record Check Authorization process (which includes licensing checking the CANS, the public National Sex Offender Registry {NSOPW) and the Vermont Sex Offender Registry, the public facing VCIC (Vermont Criminal Information Center), and the adult abuse registry) while waiting for both their FBI and in-state fingerprint clearances and out of state record check results to be returned; they must be supervised by at all times by someone who has already received a qualifying result on a background check.

- g. Interstate Sex Offender Registry check, as applicable.

☒ Yes.

☐ No. If no, describe:

- h. Interstate child abuse and neglect registry check, as applicable.

☐ Yes.

☒ No. If no, describe: Vermont allows prospective employees to work supervised while

waiting for the interstate CAN results.

- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

☒ Yes.

☐ No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☐ Yes.

☒ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **Vermont processes all available databases within forty-five (45) days from the request of a child care provider, however, fingerprinting and VCIC processing are dependent on the individual submission and processing time at VCIC.**

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **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.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy.

☒ No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://dcf.vermont.gov/registry/child-protection/checks/out-of-state>**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. ☐ Agency name
- ii. ☐ Address
- iii. ☐ Phone number
- iv. ☐ Email
- v. ☐ Website
- vi. ☐ Instructions
- vii. ☐ Forms
- viii. ☐ Fees
- ix. ☐ Is the State a National Fingerprint File (NFF) State?
- x. ☐ Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: **Vermont participates in NFF so other states receive criminal registry information via the FBI check.**

- c. Interstate sex offender registry (SOR) check:

- i. ☐ Agency name
- ii. ☐ Address
- iii. ☐ Phone number
- iv. ☐ Email
- v. ☐ Website
- vi. ☐ Instructions
- vii. ☐ Forms
- viii. ☐ Fees

- ix. If not all boxes above are checked, describe: **Vermont reports all in-state sex offender registry information to the FBI, therefore the results from the VT SOR are also available through the NFF check**
- d. Interstate child abuse and neglect (CAN) registry check:
 - i. ☒ Agency name
 - ii. ☐ Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. ☒ Address
 - iv. ☒ Phone number
 - v. ☒ Email
 - vi. ☒ Website
 - vii. ☒ Instructions
 - viii. ☒ Forms
 - ix. ☒ Fees
 - x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **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. ARCC providers must submit a Record Check Authorization from and are subject to verification of first degree relative; there are no additional licensing requirements, CCDF health and safety standards, pre-service/orientation training, ongoing training, or inspection required.**

Vermont exempts State sex offender registry and national sex offender public website registry, Vermont CAN, Vermont Adult Abuse Registry, and VCIC public website.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☒ Providing program-level grants to support investments in staff compensation.

- ii. ☒ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
- iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
- iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
- v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
- vi. ☒ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
- vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. ☒ Other. Describe: **CDD has been working in partnership with the Vermont Department of Labor ("VDOL") and the VTAEYC to implement a Youth ECE Apprenticeship Program (formerly called a Pre-ECE Apprenticeship Program). This program partners with Career and Technical Education Centers around the state to provide early childhood professionals with access to two (2) free community college courses, trainings that are required for those entering the ECE workforce, and worksite placements within regulated child care programs. Youth Apprentices and mentor participating in this program also receive a stipend for their efforts.**

Vermont's Act 76 dramatically increased CCFAP reimbursement rates and expanded CCFAP eligibility criteria. This has led to an increase in funding directed through the state to regulated programs; early indicators are that at least some of these programs have used this funding to increase compensation and benefits for their staff.

VTAEYC's Advancing the Profession program spotlights the need to advance child care as a profession, including increasing wages and providing benefits to staff.

Vermont offers professional development bonuses to early childhood professionals who increase their qualifications and achieve professional credentials and degrees.

Vermont operates the Student Loan Repayment Program for early childhood educators, which provides full-time educators who have earned an early childhood-related degree with up to \$4,000 of debt relief annually.

Vermont is investing in providing programmatic and coaching support to program participants through STARS. These supports may include coaching programs on how to better support their staff members, and informing them about the resources that are available to aid them in those efforts.

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **CDD has established CCFAP reimbursement rates and eligibility at levels designed to support child care programs in offering their staff members higher wages and benefits.**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Act 76 investments will significantly increase reimbursement for childcare programs, thus allowing programs to offer more robust benefits to their staff. These benefits include health insurance, paid sick leave, and retirement benefits. Vermont's Business Technical Assistance also provides TA to programs to help with financial planning and budgeting for benefits.**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **CDD supports the Vermont Early Childhood Networks ("VECN"): peer networks of early childhood educators. One of VECN's goals is to provide mental health, wellness and stress management support to all network members, particularly focusing on the needs of FCCH staff. VECN's strategies for support include offering professionals a series of training opportunities centered on mental health, promoting wellness and stress management strategies, and building relationships with community partners that offer mental health and wellness supports. In addition, the state's leading professional development partners, NL at CCV and Vermont Afterschool, offer mental health and wellness trainings to early childhood professionals.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **CDD is supporting capacity-building efforts through the First Children's Finance Business Technical Assistance Program ("BTAP"). This program supports the start-up of new programs, including those programs' recruitment efforts. The state is currently exploring a partnership with Vermont's Career Technical Education ("CTE") centers, with the goal of developing a program for recruiting and training adults interested in entering the ECE workforce. It is anticipated that we will know more about the possibility of this program following an evaluation of our current Early Childhood Apprenticeship Program; this evaluation is scheduled to be completed at the end of November 2024.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **CDD's partnership with First Children's Finance to operate BTAP provides a variety of business supports for individuals managing early childhood and afterschool programs. First Children's Finance and BTAP helps early childhood programs establish successful, sustainable business practices through the provision of training and support, and by connecting programs to resources reflecting their unique business needs. First Children's Finance also supports the SharedServicesVT website, which provides child care providers with information and resources on topics related to program administration, business operations, marketing, human resources, and more. Vermont licensing regulations require center-based program directors to either hire a business manager, or to obtain coursework related to program management, business practices and legal and financial**

issues related to operating a sustainable child care program. Programs can meet this requirement through participation in the NL at CCV's VECAP Program Director Credential. Coursework is related to business practices and covers program management, leadership, mentoring/supervision, human resources management, and legal and financial issues. CDD provides funding for the Vermont Early Childhood Network ("VECN"), local groups of early childhood professionals across Vermont who provide peer-to-peer support of each others' professional growth efforts. Issues related to business development and management, and FCCH administration, are often primary topics at VECN trainings and monthly network meetings. CDD plans to continue funding the VECN as a part of the state's agreement to implement the System for Program Access to Resources for Quality Supports Program ("SPARQS"). SPARQS is a long-term, responsive, wraparound system of resources to support high quality for all regulated child care programs in Vermont. CDD also refers program leaders to the Vermont Small Business Development Center, which provides no-cost, confidential business advising and training services to new and established small businesses in Vermont.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative 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.
 - ix. ☒ Use of technology in business administration.
 - x. ☒ Compliance with employment and labor laws.
 - xi. ☒ Other. Describe any other efforts to strengthen providers' administrative business: **Vermont regulations require CBCCPPs with a capacity greater than twelve (12) children to either appoint a qualified business manager or ensure that the appointed Director takes a college level business course related to legal and financial issues within the first year of Directorship. Courses are offered regularly through the Vermont Higher Education Collaborative or CCV, and scholarships are available through the CDD Tuition Assistance Grant program to support course enrollment.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **CDD is committed to support early childhood professionals with limited English proficiency and is in the process of implementing a recent policy on language accessibility that has been developed by the Vermont Agency of Human Services. This new policy requires CDD to provide language access services to individuals who cannot speak, understand, read, or write English fluently, and to those who are deafblind or hard of hearing who need interpretive services, in order to meaningfully access CDD's programs. Each page on Agency of Human Service websites currently embeds Google Translate to give individuals access to the state's information in the language of their choice. As AHS and CDD continue to implement this policy, we expect that other language accessibility resources and services will be made available through CDD to people who need them. This new policy enhances CDD's longstanding practice of supporting child care staff with limited English proficiency through a variety of measures for translation services. CDD also supports providers whose preferred language is not a written language through phone interpretation services or through a visit by CDD staff or an in-person interpreter.**
- b. Providers and staff who have disabilities: **CDD's website conforms with Section 508 of the Rehabilitation Act for accessibility. This requirement is echoed in recent AHS accessibility policy, which is publicly available on the AHS website. CDD's resources are written in plain language and at an 8th-grade reading level or lower whenever possible; this is something that we are giving increased attention to as a part of hiring a new Communications specialist, whose position was recently created by Act 76 funding. All electronic materials are in file formats that are accessible, as required by the State of Vermont's branding and accessibility standards. CDD assists providers with any specialized needs that they may have related to processing written or verbal communication information. CDD does this by providing direct supports, and by providing referrals to outside agencies offering accessibility services.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: CDD's agreement with Northern Lights at CCV requires Northern Lights to convene the Professional Preparation and Development Committee (PPD), part of the Building Bright Futures State Advisory Council. This

Committee is cochaired by a CDD staff member and the NL director at CCV. A representative of Building Bright Futures (staff) sits on the Committee and is the primary link with the State Advisory Council. The Professional Preparation and Development Committee, one of the BBF's Vermont Early Childhood Action Committees, serves as the primary advisory group on Vermont's professional development framework and practices. Committee membership includes individuals representing the broad early childhood system: licensed programs, FCCPs, Head Start, LGK, BBF, NL at CCV, Vermont Afterschool, the VTAEYC, professional development providers and sponsors, and CDD staff. CDD funds NL at CCV with CCDF to support and coordinate the implementation of Vermont's Professional Development System.

☐ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: **The Vermont Afterschool Advisory Committee was also consulted regarding changes to the afterschool competencies. The committee reviewed those competencies and recommended to the CDD that the National Afterschool Association standards and competencies be the new set of Vermont afterschool standards and competencies.**

☐ No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **In 2023, CDD adopted two sets of national standards and competencies to replace standards previously developed. The National Association for the Education of Young Children Professional Standards and Competencies for Early Childhood Educators and The National Afterschool Association Core Knowledge and Competencies. Both of these sets of standards were reviewed and recommended by the SAC's Professional Preparation and Development Committee and approved by CDD.**
- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **Vermont has had an online professional development registry since 2004 within BFIS. Within BFIS are Quality and Credentialing accounts that are connected to each individual participating in the early childhood and afterschool workforce. These accounts track each individual's progress in meeting their qualification and professional development requirements, including fingerprinting requirements. Quality and Credential accounts are linked to BFIS program accounts so that the CDD Child Care Licensing Staff can view individuals' qualification and professional development information. Limited account information is also viewable by program directors so that they can monitor their compliance. NL at CCV staff**

verify and upload qualification and professional development documentation according to Child Care Licensing criteria, and to requirements and processes described within Vermont's Professional Development framework.

Career Ladder: CDD's early childhood professional development system reflects an eight-level Early Childhood Career Ladder. The professional development system also reflects Afterschool Pathways. This model and its components were recommended by the State Advisory Council's Professional Preparation and Development Committee, approved by CDD, and are supported and implemented by NL at CCV and Vermont Afterschool.

Resource Advisors: NL@CCV employs five (5) Resource Advisors who provide career advising support to the early childhood and afterschool workforce, plan and coordinate NL at CCV professional development offerings, and participate in community and other activities to support the career needs of the early childhood and afterschool workforce.

- iii. **Advisory structure.** For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Vermont's Early Childhood State Advisory Council is convened by BBF through legislative mandate. The State Advisory Council advises on and approves the VECAP, which then has several statewide and regional committees to support its implementation. One VECAP committee is the Professional Preparation and Development ("PPD") Committee, which is charged with overseeing the early childhood and afterschool professional development system. The 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. The PPD Committee is comprised of representatives from roles across the early childhood and afterschool system. In addition to the regulated care workforce, the PPD Committee also includes participation from across the broad early childhood field including individuals representing roles from early childhood and afterschool programs, Children's Integrated Services (Part C, home visiting and more) BBF, CDD funded partners, the VT Early Childhood Higher Education Consortium, LGK and others.**
- iv. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Vermont's Early Childhood Higher Education Consortium brings together college faculty, state and non-profit agency leaders, including the Head Start State Collaboration Office, to collaboratively address the education needs of the early childhood workforce. Agreements between colleges was first developed in 2017, reviewed in 2020, and were updated in 2024. The Vermont Early Childhood Higher Education Consortium has worked to streamline articulation agreements among the state colleges and with the private colleges in Vermont. Vermont's only institution offering an AA in early childhood education, CCV, has agreements into BA programs at Vermont State University ("VSU"), the University of Vermont ("UVM"), and the private colleges offering ECE degrees**

operating in Vermont.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **CDD uses the Bright Futures Information System ("BFIS") to collect data on the early childhood workforce in Vermont. 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. In January 2024, CDD published three reports on the 2022 BFIS workforce data. Key findings from these reports include: The number of individuals working in regulated child care settings appears to be recovering from 2020, though it has not returned to pre-pandemic levels. While there was a 10% increase in the number of individuals working within center-based child care and preschool programs, there were declines in the number of people working in family child care homes (-17%) and regulated afterschool programs (-4%). Gains and losses also varied significantly by region. While individuals working in regulated early childhood education and afterschool programs have a range of educational credentials, the number reporting post-secondary degrees is increasing. The number of individuals holding verified masters, BA, or AA has increased 48.9% between 2018 and 2022. Over 32% of all individuals in regulated child care report attainment of an associate's degree or higher across all settings; of that 32.5% with degrees, 81.4% have a BA or beyond.**
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Act 76 (2023) transforms how we fund our early childhood and afterschool system in Vermont. It provides new funding into the system by providing expanded eligibility and higher reimbursement rates within the CCFAP. Vermont has created additional early childhood systems funding opportunities through short term funding, including American Rescue Plan Act ("ARPA") spending, and funds distributed as a part of the Preschool Development Grant ("PDG"). Some of this ARPA and PDG funding was designed to support limited and short term programming; other grant funded programs will need to be sustained through other funding sources in the future. Some of the ways that the state is currently using funding to sustain and improve our early childhood system include: Increase wages and provide benefits to their employees. Scholarships for coursework are provided through the T.E.A.C.H. Early Childhood Vermont Program. Bonuses are provided for completion of early childhood achievements, or for individuals who achieve their first educator license in Early Childhood or Early Childhood Special Education. Afterschool bonuses are available for achieving training in providing afterschool care, including the Vermont Afterschool Credential. Wage enhancements where participants can earn a raise or bonus after successfully completing a scholarship contract are an important component of the T.E.A.C.H. Early Childhood Vermont program. This program also includes the Vermont Early Childhood Apprenticeship Program. Both programs provide stipends for participating mentors. VECNs are funded through the new SPARQS program. VECN can use their funding to pay for regional professional development opportunities, as well as for a variety of wellness programs, as determined by each Network. CDD funds Vermont Afterschool, Inc. to offer three (3) tuition-free college courses for individuals who**

work in afterschool programs. These courses can be applied to the Vermont Afterschool Professional Credential and the CCV Afterschool and Youth Work Certificate. CDD funds the Early Educator's Institute at Castleton, which offers an opportunity for early educators to obtain low-cost college coursework in the summer. Funding offered through the BTAP at First Children's Finance assists program administrators in creating business plans and budgets so that their operations run more effectively and sustainably. Additional financial assistance to help providers attain credentials, post-secondary degrees and meet regulatory requirements is available through the Vermont Student Assistance Corporation ("VSAC"), which offers both degree and non-degree grants for low-income Vermonters.

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **The Vermont professional development system has been intentional about creating and implementing programs that are built upon stackable course credits leading to higher levels of achievements. These include: Options to request credit for college-level learning and experience gained through work and training, military or community service, and online or individual study available through CCV. The T.E.A.C.H. Early Childhood Vermont Program through VTAEYC, which currently provides scholarships for people enrolled in: Associate's Degrees through CCV; Early childhood 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; The Vermont ECE Apprenticeship Program A BA related to the early childhood system. Apprenticeship model: VTAEYC, VDOL, and CDD collaborate to offer the Registered Early Childhood Educator Apprenticeship Program for early childhood education staff seeking education and experience in the field. Apprentices complete college coursework 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. Youth Apprenticeship Model. Since 2023, CDD has been partnering with VTAEYC on this program that provides a pathway into the early childhood system in coordination with CTE centers that offer early childhood programs. CTE students participating in this program have the opportunity to take 2 free college courses through CCV, including entry-level early childhood courses. The Vermont Early Childhood and Afterschool Program Director Credential) implemented by NL at CCV 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. The Vermont Afterschool Professional Credential is implemented by Vermont Afterschool and awarded by NL at CCV. It formally recognizes the professional competency and accomplishments of afterschool professionals who demonstrate a depth of experience, coursework, and training. Vermont Early Childhood Educators Institute, in partnership with the**

Vermont State College system, provides low-cost credit-bearing professional development. Individuals can access CDD tuition assistance scholarships to pay for course credit. Participants in the T.E.A.C.H. Early Childhood Vermont program can also take one of the courses and apply it to their degree program. CDD Tuition assistance grants can also support a variety of continuing education needs, including training and coursework offered through the Vermont Higher Education Collaborative.

- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **CDD has been meeting with professional development organizations on a quarterly basis to share information about CDD initiatives, systems, and priorities, with the goal of fostering better alignment with its professional development partners. NL at CCV organizes a professional development sponsor summit once a year to share professional development data, including state level data reflecting Vermont's PD framework. The Summit also provides a professional development opportunity for professional development providers. NL@CCV conducts an annual survey of Vermont's Early Childhood workforce regarding their professional development needs, and shares key findings and recommendations at the professional development sponsor summit. These findings inform CDD's discussions about the strengths and challenges present in the early childhood PD systems. Vermont has a Sponsor system implemented NL at CCV, which is designed to provide a seamless, comprehensive experience for PD participants, ensuring that training and courses are: Documented, verified, and meet professional development criteria; Taught by skilled, qualified Instructors who are members of the Instructor Registry; and Address Core Knowledge and Competencies relevant to the roles and experience of training participants. The BBF PPD Committee meets monthly, and is made of up people representing a diverse set of professional perspectives across the Early Childhood system, including CDD staff. Its role includes supporting the alignment of training and educational opportunities for individuals working across the early childhood, afterschool, and early intervention sectors, as well as identifying connections between these sectors and other systems impacting Early Childhood (such as health).**

iii. ☐ Other. Describe:

☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **Vermont has two sets of standards and competencies. The NAEYC Professional Standards and Competencies apply to all individuals in the Vermont early childhood workforce, including center-based early childhood programs and family child care homes, and the National Afterschool Association Core Knowledge and Competencies**

apply to the regulated afterschool workforce. Currently, Vermont does not have a way to gather data on the impact of the standards and competencies within programs.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Advancing the Profession Initiative is still under development in Vermont. It is envisioned that it will apply to licensed centers and family child care homes. Vermont captures data on early educators' professional development in BFIS. VTAEYC administers the professional development bonus program and collects data on early educators' achievements and bonuses for various accomplishments.**

Vermont's ECEs are in the process of developing a wage ladder through the Advancing the Profession initiative. This is an initiative which seeks to formalize early childhood education as a recognized profession in the state. Vermont has a career ladder for early childhood educators and a career pathway for afterschool professionals. There are bonuses available for achievements for both the early childhood career ladder and for achievements in the afterschool pathway.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **Vermont is working in partnership with VTAEYC to advance early childhood as a recognized profession, and to compensate staff in a fair and equitable way. Act 76 includes the following language: It is the intent of the General Assembly that, upon reaching provider reimbursement rates that are equivalent, when adjusted for inflation, to the rates recommended by the report produced pursuant to 2021 Acts and Resolves No. 45, Sec. 14: (1) Vermont may establish minimum wage rates for child care providers that align with the recommendations of the Vermont Association for the Education of Young Children's recommendations in the 2021 Advancing ECE as a Profession Task Force report; (2) the minimum wage rates may annually increase based on the percentage increase in the average wage for NAICS code 611, Educational Services; and (3) the initial minimum wage rates may be adjusted for inflation based on the findings and recommendations of a required report. CDD has been awarded a Preschool Development Grant called the Vermont Integration Project Birth to Five. This grant will run from 2023-25, and is being supporting by a partnership of state agencies, their field partners, and an assortment of contractors. BBF provides the monitoring, advisory and data functions for this grant; both Building Bright Futures and CDD are leading Activities within the grant that are designed to further examine and address Vermont's workforce compensation questions.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The PPD Committee, which is a subcommittee of the Building Bright Futures State Advisory Council, has a role in aligning training and education opportunities with the higher education programs and professional development systems that exist within Vermont. Membership in the PPD Committee includes professional development providers, and representatives from institutes of**

higher education. Membership also provides a link with the Vermont Early Childhood Education Consortium. Currently, there is no data available to determine the impact of this work.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Vermont conducted a wage and fringe benefit comparability study in 2021 to obtain information on wages and also as part of the EC Financing Study. Otherwise, Vermont currently does not have the technology to collect this information in an ongoing basis. However, we anticipate that in the next few years we will have a new data system that can support the collection and dissemination of this data.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **CDD will be assessing the impact of the increase in the CCFAP rates that are being implemented under Act 76 once the changes are fully implemented. Currently, however, there is no data available to determine the impact of these efforts.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Specific training requirements are outlined in licensing rules and cover a broad range of requirements. Some of the requirements include: the completion of fifteen (15) hours of annual professional development activities for all staff, CPR and First Aid training, which does not count towards annual professional development requirements, additional hours for program directors in addition to a Basic Specialized Care training to be completed in the first year of employment.**

An Administrative Memo effective October 1, 2024, requires substitutes to complete four (4) hours of annual professional development activities in addition to any requirements for infant/child CPR certification (or recertification) and first aid training.

- b. License-exempt child care centers: **N/A**
- c. Licensed family child care homes: **As with the child care centers, specific training requirements are outlined in licensing rules and cover a broad range of requirements, including some of the same fifteen (15) hours of annual professional development activities for all staff, CPR and First Aid training, and the additional hours for provider who**

are identified as Specialized Child Care Providers must take the Basic Specialized Care training in the first year and then six (6) additional hours of training annually that count toward meeting Advanced Specialized Care ("ASC") requirements.

An Administrative Memo effective October 1, 2024, requires substitutes to complete four (4) hours of annual professional development activities in addition to any requirements for infant/child CPR certification (or recertification) and first aid training.

- d. License-exempt family child care homes: **N/A**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **N/A**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Northern Lights at CCV manages a course calendar where individuals in the early childhood and afterschool workforce can find most of the current training opportunities offered by Northern Lights or any of our sponsoring professional development partners. When a training is submitted, these organizations provide descriptions of the training and information on the competency area that the training includes. NL@CCV also has Resource Advisors on staff who can work with any individual working in our regulated workforce on finding topics that best represent their diverse training needs or work to help those individuals find training that matches their needs, including professional development opportunities for providers who care for infants, those with limited English proficiency, bilingual children, and children with developmental delays or disabilities.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **High-quality health consultation is available to child care programs through 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 food insecurity two-question screener.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. ☒ Research-based.
 - ii. ☒ Developmentally appropriate.
 - iii. ☒ Culturally and linguistically appropriate.
 - iv. ☒ Aligned with kindergarten entry.
 - v. ☒ Appropriate for all children from birth to kindergarten entry.
 - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe: **N/A**
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. ☒ Cognition, including language arts and mathematics.
 - ii. ☒ Social development.
 - iii. ☒ Emotional development.
 - iv. ☒ Physical development.
 - v. ☒ Approaches toward learning.
 - vi. ☐ Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe: **The following additional domains are also included in Vermont Early Learning Standards: Learning and**

Development, Growth, Moving and Being Healthy, Literacy Development, Creative Arts and Expression, Science and Social Studies.

- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The first edition of the Vermont Early Learning Standards ("VELS"), a significant milestone in 2004, outlined the knowledge and skills children should possess from age 3 until they enter kindergarten. This common standardization fostered a shared understanding among parents, educators, leaders, and policymakers. The VELS, with its emphasis on play in all domains, united us in the belief that children's play is the cornerstone of learning across all developmental and content areas.**

Critical advances in early childhood education, such as universal public prekindergarten education for 3, 4, and 5-year-olds, Children's Integrated Services bringing early intervention, family support, and early childhood and family mental health services under one umbrella, greater emphasis on valid and reliable ways to assess young children's learning, The Vermont Early Childhood Action Plan, and Multi-tiered Systems of Support (MTSS) that acknowledge meeting children where they are at with universal high-quality instruction, environments, and relationships for all children have created the need to revise the VELS.

VELS was most recently updated in 2017.

- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://education.vermont.gov/documents/early-education-early-learning-standards>
and
<https://education.vermont.gov/student-support/early-education/vermont-early-learning-standards>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Vermont Early Learning Standards are incorporated into workforce trainings offered by NL at CCV. Training embeds educational, play-based strategies and individualized curriculum such as Creating Culturally Responsive Classrooms: Lessons from Children's Literature, Music in the Garden, and Multi-Aged Care: Strategies and Solutions. The most robust training that incorporates the Vermont Early Learning Standards is Fundamentals, a forty-five (45) hour training for new educators that is embedded into Vermont's Step Ahead Recognition Systems ("STARS"). Redesign work of this training will be completed and a pilot will be underway by Spring 2025.**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.

- iv. **[x]** Will be used to deny children eligibility to participate in CCDF.
- v. If any components above are not checked, describe: **N/A**

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **The State conducts a needs assessment process and updates the strategic plan every 5 years; the current plan concludes in 2025 and a new plan will run 2026-2030. Parents and providers are critical to this process both in providing input through the Family Needs Assessment, participation in the Families and Communities Committee, on the VECAP Update Advisory Committee, and on the State Advisory Council. Between July 2024-December 2025, Vermont is updating the strategic plan. This includes a meta-analysis of needs assessments, community engagement process targeting populations furthest from justice, drafting and review by an advisory committee (including parent and providers), and ultimately endorsement of a new plan by December 2025.**

CDD invests in quality activities based on VECAP, which is a collaborative approach to

building a comprehensive and integrated early childhood system that promotes healthy child development and family stability. VECAP outlines a cohesive vision and establishes shared accountability to achieve statewide priorities for children and families from the prenatal period through age eight (8). 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. VECAP is designed to evolve based on new evidence, best practices, lessons learned, and improved analytics by identifying and measuring child, family, and system indicators. The results of this prioritization then becomes part of the plan implemented through BBF committees for the following year. CDD engages in BBF Committees responsible for action plan implementation related to CCDF priorities and aligns Vermont's quality spending with the implementation plans of these committees. In 2022, BBF published the 2022 Vermont Early Childhood Family Needs Assessment to better understand the barriers families face when accessing services and supports to inform policy and programs in Vermont's early childhood systems. This report analyzes how well these services work for families, their challenges, and what Vermont is doing well for young families. The Early Childhood Family Needs Assessment was led by the Families and Communities Committee and supported by the BBF's State Advisory Council Network and the Vermont Integration Prenatal to 3 ("VIP-3") grant. BBF is in the planning phase of the next VECAP plan and is convening focus groups, examining policy and other data in order to develop the next iteration of VECAP. This is work that is additionally supported by Vermont's PDGB-5 grant.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **VECAP lays out four goals that outline a cohesive vision and establish shared accountability to achieve statewide priorities for children and families: 1) All children have a healthy start; 2) Families and communities play a leading role in children's well-being; 3) All children and families have access to high-quality opportunities that meet their needs; and 4) The early childhood system will be integrated, well-resourced, and data-informed.** BBF releases an annual report: "The State of Vermont's Children". This document reflects on the long term VECAP goals and measures the annual data against the metrics as established by the VECAP. This report is reviewed yearly by CDD staff to align our quality improvement efforts

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **CDD posts the Quality Progress Report (ACF-218) on the CDD website, which is a fully compliant website. The posting of this report is done on an annual basis, shortly after the submission and**

acceptance of the report. The most recent report can be found at:
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Reports/QPR-FFY-2023-Vermont.pdf>

- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **NL at CCV is contracted through the state to be the hub of professional development for Vermont's early education and afterschool workforce. NL offers a diverse range of training and various modules to support the workforce in developing and building skills that foster children's development, well-being, and safety. NL at CCV professional development that support providers in gaining and advancing their knowledge and skills related to the three elements of quality defined in Vermont’s STARS: 1) Adult-Child Interactions; 2) Responsive Practices; and 3) Family & Youth Engagement .**

Vermont also invests CCDF funds in SPARQS, which offers child care and afterschool programs across the state quality coaching and mentoring to support the culture of quality throughout Vermont’s early childhood education program. A team of quality support specialists provides comprehensive support through self-directed program resources, direct consultation and referrals, training and updates, and coaching and mentoring. NL at CCV is contracted through the state to be the hub of professional development for Vermont's early education and afterschool workforce. NL@CCV offers a diverse range of training and various modules to support the workforce in developing and building skills that foster children's development, well-being, and safety. NL@CCV offers professional development that supports providers in gaining and advancing their knowledge and skills related to the three elements of quality defined in STARS: 1) Adult-Child Interactions, 2) Responsive Practices and 3) Family & Youth Engagement. In addition to NL at CCV and SPARQS, school-age child care providers are also provided dedicate training, conferences, and professional development by Vermont Afterschool. Vermont also launched the VBAT program with CCDF funds and run by a newly-establish Vermont office of First Children’s Finance. Vermont also invests CCDF funds to support the VECN. CCDF funds also support an Early Childhood Education Summer Institute through VSU that provides college-level courses at no or low-cost for those working in regulated child care programs. CDD has recently launched or expanded these efforts and plans to continue making these investments into these quality support services.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. CDD has and maintains the Vermont Early Learning Standards along with our partners at AOE. Vermont Early Learning Standards are incorporated into STARS, training and professional development facilitated by NL at CCV, and Vermont's child care regulations. Updating the Vermont Early Learning Standards is in Vermont's current PDGB-5 grant. As part of the revision, new Vermont Early Learning Standards modules will be published, a new website developed, and new professional development opportunities in partnership with AOE will be implemented. Vermont included the Vermont Early Learning Standards in the current VIPS B-5 grant and is in the early stages of revising the 2015 document.

iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. On July 1, 2023, CDD launched a revision to STARS. The revised model reflects the unique culture and identity of quality practices in Vermont's early childhood and afterschool programs and offers equitable opportunities for programs and providers to participate. The system focuses Vermont's efforts more closely on positive outcomes for children, engagement of families, and responsive practices. As providers engage with the new model, we are continuing to make small adjustments to STARS to enhance it and ensure it is a model that effectively supports the continuous quality and improvement of programs and supports providers in participating in STARS's continuous quality improvement model. Vermont will leverage SPARQS to implement and enhance STARS. CDD will use state funds to provide financial incentives achievements within STARS.

iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. CDD has invested CCDF funds in increasing regulated infant and toddler child care capacity by maintaining existing infant and toddler child care slots or establishing new slots for infants and toddlers in regulated early childhood programs. Although child care capacity trend data has identified that infant and toddler child care capacity has increased slightly over the last two years, Vermont still does not have sufficient early childhood education opportunities that meet families' needs. CCDF funds will support continued efforts to sustainably increase and maintain infant and toddler child care slots across Vermont by providing subgrants to individual early childhood and afterschool programs for fiscal support through expansion and stability projects. These funds are leveraged by accompanying training, technical assistance and coaching from SPARQS and First Children's Finance. NL at CCV also facilitates low-cost training related to infants and toddlers. Vermont is also in the early stages of developing and Infant and Toddler Credential which is designed to provide a strong foundation for early childhood educators for working with infants and toddlers in a variety of group settings including Center-based child care and family child care homes. Vermont will partner with a higher education organization and use a scholarship model to support credit-bearing coursework which will include Infant and Toddler Development, Social Emotional Growth and

Guidance, Children with Exceptionalities, Curriculum and Assessments for Infants and Toddlers and Families and Communities.

- v. Establishing or expanding a statewide system of CCR&R services.
[x] No plans to spend in this category of activities at this time.
[] Yes. If yes, describe current and future investments.
- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.
[] No plans to spend in this category of activities at this time.
[x] Yes. If yes, describe current and future investments. **Funded by CCDF, SPARQS provides varying supports for creating a culture of quality early childhood education throughout the state. In addition to providers accessing SPARQS to obtain assessments and coaching to support their participation in STARS, licensors may make a referral for a program to access SPARQS services if they identify a program that is in need of support to either maintain being in compliance with licensing, or for a program who has been suspended and who wishes to meet the requirements for reopening.**
- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
[] No plans to spend in this category of activities at this time.
[x] Yes. If yes, describe current and future investments. **STARS has five (5) levels, which serve as building blocks for programs engaging in continuous quality improvement. STARS Levels recognize a program's engagement in continuous quality improvement through internal and external assessments, followed by the program identifying areas for improvement and creating goals to address those areas. All licensed programs in good standing are automatically enrolled in STARS at Level one (1). Level two (2) is focused on self-study where programs assess any knowledge gaps related to the STARS elements of quality, tools, approaches and frameworks. Level three (3) moves into early implementation, with Level four (4) being improved implementation and Level five (5) representing programs that have fully implemented STARS elements of quality and requirements. The SPARQS team provides CLASS assessments for ECE programs and the YPQA assessment for ASP working to achieve level three (3) or higher. Achievement in STARS is used as a quality measure to assess eligibility to offer SCC and to participate in UPK.**
- viii. Accreditation support.
[] No plans to spend in this category of activities at this time.
[x] Yes. If yes, describe current and future investments. **CDD provides financial reimbursements for programs that are seeking to obtain or maintain program accreditation from National Association for the Education of Young Children or the National Association of Family Child Care Accreditation.**
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **As described above, CDD partners with NL@CCV as the professional development hub for early childhood and afterschool professionals. In 2024, Northern Lights is reassessing their "Fundamentals" training to meet emerging needs such as Emergency Preparedness and other identified areas. This assessment has brought together Child Care Licensing, CDD Systems/Quality, and Children's Integrated Services to discuss needs, updates and improvements. though CDD's CIS programs, Specialized Child Care Coordinators provide consultation to regulated programs to support the successful inclusion of children with identified needs. also recruit high-quality early childhood education programs interested in being designated as Specialized Child Care programs and connecting potential Specialized Child Care programs with training on the use of developmental screening tools and referral systems**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **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 on 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; and developing the supply and quality of child care and out-of-school time settings.**

Vermont's Early Childhood Action Plan (VECAP) 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 8. 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.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:

☒ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **Children's Integrated Services (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, and;
 Linking comprehensive services to children with special needs in child care

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **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.
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **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. In addition, VDH/FCH are partners with CDD in the Preschool Development Grant in pursuit of coordination and better alignment at the systems level. Coordination happens at all levels: commissioners and deputy commissioners across AHS meet weekly with the Secretary and central office leadership; The Director of the Family Child Health Division (FCH) of VDH meets regularly with the CDD Leadership; leadership and staff of CDD and FCH serve together on Building Bright Futures (BBF) State Council and BBF Committees to advance strategies in Vermont's Early Childhood Action Plan. CDD and FCH 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. 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.
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Vermont Department of Labor ("VDOL")** 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 VDOL on childcare workforce training needs by meeting regularly with staff from VDOL's Workforce Development Division. One area of collaboration is our shared support for the Vermont Early Childhood Education Apprenticeship Program, administered by 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, and; to build the supply and quality of child care and out-of-school time settings.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **AOE is responsible for public education (Prekindergarten through Grade 12) and has joint agency oversight on Universal Prekindergarten Education ("UPK") under Act 166 with CDD. Joint agency oversight includes designation of roles and responsibilities that supports the UPK Education application verification processes and joint agency approval. Joint agency efforts have also established and implemented Vermont's UPK Accountability and Continuous Improvement System ("ACIS"). Leadership from AOE and CDD work together on the 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 STARS. In addition, CDD and 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.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **CDD is the entity responsible for child care licensing. The Director of Child Care Licensing, licensing supervisors, child care business technicians, and licensors collaborate with many entities: Vermont Division of Fire Safety; Vermont Agency of Natural Resources; VDH, Child, and Adult Care Food Program; FSD; and AOE. In addition, the director works with both internal and external partners such as Vermont Afterschool; LGK; BBF; STARS; Specialized Child Care; VTAEYC; Northern Lights; and CCFAP staff. 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.**

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **AOE is responsible for administering the Child and Adult Care Food Program ("CACFP") for the state. CDD, 3Squares VT, and AOE CACFP staff all 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 AOE and CDD participate together on the BBF SAC. AOE and 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.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **AOE is the designated McKinney-Vento state coordinating agency for homeless education. Within 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 Vermont Office of Economic Opportunity ("OEO"), 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 Vermont Head Start Collaboration Office has partnered with Head Start/Early Head Start grantees and their local Continuum 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 Head Start/Early Head Start programs and community organizations providing housing services. The Vermont Head Start collaboration Office 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 Head Start/Early Head Start families experiencing homelessness that acquire housing**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Economic Service's Division ("ESD") is responsible for the Reach Up Program, Vermont's TANF program, and is another division within DCF, along with CDD, Disability Determination Services (DDS), FSD, Office of Child Support ("OCS"), and Office of Economic Opportunity ("OEO"). Deputies of both CDD and ESD are part of 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; and building protective factors in families to support and enhance their capacity as the children's first teachers.

In June 2024, 826 families accessed Child Care Financial Assistance through a child care authorization submitted by the family's Reach Up Case Manager. The coordination between Reach Up and the Child Care Financial Assistance Program allowed for families to receive financial support to access child and increased families' access to information about finding quality child care. In addition to the 826 families with Reach Up child care authorizations, additional families would have received information about child care from the Reach Up Case Manager and the Child Care Financial Assistance Program to help inform their decision about accessing child care.

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **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. 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); and supporting successful transitions for children between programs and as they enter the public school system**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Department of Mental Health ("DMH") is responsible for mental health and is part of the AHS with 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 ("ECFMH") that includes mental health 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; and 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.

- n. Child care resource and referral agencies, child care consumer education organizations,

and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **CDD contracts individually with twelve (12) regional CCCSA, which determine income eligibility and referral for the 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 - including First Children's Finance, VTAEYC, Northern Lights, and Vermont Afterschool - 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 and building the supply of child care and out of school time opportunities for all children. Vermont does not fund a statewide CCR&R system.**

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **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 AOE, the Vermont Student Assistance Corporation, the Vermont Department of Health, DMH, and CDD (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.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **AHS, Emergency Management and Department of Public Safety are responsible for the state's Continuity of Operations Plan ("COOP") and State Emergency Operations Plan. CDD coordinated the development of the Emergency Response Planning Guide for Child Care Providers. These plans were developed in coordination with AHS, Department of Health, AOE, Regional Planning Commissions, committee members from SAC 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, and ensure post disaster recovery services are in place.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
 - i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Head Start State Collaboration Director works in 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/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 Head Start State Collaboration Director is actively working with the Office of Head Start Region I Office and other Region I Head Start State Collaboration Offices 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: **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. **[x]** 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 for 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. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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 AHS 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 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. Help Me Grow 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 food insecurity two-question screener.

- v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: In Vermont, DHVA is responsible for the Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT") Program. The Deputy Commissioner for CDD meets 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. **[x]** State/Territory agency responsible for child welfare. Describe: FSD is also a part of DCF. 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, the collaboration has informed FSD's Policy 73: Protective Services Child Care.
- vii. **[x]** Child care provider groups or associations. Describe: CDD has positive relationships with the VTAEYC 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 VECN, 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 VECN.
- viii. **[x]** Parent groups or organizations. Describe: CDD has a positive collaborative relationship with BBF's Families and Communities Advisory Committee.
- ix. **[x]** Title IV B 21st Century Community Learning Center Coordinators. Describe: CDD has a positive collaborative relationship with Title IV B 21st Century Community Learning Center Coordinators.
- x. **[x]** 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 BBF Early Childhood SAC. Consultation among all the partners focus on strategic partnerships and coordination of efforts to increase access to affordable, high quality child care and early learning for all Vermont children.

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☒ No. (If no, skip to question 8.2.2)

☐ Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☐ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

☐ State- or Territory-only child care funds

☐ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☐ Title IV-E funds (Social Security Act)

☐ Other. Describe:

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: **Vermont uses State General Funds to meet match requirements.**

☐ No.

- b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. ☐ Donated directly to the state.

- ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☒ Yes.

☐ No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☒ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional

CCR&R organization(s).

[] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The 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. BBF's SAC is the entity responsible for coordination of early childhood in Vermont and we partner with the 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. 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 VECAP: 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 VECAP: 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 VECAP: 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 VECAP: 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 VECAP: 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 diversified funding sources. The Early Childhood Interagency Coordinating Team 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 (AHS, AOE, CDD, Vermont Department of Health, and Agency of Commerce and Community Development). 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.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **In July 2023 Vermont experienced significant flooding which impacted a number of CBCCPP, FCCH, and ASPs. Vermont worked with the OCC to implement a tracking tool for programs impacted by the flood to include: programs that needed to close, the reason why, and estimated closure time, as well as how many children and families were impacted. CDD licensing staff were deployed to support programs who were looking at alternative locations, issuing variances to temporarily move child care services, and working with local resources to help with the continuity of care. In December 2023 Vermont experienced another statewide flooding event and at this time our Child Care Disaster Plan was in place to address the needs of providers and families.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - ☒ State human services agency.
 - ☒ State emergency management agency.
 - ☒ State licensing agency.
 - ☒ State health department or public health department.
 - ☒ Local and State child care resource and referral agencies.
 - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. ☒ The plan includes guidelines for the continuation of child care subsidies.

- iii. ☒ The plan includes guidelines for the continuation of child care services.
- iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - ☒ Procedures for evacuation.
 - ☒ Procedures for relocation.
 - ☒ Procedures for shelter-in-place.
 - ☒ Procedures for communication and reunification with families.
 - ☒ Procedures for continuity of operations.
 - ☒ Procedures for accommodations of infants and toddlers.
 - ☒ Procedures for accommodations of children with disabilities.
 - ☒ Procedures for accommodations of children with chronic medical conditions.
- vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. ☒ The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Safety/Emergency-Response-Guide.pdf?_gl=1*hfs2io*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNjUxMTgyMC4xNS4xLjE3MjY1MTE4MzluMC4wLjA
 and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Publications/Emergency-Preparedness-Plan.pdf>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **CDD maintains a Child Care Consumer Line that anyone, including parents, can call to share concerns and file complaints about child care providers. This line is staffed by child care licensors who are also trained to provide information to families about the health and safety of children in child care. Additionally, the state has an online form that allows anyone, including parents to submit complaints online.**

<https://dcf.vermont.gov/cdd/contact/consumer-line>

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **AHS has an accessibility policy that all divisions, including CDD, must comply with that includes how persons who speak languages other than English can access resources. Vermont provides access to translation and/or interpretation services upon request. Information on how to access these services is provided on CDD's website and within BFIS.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Vermont's Agency of Human Services has an accessibility policy for persons with disabilities that the Department for Children and Families, including CDD, must comply with that includes how persons with disabilities can access resources. Vermont provides access to interpretation services for the deaf and hard-of-hearing through 711 when requested. Information on how to access services is provided on CDD's website and within BFIS.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
[x] Yes. If yes, describe: Each complaint is received and entered into BFIS. Within BFIS, there is 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 licensor 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 or not they participate in the investigation. Complaints are reviewed

by the licensing supervisory team within twenty-four (24) business hours of receipt. Complaints are accepted for investigation when the allegations include information that suggests there may be possible rule violations and assigned to a licensing field specialist for investigation. Complaint investigations are commenced within three (3) to five (5) business days depending on the severity of concern reported. Allegations of abuse and neglect are referred to a Special Investigation team within FSD. CDD co-investigates allegations of abuse and neglect accepted by Residential Licensing and Special Investigations ("RLSI") and these investigations are commenced within twenty-four (24) to forty-eight (48) hours of receipt of the complaint depending on the severity of the concern. CDD co-investigates allegations of seclusion, restraint, and suspension/expulsion with the AOE in all public and private Universal Pre-Kindergarten ("UPK") programs. When the licensing field specialist collects evidence that there is a rule violation it is documented as factual basis and a substantiation/violation is issued to the program along with corrective action. Programs are given a timeframe by which their corrective action must be completed. When there is not clear and convincing evidence of a rule violation the licensing field specialist has the option of not substantiating the violation or issuing an "unable to determine" finding in the case. CDD does not specify the amount of time a licensing field specialist has to complete their investigation and issue a determination as there are a number of factors that can influence timing (i.e., coordination and waiting for RLSI to issue a determination, coordination with AOE, access to interview parties connected to the allegations), however, the practice is to prioritize these investigations and most are completed within 30 calendar days or less. CDD complaint investigations do include onsite monitoring and the completion of a site visit report.

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? Complaints are maintained in BFIS, 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. In addition, after the completion of the investigation, the licensor 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.
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: When violations are cited during a complaint investigation, the licensor 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 serious 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. All child care programs regulations provide information on the complaint process and are accessible on CDD's website.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency's consumer education website homepage:
<https://dcf.vermont.gov/cdd>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
☒ Yes.
☐ No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
☒ Yes.
☐ No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://dcf.vermont.gov/cdd/laws-rules/licensing>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **<https://buildingbrightfutures.org/vecap/> and [---

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FFY 2025–2027 CCDF State Plan](https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Forms/CBCCPP-Health-Safety-Checklist.pdf?_gl=1*1rkwqjj*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcwOTg2MS4wLjAuMA.. and https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Forms/ASP-</div><div data-bbox=)**

Health-Safety-

Checklist.pdf?_gl=1*13onoyi*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcwOTg4Mi4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-Family->

Regs.pdf?_gl=1*1ed7pyy*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDEzOC4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-CenterBased->

Regs.pdf?_gl=1*1ipyhvs*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDIwMC4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-AfterSchool->

Regs.pdf?_gl=1*1r4pn8j*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDI4OS4wLjAuMA..

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-Family->
Regs.pdf?_gl=1*1ed7pyy*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDEzOC4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-CenterBased->
Regs.pdf?_gl=1*1ipyhvs*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDIwMC4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-AfterSchool->
Regs.pdf?_gl=1*1r4pn8j*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDI4OS4wLjAuMA..
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-Family->
Regs.pdf?_gl=1*1ed7pyy*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDEzOC4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-CenterBased->
Regs.pdf?_gl=1*1ipyhvs*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDIwMC4wLjAuMA.. and
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Licensing/CC-AfterSchool->
Regs.pdf?_gl=1*1r4pn8j*_ga*OTU4NzQ0Nzc2LjE3MTI4NTQzMTU.*_ga_V9WQH77KLW*MTcyNDcwOTU4Ny4xLjEuMTcyNDcxMDI4OS4wLjAuMA..

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by

ZIP code.

- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

☒ Yes.

☐ No. If no, describe:

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <http://www.brightfutures.dcf.state.vt.us/>

- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

☐ License-exempt center-based CCDF providers.

☐ License-exempt family child care CCDF providers.

☐ License-exempt non-CCDF providers.

☐ Relative CCDF child care providers.

☐ Other (e.g., summer camps, public pre-Kindergarten). Describe:

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. ☐ All licensed providers. Describe:
- ii. ☐ License-exempt CCDF center-based providers. Describe:
- iii. ☐ License-exempt CCDF family child care providers. Describe:
- iv. ☐ License-exempt, non-CCDF providers. Describe:
- v. ☐ Relative CCDF providers. Describe:
- vi. ☐ Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

- i. ☒ Quality improvement system.
- ii. ☒ National accreditation.
- iii. ☐ Enhanced licensing system.
- iv. ☒ Meeting Head Start/Early Head Start Program Performance Standards.
- v. ☒ Meeting pre-Kindergarten quality requirements.
- vi. ☐ School-age standards.
- vii. ☒ Quality framework or quality improvement system.
- viii. ☒ Other. Describe: **Universal PreK**

b. For what types of child care providers is quality information available?

- i. ☒ Licensed CCDF providers. Describe the quality information: **CDD utilizes the STARS rating system for licensed CCDF providers. Each provider's STAR rating is available on the consumer education website.**
- ii. ☒ Licensed non-CCDF providers. Describe the quality information: **CDD also utilizes the STARS rating system for licensed-non-CCDF providers.**
- iii. ☐ License-exempt center-based CCDF providers. Describe the quality information:
- iv. ☐ License-exempt FCC CCDF providers. Describe the quality information:

- v. ☐ License-exempt non-CCDF providers. Describe the quality information:
- vi. ☐ Relative child care providers. Describe the quality information:
- vii. ☐ Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
 - ii. ☒ The total number of deaths of children in care by provider category and 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 and licensing status.
 - v. If any of the above elements are not included, describe: **N/A**
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Child care providers are required to make a timely report to CDD of any injury or accident involving an enrolled child resulting in in-patient or out-patient medical or dental treatment or death. In the event of a death, a verbal report shall be made immediately followed by a written report within twenty-four (24) hours. In the event of an injury or accident resulting in in-patient or out-patient medical treatment, a verbal report shall be made within forty-eight (48) hours and the written report shall be made within five (5) business days. On a quarterly basis, the licensing supervisors are provided a list of incident reports pulled from BFIS to review for accuracy as part of our quality assurance process. On an annual basis, this report is compiled in aggregate.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **CDD uses DCF FSD's definition of substantiated child abuse which is**

written into Vermont Statute, "Substantiated report" means that the Commissioner or the Commissioner's designee has determined after investigation that a report is based upon accurate and reliable information that would lead a reasonable person to believe that the child has been abused or neglected.

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **A serious injury is defined as 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.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **Link to the number of serious injuries, deaths, and substantiated child abuse reported:**
<https://embed.clearimpact.com/Scorecard/Embed/84598>

Link to total number of children in care by provider category and licensing status:
<https://embed.clearimpact.com/Scorecard/Embed/86601>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

☐ Yes.

☐ No.

☒ Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information:

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

b. Provide the direct URL/website link to this information:

<https://dcf.vermont.gov/contacts/partners/cccsa>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to the sliding fee scale.
<https://dcf.vermont.gov/benefits/ccfap>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **Parents, the general public, and child care providers can search for and view program information on all regulated child care programs in Vermont, including those that provide afterschool care, publicly-funded prekindergarten, and other services on the BBF website. Eligibility determination is completed by CCCSAs. The CCCSAs also offer child care referral services. Families that are applying for CCFAP 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 CCFAP booklet for families has some information about looking for child care and offers local referral specialists as a resource. This booklet is available online and at community agencies. CDD also has two booklets for parents on how to find child care and what to expect from regulated care called "Child Care and You" and "Using Regulated Child Care in Vermont". Both are available to parents, child care providers, and the general public through the eligibility/referral agency and on CDD's website.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.

- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **CDD links to research and best practice information for parents through the CDD website. In addition, Community child care support agencies' ("CCCSA") eligibility specialists are required to provide information to families and the community. The division also oversees the Children's Integrated Services ("CIS") 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.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **CDD oversees CIS, which provides early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, from before birth up to age six (6). This includes early childhood mental health services and family-focused home visiting. Information is on CDD's website and the local agencies receive funds to provide direct services, including providing materials to medical offices, community fairs and other local places parents may access. In addition, Parent Child Centers ("PCC") and trained referral staff refer families to Vermont's Help Me Grow hotline for information about parenting and child development, which includes social-emotional development. CIS home visitors and PCC 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, and who to contact with those concerns. The professional development that CDD funds for providers serving children of all ages emphasizes social-emotional, mental and behavioral health and includes intervention and support models based on research and best practices.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **CDD's licensing regulations includes rules designed to prevent suspension and expulsion of school-aged children from child or youth care settings receiving CCDF funds. Rule 6.2.8.4 in CBCCPP licensing regulations and section 6.2.6.1 in FCCH 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 two sets of regulations may be accessed by**

families, providers, and the general public on CDD's website. 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 distribute to families in their care. This booklet includes an overview of regulatory requirements of programs and what parents can expect, and covers the suspension/expulsion regulations required of all regulated childcare programs. In addition, as of June 2022, Vermont statute has heavily restricted suspension and expulsion of students under eight (8) years old who are enrolled in public schools, independent schools, and publicly-funded prekindergarten programs. CDD works collaboratively with AOE to investigate and address any instances of suspension or expulsion within publicly-funded prekindergarten programs. A September 2, 2022, memo issued jointly by CDD and AOE provides guidance for prekindergarten programs. CDD anticipates that additional state guidance on the use of exclusionary discipline will be forthcoming shortly; at that time, that guidance will be messaged to providers and to families, and to the general public.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: CDD's child care licensing regulations outline the expectations of the licensee to support the continuity of care and education, to work collaboratively with the child's parent and providers to meet the child's needs, the timeframe programs are required to give parents if they are not able to meet the needs of the child, and what needs to be provided to the parents should a child be expelled. Additionally, CDD works in conjunction with the AOE to investigate complaints alleging suspension, expulsion, restraint, or exclusion which is prohibited for children enrolled in publicly-funded prekindergarten.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
☒ Yes.
☐ No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
☒ Yes.
☐ No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The CCFAP application includes resources for parenting and child development support. Partners in this work include CIS, Help Me Grow VT, and PCCs. In addition to communication through Child Care Financial Assistance eligibility, child care referral specialists and CIS specialized child care coordinators this information is also provided, when appropriate.**
☐ No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
☒ Yes.
☐ No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency’s organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **CDD’s organizational structure consists of six-person CCFAP unit to ensure the oversight and implementation of effective internal controls for the purpose of promoting and supporting program integrity and accountability. There is a benefits administrator, two program integrity specialists, two grant monitors and one payments position. The benefits administrator oversees the program and all its functions. The program integrity specialists conduct program integrity investigations of families and child care providers to determine compliance with the program. They are also responsible for identifying error-prone policies, procedures, and case situations and recommending corrective action to reduce/eliminate eligibility and payment errors. The two grant monitors visit and audit the case files of the CCCSAs eligibility specialists and provide technical assistance along with training on topics related to program compliance. During the case file audits, the grant monitors have the opportunity to refer any questionable cases to the program integrity team for investigation. The payments position is the connection between the program and the state’s business office and the contact for all questions related to the issuance of payments. They also initiate manual recoupments and assist providers with adjusting or submitting claims as needed. Outside of the CCFAP unit, the Data unit synthesizes data from CDDIS to inform program integrity and accountability. All payments are made in partnership with the DCF Business Office and follow statewide policies set by Vermont's Agency of Administration. The Lead Agency operates within guidance and oversight from the State of Vermont Agency of Administration, Department of Finance and Management, and Department of Buildings and General Services – Office of Purchasing and Contracting. All agreements are subject to State of Vermont Administrative Bulletin 3.5 Procurement and Contracting Procedures and Bulletin 5 Policy for Grant Issuance and Monitoring. Where applicable, all agreements are subject to all in-effect Administrative Bulletins, Finance and Management Policies, Grant Guidelines and Procedures, Secretary’s Directive Memos, and Internal Control Standards based on the COSO model. Individual agreements include a clear statement of work, program administration and evaluation, and payment provisions including a schedule of program and financial reporting requirements. Grant agreements also include a monitoring plan establishing expectation of desk reviews and internal audits.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The State of**

Vermont pays child care providers directly on behalf of eligible families. Providers submit attendance in two-week intervals called service periods. Attendance may be submitted immediately after the end of the service period. Attendance reports serve as invoices. All invoices submitted each week by Wednesday at noon are processed on Thursday with checks issued on Friday. Payments are processed every week to pick up any late payments submitted by providers or adjustments to previous service periods. Providers have sixty (60) days to submit invoices. In exceptional circumstances, the payments position in the CCFAP unit will assist with entering attendance that falls outside of the sixty (60) day period. 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.

CCFAP has eleven (11) contracts with CCCSAs to provide child care eligibility and referral services. Contract invoices are submitted on a quarterly basis and reviewed for expenditures prior to approval. Budget to actual is verified and grantees, upon request, must produce source documents supporting the use of funds. An invoice is rejected if any issues are found during processing. The CCCSA must then correct the issue and submit a new invoice. 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.

The Agency of Human Services provides fiscal oversight via an approved Federal Cost Allocation Plan. The Cost Allocation Plan identifies, accumulates, and distributes allowable direct and indirect costs to cost objectives, and identifies the allocation methods used for distribution to cost objectives, based on relative benefits received. A separation of duties is maintained between program staff and business office/fiscal staff. These teams work collaborative to ensure the chart of accounts and accounting practices are sufficient to meet cost allocation and reporting requirements. The chart of accounts is maintained with sensitivity to ACF-696 financial reporting guidance, the approved State Plan, and Guidance for Federal Financial Assistance.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **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, CCDIS, simplifies attendance reporting and significantly reduces time between provider reporting and payment. CCDF funded programs include financial reporting and monitoring with oversight by CDD.**

The Agency of Human Services provides fiscal oversight via an approved Federal Cost Allocation Plan. Program staff and business office/fiscal staff work collaboratively to maintain the integrity of the approved cost allocation plan and accounting data as it becomes available throughout the year. A Cost Allocation Plan process is conducted formally every quarter to support all reporting and cash draw activity of the active/relevant periods.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **There are three federal funding sources for allowable costs in this**

program based on cost categories in the federal report. The federal claim is calculated via the preparation of the ACF-696 report. Report Compilation Process: The DCF Cost Allocation Plan ("CAP") results are the basis for the quarterly CCDF federal claims. The CAP is inclusive of all gross eligible administrative and programmatic costs incurred during the quarter and allocates those costs to their benefitting objectives based on specified allocation methods for each cost pool. Additionally, the CAP is inclusive of administrative and indirect costs DCF is assessed by both the State of Vermont, referred to as State Wide Indirect Cost Allocation Plan ("SWICAP"), and by AHS' Central office for activities performed on behalf of DCF. The federal report automatically calculates the federal share of claims when gross claims are entered.

Control A: The ACF-696 is prepared by the Financial Administrator III/Financial Manager I. Preparation includes compiling the report in an Excel workbook using the results of the quarterly CAP provided by DCF, reviewing formulas and links within the workbook for accuracy, and updating the quarterly estimate calculation. Once the report is compiled, the Financial Administrator II enters the results into the Grant Solutions ("OLDC") reporting system to be reviewed concurrently with the Excel workbook. The OLDC system is password protected and is maintained by the Federal Administration for Children and Families ("ACF").

Control B: The Financial Manager III/Financial Director II reviews the ACF-696 Excel workbook to ensure that the CAP results provided by DCF are being claimed on the appropriate lines of the federal report. Any questions about the CAP results are discussed with DCF staff and any necessary updates are made accordingly.

Control C: The Financial Manager III/Financial Director II verifies the data entry in the OLDC system to ensure it matches the prepared and reviewed Excel workbook. Any needed revisions are made by the Financial Administrator II prior to the Financial Manager III certifying and submitting the report in the OLDC system. Note: In the event that the Financial Administrator III, Financial Manager II, Financial Manager III are unable to perform the above outlined roles, the responsibilities shift to include the Financial Director IV so that there is always a separation of duties between the preparation and review/certification/submission of the report.

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

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **AHS supervises the administration of this State Plan. Where AHS supervises the administration of this State Plan, there are adequate methods for assuring compliance with the requirements of the plan by local agencies and/or services contractors. AHS utilizes such methods of administration as are necessary for the proper and efficient administration of the plan. AHS' uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 75, except where these provisions are superseded by statute or program regulations. With regards to the provision of any**

services included in this plan to individuals or groups of individuals, AHS has established in writing and will maintain policies and procedures for the provision of such services. These policies shall include a description of the scope and nature of each service and the procedures and conditions under which each such services are to be provided, including criteria for establishment of fee schedule or contributions, if applicable.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **AHS maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for federal funds paid under this plan. Payments are disbursed from the State to subrecipients according to provisions set forth in the payment provisions attachment of the grant agreement. A grantee submits Financial Reports and Request for Reimbursement invoices to the program manager for review and initial approval. Issues or discrepancies identified during reviewed are followed up with the grantee for resolution. After review and approval the invoices are submitted to the DCF business office for final compliance review, processing, and payment. Grantees are required to submit program reports and performance measure reports on a regular basis, as determined by the provisions within the signed grant agreement, which are also reviewed by the program manager. Single Audit Requirement: Included in the grant application as well as grant requirements is requirement for grantees to complete the Subrecipient Annual Report within 45 days after its fiscal year end. Grantees that receive more than \$750,000 in total for all federal funding are required a Single Audit. Annual audit reports that are maintained in the program grant files. Findings from the audit are shared with the subrecipient, and corrective actions are requested if necessary.**
- c. How the results inform implementation. Describe: **AHS monitors spending along with all the other funds available and tries to best utilize the monies where we can get the most from them. This consists of tracking, forecasting and redistributing funds where it is most appropriate.**
- d. Other. Describe: **N/A**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **All grantees undergo a risk assessment prior to authorization of a new grant or contract.**
 1. What type of accounting system do you use: automated, manual or combination?
 2. Does your organization have an accounting system that allows you to completely and accurately track the receipt and disbursements of funds related to the award?
 3. Does your organization maintain policies which include procedures for assuring compliance with the terms of the award?
 4. Does your organization have a system in place that will account for 100% of each employee's time, including 100% of each employee's time associated with this award?
 5. Did your organization have one or more audit findings in your last single audit regarding

program non-compliance?

6. Did your organization have one or more audit findings in your last single audit regarding significant internal control deficiency?

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. All CCDF funded programs are subject to the state procurement process, include performance measures, financial and programmatic monitoring, and reporting requirements. The 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 CDDIS 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 CDD management.

For families, risk is identified through regular case file assessments by the Grant Monitors and program integrity inquiries. All program integrity inquiries are investigated to determine if there is risk in CCDF programming. Eligibility specialists are trained in identifying risk when processing applications and how to submit program integrity inquiries to the Lead Agency. For families with ongoing or past program integrity concerns, a red flag can be entered in the Child Development Division Information System (CDDIS) to alert internal users of previous investigations and if further verification is needed to process a current application.

For providers, risk is identified by reviewing provider claim records and through program integrity inquiries. All program integrity inquiries are investigated to determine if there is risk in CCDF programming. Eligibility specialists are trained in identifying risk related to provider claim records and how to submit program integrity inquiries to the Lead Agency. For providers with ongoing or past program integrity concerns, a red flag can be entered in the Child Development Division Information System (CDDIS) to alert internal users of past violations to assess if the provider is at risk of future program violations.

- b. The frequency of each risk assessment. Describe: **All grantees undergo a risk assessment prior to the execution of a new grant or contract, at least every five years. The assessment includes a review of performance measure compliance. These performance measures include improper payment percentages and eligibility determination requirements. Fund accountability and agency audit practices are also assessed.**

Each month, at least 100 claims are reviewed by program integrity staff to assess risk of improper payments. Program integrity inquiries are reviewed as they are received. Between January and June 2024, 52 program integrity inquiries were received and investigated. Of these 52 inquiries, 46 were regarding family applications and 6 were regarding provider claims. As a result of these inquiries, 2 families were found to have

intentionally violated program rules and had repayments for overpayments of \$14,456 arranged. Between January and June 2024, the regular review of claims and program integrity inquiries resulted in technical assistance being provided to 22 providers either in person, via email, or over the telephone.

Between January and June 2024, 243 case file assessments were completed statewide. These case file assessments identified 15 applications with eligibility determination errors. Ongoing, 2-3 case file assessments are completed per month for each of the 12 Community Child Care Support Agency locations.

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **CDD reviews performance measure outcomes and the accompanying narratives on the bi-annual data reports from grantees. The results of the data reports are used to inform training or technical assistance needs at a statewide and agency level.**

The statewide case file assessments are completed to identify error prone policies, along with training needs for child care providers and eligibility specialists. Between January and June 2024, most of the 15 eligibility determination errors were a result of improper income calculations. The identification of these common errors lead to a virtual training on income calculation and helped identify policy improvements.

Common errors in claim submission, such as improper usage of attendance codes and requirements for accurate billing, have been incorporated into the CCFAP Program Integrity training for providers. Ongoing, the data from risk assessments will be used to identify updates in the training material and technical assistance needs.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Data is compared from earlier risk assessments to determine if the current risk assessment is accurately measuring areas of potential risk or if there have been any changes to the level of risk, including case file assessment data and program integrity inquiries. The Lead Agency's process for risk assessment is successfully identifying overpayments as a result of both intentional and unintentional program violations from parents and providers. Since July 2022, \$381,500.61 has been recouped for both intentional and unintentional program violations.**
- e. Other. Describe: **N/A**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Several opportunities are provided to ensure**

all staff administering the CCDF program are informed and trained on program requirements and integrity. Lunch and Learn trainings on relevant topics are offered virtually, statewide and regional meetings are held where policies and procedures are reviewed, a SharePoint page is available to access resources relevant to CCFAP. All CDD CCFAP staff and eligibility specialists are trained on eligibility policies and procedures. During this training, identification of fraud and potential program violations are reviewed. In addition, each CCFAP staff member is trained on and is actively involved with the state and federal audit process to ensure a complete understating of program integrity. Eligibility for Child Care Financial Assistance occurs at eleven (11) community child care support agencies (CCCSA) in 12 regions. Each CCCSA has available to them on the CCFAP website and SharePoint page all policies and procedures related to the CCFAP. When an Eligibility Specialists is hired by an agency, they receive one-on-one training by the State of Vermont Grant Monitors on the policies and procedures and the use of CDDIS to determine eligibility. To ensure program integrity all new staff eligibility determinations are monitored for a period of three (3) months.

- ii. Describe how staff training is evaluated for effectiveness: **Case file assessments, error rate, other state audits all evaluate the effectiveness of staff training. When any of these methods are showing indicators that an area needs more training, CDD makes a plan for further training and monitoring.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Data is compiled from case file assessments to identify common areas that are more prone to errors and training on those errors is included in an upcoming meeting for eligibility specialists. The most recent error rate review resulted in a training for eligibility specialists in September 2023 to review the related policies.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
- i. Describe the training for providers around CCDF program requirements and program integrity: **Training materials are on the CDD Website. The link to the CCFAP for Providers webpage is sent to new child care providers. This website contains several power point presentations on invoicing, adjustments, entering attendance along with other topics relevant to proper invoice submission and use of the CDDIS database.**

In addition, policy change notices that affect invoice processing, entering attendance or contain information on billing issues are emailed directly to on-line providers and mailed to paper providers. Links are provided for additional information or assistance. CDD issues policy changes and notices as necessary to ensure staff and those who administer programs funded by CCDF are informed of program requirements.

Technical assistance is provided by Quality Control/ Program Integrity staff, the CDDIS Help Desk, and the Administrative Services Coordinator who helps providers with claims questions and concerns.

The Lead Agency received a notice of non-compliance on 3/11/2024 regarding the lack of training for child care providers on program integrity. Program Integrity is in the process of creating a training for providers on program integrity, proper billing practices, and responsibilities of providers that participate in the Child Care Financial Assistance Program. The training is a Power Point slide presentation and will be available on the CDD website in October 2024.

- ii. Describe how provider training is evaluated for effectiveness: **Common areas of provider errors are evaluated to help inform training material updates. Program Integrity staff review 10-15% of claims to identify errors every week where provide training is evaluated based on claims having notable errors. If errors are found, the provider is contacted and provided technical assistance. Trends in questions that come into the CDDIS Help Desk, Eligibility Specialists, and Administrative Services Coordinator are taken into consideration when evaluating provider training to identify any gaps in training materials with updates made to materials as needed.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **If issues are detected in the 10-15% of claims review, Program Integrity will make a site visit to the provider to gather more information and provide technical assistance. Program Integrity follows up on all technical assistance provided to ensure that providers are in compliance and have noted a 100% compliance rate following technical assistance.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Error rate review triennial results are shared with Eligibility Specialists and CDD staff who provide training, technical assistance, and quality control oversight This information is used to detect errors that could be indicative of consistent errors in a particular error. CDD uses this information to identify policies and procedures that need to be clarified and/or reviewed.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with Eligibility Specialists and CDD staff who provide training, technical assistance, and quality control oversight. This information is used to detect errors that could be indicative of consistent errors in a particular error. CDD uses this information to identify policies and procedures that need to be clarified and/or reviewed.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The CCFAP unit contains a Quality Control Unit/ Program Integrity staff which consists of a Quality Control Specialist and a Senior Quality Control Specialist. The job duties of these positions include**

identifying error prone policies, procedures, and case situations, and recommending corrective action to reduce/eliminate eligibility and payment errors. In addition, the Quality Control Specialist and Senior Quality Control Specialist evaluate department compliance in specific operational areas relating to program administration and consults with supervisory and management personnel on error findings and operational deficiencies.

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The most recent OCC Monitoring revealed a finding regarding the lack of training for child care providers on program integrity and requirements. The Quality Control unit will be creating a training this fiscal year for providers around program integrity and requirements, including proper billing practices, use of CDDIS for entering attendance and submitting claims along with reviewing the responsibilities of providers that participate in CCFAP.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. ☒ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDD staff can access the database used by ESD to verify information provided by the client applying for CCFAP, along with querying other databases including Ancestry, Parcel Viewer and CLEAR to verify information provided to other programs such as household composition, address, and income. This helps to verify that applications submitted are complete and accurate. An eligibility specialist will complete a Program Integrity Inquiry form and submit it to the Program Integrity Unit to query the data from other programs under the State prevue. If a discrepancy is noted, the Program**

Integrity Unit will start the investigation process and if fraud is found, the provider or client is removed from subsidy and if necessary, recoupment of funds is initiated. Historically, CCFAP has not differentiated between intentional or unintentional program violations. After reviewing data, for better informed practice, intentional program violations will have less time to pay back the improper payment verses unintentional program violations. Payment plans for unintentional violations are to be paid back in 5 years, or longer in exceptional circumstances. Intentional violations are set up on a 3-year payment plan. From October 2021 to present, three (3) clients have been found to have program violations. One (1) subsidy client has been removed from CCFAP. Total dollar amount of program violations is \$110,493.43. Of the total violations amount, one (1) is considered Federal Restitution. To date, we have recouped \$48,665.30. One client paid in full with a check. The other three (3) clients are making payments.

- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDD staff can access the database used by ESD to verify information provided by the client applying for CCFAP, along with querying other databases including Ancestry, Parcel Viewer and CLEAR to verify information provided to other programs such as household composition, address, and income. This helps to verify that applications submitted are complete and accurate. An eligibility specialist will complete a Program Integrity Inquiry form and submit it to the Program Integrity Unit to query the data from other programs under the State prevue. If a discrepancy is noted, the Program Integrity Unit will start the investigation process and if fraud is found, the provider or client is removed from subsidy and if necessary, recoupment of funds is initiated. Historically, CCFAP has not differentiated between intentional or unintentional program violations. After reviewing data, for better informed practice, intentional program violations will have less time to pay back the improper payment verses unintentional program violations. Payment plans for unintentional violations are to be paid back in 5 years, or longer in exceptional circumstances. Intentional violations are set up on a 3-year payment plan. From October 2021 to present, three (3) clients have been found to have program violations. One (1) subsidy client has been removed from CCFAP. Total dollar amount of program violations is \$110,493.43. Of the total violations amount, one (1) is considered Federal Restitution. To date, we have recouped \$48,665.30. One client paid in full with a check. The other three (3) clients are making payments.**

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

- b. ☒ Run system reports that flag errors (include types).

- i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDDIS generates regular reports to detect multiple and double payments of subsidized children, children with multiple providers along with providers with consistently high subsidy reimbursements. These system reports help identify improper payment program violations and inform policy updates when policy may clarify common issues. 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. Since the inception of CDDIS, the total sum of recoupments is 398,851.11 with a sum of 381,500.61 paid to date. All detected issues are dealt with immediately through a payment adjustment, referral to licensing or a change in eligibility.

- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDDIS generates regular reports to detect multiple and double payments of subsidized children, children with multiple providers along with providers with consistently high subsidy reimbursements. These system reports help identify improper payment program violations and inform policy updates when policy may clarify common issues. 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. Since the inception of CDDIS, the total sum of recoupments is 398,851.11 with a sum of 381,500.61 paid to date. All detected issues are dealt with immediately through a payment adjustment, referral to licensing or a change in eligibility.**

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

c. ☒ Review enrollment documents and attendance or billing records.

- i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCFAP Program and Licensing Unit routinely collaborate around child care providers and any discrepancies with billing, attendance and enrollment records along with any other concerns that could impact provider participation in the CCFAP program. The program integrity unit for the CCFAP program performs unannounced site visits when referrals are made or after spot checking attendance and identifying problematic records. 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. This results in approximately 100 claims being reviewed per month. 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 CDDIS billing records. Between January and June 2024, the regular review of claims and program integrity inquiries resulted in technical assistance being provided to 22 providers either in person, via email, or over the telephone. Common errors in claim submission, such as improper usage of attendance codes and requirements for accurate billing, have been incorporated into the CCFAP Program Integrity training for providers. Ongoing, the data from risk assessments will be used to identify updates in the training material and technical assistance needs.**
- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCFAP Program and Licensing**

Unit routinely collaborate around child care providers and any discrepancies with billing, attendance and enrollment records along with any other concerns that could impact provider participation in the CCFAP program. The program integrity unit for the CCFAP program performs unannounced site visits when referrals are made or after spot checking attendance and identifying problematic records. 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. This results in approximately 100 claims being reviewed per month. 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 CDDIS billing records. Between January and June 2024, the regular review of claims and program integrity inquiries resulted in technical assistance being provided to 22 providers either in person, via email, or over the telephone. Common errors in claim submission, such as improper usage of attendance codes and requirements for accurate billing, have been incorporated into the CCFAP Program Integrity training for providers. Ongoing, the data from risk assessments will be used to identify updates in the training material and technical assistance needs.

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- d. ☒ Conduct supervisory staff reviews or quality assurance reviews.
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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 CDDIS 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 is provided to prevent case eligibility issues from developing. From 7/1/21-12/31/21, all contracted CCCSA agencies with the exception of one met the required performance measures which is to stay at or below an 8% error rate. Winston Prouty 3.2%, Umbrella 6.5%, St Albans 3.2%, Springfield 3.4%, Rutland 1.6%. Norwich 1.6%, Newport 1.6%, Montpelier 0%. Middlebury 6.6%, Lamaille 6.1%, Bennington 0% and CCR 9.1%. These performance measures were waived between 1/1/22-9/30/23 due to the launch of the new information system, CDDIS. Between January and June 2024, 243 case file assessments were completed statewide. These case file assessments identified**

15 applications with eligibility determination errors. Ongoing, 2-3 case file assessments are completed per month for each of the 12 Community Child Care Support Agency locations. The current target is one case assessment per eligibility specialist per month, however, there is flexibility to focus case assessments on new staff or as a tool for eligibility specialists who need additional support with eligibility determination. The Quality Control Unit will review data from the case assessments to inform needed training topics and policy updates.

e. **[x]** Audit provider records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Each provider payment goes through a two-step approval process. During this process 10-15% of the total number of invoices submitted (or approximately 100 invoices per month) 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 a program violation is suspected attendance records are requested/picked up from the child care provider and compared with CDDIS billing records. If the program violation is substantiated, the Integrity Unit will either recoup the improper payment through future claims for existing providers, set up a payment plan for expired providers or move for a tax intercept. In addition, clients and the general public may submit potential payment/fraud issues through the CDD complaint portal. Since the inception of CDDIS, \$381,500.61 has been adjusted or recouped for both intentional and unintentional program violations along with 31 early invoicing letters were sent to providers. The total sum of recoupments and adjustments is \$398,851.11 with a sum balance of \$17350.50. Claims that were submitted prior to the end of the service period were rejected and followed up with an early invoicing letter. Providers that submitted early had to wait until the end of the service period to resubmit the rejected claim.**
- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Each provider payment goes through a two-step approval process. During this process 10-15% of the total number of invoices submitted (or approximately 100 invoices per month) 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 a program violation is suspected attendance records are requested/picked up from the child care provider and compared with CDDIS billing records. If the program violation is substantiated, the Integrity Unit will either recoup the improper payment through future claims for existing providers, set up a payment plan for expired providers or move for a tax intercept. In addition, clients and the general public may submit potential payment/fraud issues through the CDD complaint portal. Since the inception of CDDIS, \$381,500.61 has been adjusted or recouped for both intentional and unintentional program violations along with 31 early invoicing letters were sent to providers. The total sum of recoupments and adjustments is \$398,851.11 with a**

sum balance of \$17350.50. Claims that were submitted prior to the end of the service period were rejected and followed up with an early invoicing letter. Providers that submitted early had to wait until the end of the service period to resubmit the rejected claim.

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- f. ☒ Train staff on policy and/or audits.
 - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All CDD CCFAP 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 in all aspects of CCFAP. This ensures that staff are able to detect and prevent fraud throughout the eligibility and payment process.**

CCCSA eligibility specialists are also trained on policy related to identifying client/provider eligibility issues and improper payments. Regional and Statewide trainings are provided each fiscal year. Eligibility Specialists 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.

Overall, staff are well trained in policy. The most recent Error Rate Review for eligibility determined between October 1, 2021 and September 30, 2022 resulted in a .72% error rate. Additionally, 243 case file assessments completed between January and June 2024 identified only 15 applications with eligibility determination errors.

- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All CDD CCFAP 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 in all aspects of CCFAP. This ensures that staff are able to detect and prevent fraud throughout the eligibility and payment process.**

CCCSA 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.

- iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **All new Eligibility Specialists are trained on policies. Policies are frequently reviewed with Eligibility Specialists to ensure understanding and consistency. Grant Monitors visit each CCCSA agency to**

review case files and complete case assessments. If errors are found, technical assistance is provided as it relates to policy and procedure comprehension.

- g. ☐ Other. Describe the activity(ies):
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Department for Children and Families, Child Development Division**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The state of Vermont has not defined a minimum dollar amount of an improper payment to be recovered. 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 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. Since July 2022, \$381,500.61 has been either adjusted or recouped for both intentional and unintentional program violations.**
 - ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Misspent funds can be collected through a negative voucher with the State of Vermont. This negative voucher allows the state to collect any money that would have been paid to the provider from another state agency. Since June 2023, two negative vouchers from other state agencies went towards recovering improper CCFAP payments for a total of \$1,200 recovered.**

- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **In cases of program violation by a child care provider, the case is referred to the Integrity Unit for the CCFAP. 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, if an improper payment occurred, a repayment plan is established with the client to recover the overpayment. Since July 2022, a total of \$398,851.11 has been identified as overpayments due to intentional and unintentional program violations from providers. A balance of \$17350.50 is being paid through repayment plans from providers.**
Since January 2024, two families were found to have intentionally violated program rules and had repayments for overpayments of \$14,456 arranged.
- iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **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 letters 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. No tax intercepts were set up for SFY23 and SFY24.**
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The CCFAP has an integrity unit which consists of two quality control specialists, assigned specifically educated to CCFAP improper payments. The Integrity unit receives referrals from Eligibility Specialists, licensing, other state programs and community members about possible improper payments. The Child Care Benefits Administrator works closely with them on ensuing investigation and repayment plan. This position has access to state databases and has built connections with town departments allowing for statewide verification of information. Between January and June 2024, 52 program integrity inquiries were received and investigated. Of these 52 inquiries, 46 were regarding family applications and 6 were regarding provider claims. As a result of these inquiries, 2 families were found to have intentionally violated program rules and had repayments for overpayments of \$14,456 arranged. Between January and June 2024, the regular review of claims and program integrity inquiries resulted in technical assistance being provided to 22 providers either in person, via email, or over the telephone.**
- viii. ☐ Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The state of Vermont has not defined a minimum dollar amount of an improper payment to be recovered. 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 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. Since July 2022, \$381,500.61 has been either adjusted or recouped for both intentional and unintentional program violations.**
- ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Misspent funds can be collected through a negative voucher with the State of Vermont. This negative voucher allows the state to collect any money that would have been paid to the provider from another state agency. Since June 2023, two negative vouchers from other state agencies went towards recovering improper CCFAP payments for a total of \$1,200 recovered.**
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **In cases of program violation by a child care provider, the case is referred to the Integrity Unit for the CCFAP. 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, if an improper payment occurred, a repayment plan is established with the client to recover the overpayment. Since July 2022, a total of \$398,851.11 has been identified as overpayments due to intentional and unintentional program violations from providers. A balance of \$17350.50 is being paid through repayment plans from providers.
No improper payments for families have had payment plans arranged.**
- iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **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 letters 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. No tax intercepts were set up for SFY23 and SFY24.

- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The CCFAP has an integrity unit which consists of two quality control specialists, assigned specifically educated to CCFAP improper payments. The Integrity unit receives referrals from Eligibility Specialists, licensing, other state programs and community members about possible improper payments. The Child Care Benefits Administrator works closely with them on ensuing investigation and repayment plan. This position has access to state databases and has built connections with town departments allowing for statewide verification of information. Between January and June 2024, 52 program integrity inquiries were received and investigated. Of these 52 inquiries, 46 were regarding family applications and 6 were regarding provider claims. As a result of these inquiries, 2 families were found to have intentionally violated program rules and had repayments for overpayments of \$14,456 arranged. Between January and June 2024, the regular review of claims and program integrity inquiries resulted in technical assistance being provided to 22 providers either in person, via email, or over the telephone.**
 - viii. ☐ Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- ☒ No.
- ☐ Yes.
- If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. ☐ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
 - iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
 - i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **In cases of suspected program violations, the case is referred to the Quality Control Specialists 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. CCFAP clients may appeal to the CCFAP Program Administrator and/or 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 the CCFAP Program Administrator in which the client has an opportunity to present their perspective on the grounds for exclusion. If the client is not satisfied with the appeal decision, they can request a Fair Hearing with an impartial Human Services Board. From October of 2021 to present, one (1) client has been disqualified from CCFAP.**
 - ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **In cases of suspected program violations, the case is referred to the Quality Control Specialists in the CCFAP Unit. If fraud is substantiated, the CCFAP provider may be excluded from further participation in CCFAP. Providers may appeal to the CCFAP Program Administrator and/or the Vermont Human Services Board if they feel they have been unfairly excluded from participation. Overpaid funds are recouped with the option for a repayment plan to recover improperly paid funds. Repayment may include tax or other income intercepts. To date, no child care providers have been disqualified from CCFAP.**
 - iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **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.**
 - iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		