

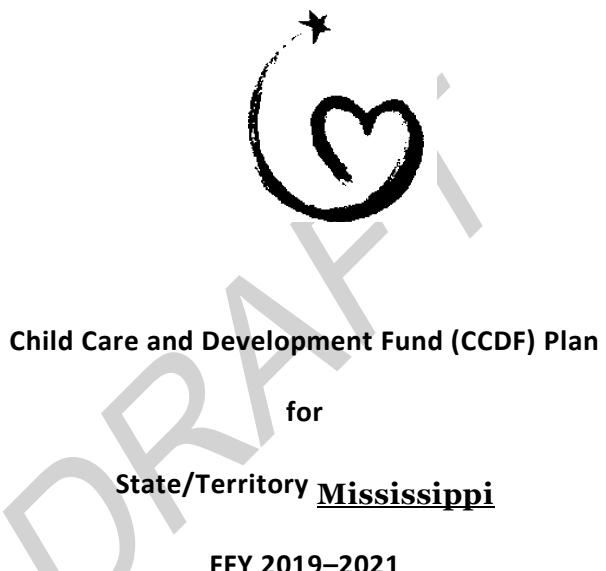
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This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility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

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

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## Introduction and How to Approach Plan Development

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

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

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

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

### Instructions:

#### *CCDF Plan Response Options for Areas Where Implementation Is Still in Progress*

As indicated in the Preamble to the CCDF Final Rule (81 FR, p. 67443–4), States must demonstrate compliance with all requirements of the Final Rule no later than October 1, 2018 (the effective date of the FY 2019-2021 CCDF Plan). The only exception is background check requirements, for which States may request time-limited waiver extensions. As such, this

Preprint was developed with the expectation that all requirements, with the exception of background check requirements, would be fully implemented no later than October 1, 2018.

Note that for any changes to the CCDF program effective prior to September 30, 2018, Lead Agencies will be required to submit Plan amendments to the FY 2016-2018 CCDF Plans.

ACF recognizes that Lead Agencies may still be working on implementing some requirements of the Final Rule in order to meet this deadline and may have pending actions (such as legislation or administrative rules) to be implemented at the time of Plan submission. To facilitate responses in these areas, Lead Agencies should use associated “Describe” boxes to provide up-to-date information on the status for these requirements at the time of Plan submission. In the description of the CCDF requirements, ACF requests that the Lead Agency specify what components are implemented (if any) and identify what components are still pending. For pending components, Lead Agencies should list any major pending actions (passage of legislation, approval of administrative rules, etc.) needed to complete implementation and expected completion date. Lead Agencies may update these descriptions prior to Plan approval by the end of September, as appropriate, or submit a Plan Amendment pursuant to the requirements at 98.18(b) after the Plan becomes effective on October 1, 2018.

Please note that all requirements not fully implemented by the Final Rule deadline are subject to compliance actions, such as corrective action plans and/or penalties in accordance with CCDF regulations.

#### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations and policies for license-exempt providers may be in subsidy rules).

#### *CCDF Plan Submission*

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

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

## 1 Define CCDF Leadership and Coordination with Relevant Systems

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

### 1.1 CCDF Leadership

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

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

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

##### a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Mississippi Department of Human Services

Street Address: 200 South Lamar Street

City: Jackson

State: MS

ZIP Code: 39201

Web Address for Lead Agency: [www.mdhs.ms.gov](http://www.mdhs.ms.gov)

##### b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: John

Lead Agency Official Last Name: Davis

Title: Executive Director

Phone Number: 601-359-4480

Email Address: [john.davis@mdhs.ms.gov](mailto:john.davis@mdhs.ms.gov)

#### 1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Kristi

CCDF Administrator Last Name: McHale

Title of the CCDF Administrator: Division Director of Early Childhood Care and Development

Phone Number: 601-359-4500

Email Address: kristi.mchale@mdhs.ms.gov

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

Street Address: 200 South Lamar Street

City: Jackson

State: MS

ZIP Code: 39201

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the role of the Co-Administrator:

Phone Number:

Email Address:

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

Street Address:

City:

State:

ZIP Code:

## 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 it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by

agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

- All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
  1. Eligibility rules and policies (e.g., income limits) are set by the:
    - State or territory
    - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. \_\_\_\_\_
    - Other. Describe: \_\_\_\_\_
  2. Sliding-fee scale is set by the:
    - State or territory
    - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. \_\_\_\_\_
    - Other. Describe: \_\_\_\_\_
  3. Payment rates are set by the:
    - State or territory
    - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. \_\_\_\_\_
    - Other. Describe: \_\_\_\_\_
  4. Other. List and describe other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices): \_\_\_\_\_

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

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

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

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

c) Who issues payments?

- CCDF Lead Agency
- TANF agency.
- Other state or territory agency.
- Local government agencies, such as county welfare or social services departments.
- Child care resource and referral agencies.
- Community-based organizations.
- Other.

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)). The Lead Agency monitors other agencies that perform administrative and implementation responsibilities through written agreements. All agreements in place between the Lead Agency and other entities performing work related to the CCDF plan follow State procurement laws and policies and conform with all applicable state and federal regulations related to privacy and confidentiality. Each agreement details a scope of services with expectations for monitoring and reporting defined. The Lead Agency will monitor activities undertaken by all entities engaged in contract services for the Lead Agency through reporting requirements as defined in the written agreement.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. The Lead Agency ensures through written agreements that any entity that develops software products on behalf of the child care program will make available to public agencies in other states any code or software developed for CCDF programs to the extent practicable and appropriate.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. The Lead Agency has policies in effect that govern the use and disclosure of confidential and personally - identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds. The policies comply with State regulations related to the use and disclosure of confidential and personally identifiable information. The Lead Agency ensures that providers are noticed that information collected through the provider information portal may be shared by MDHS with its partners, including the Early Childhood Academy (ECA) and National Strategic Planning and Analysis Research Center (NSPARC), to provide support and assistance. The Lead Agency also ensures that Contracting Agencies are noticed through written agreement, that all information pertaining to the Mississippi Department of Human Services, clients, employees and data, regardless of the source, shall be kept confidential and that any conversations related to clients, employees or case record data shall be confidential and not discussed unless it directly relates to the job assignment. The Lead Agency also ensures that Contracting Agencies agree to not disclose information about children and families receiving CCDF assistance and child care providers receiving CCDF funds to a third party without specific written consent of the Lead Agency. Further, the Lead Agency includes in written agreements with Contracting Agencies that provisions related to the privacy, confidentiality, and disclosure of covered information shall survive termination of the written agreement and shall continue in full force and effect and shall be binding upon the Contracting Agency and its agents, employees, successors, assigns, subcontractors, or any party claiming an interest in the written agreement on behalf of, or under, the rights of the Contracting Agency following any termination.

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

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

- (1) Appropriate representatives of units of general purpose local government—(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

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

- a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. The Lead Agency has a slot provider agreement with the city of Jackson and the Hancock County Human Resource Agency. The Lead Agency met with representatives of those general-purpose governments to collaborate on needs and opportunities for improvement. The Agency will conduct meetings with representatives of general purpose local governments on an ongoing basis to determine childcare needs and plan strategic growth.
- b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body. The Lead Agency is represented on the State Early Childhood Advisory Council (SECAC) and participates in meetings with SECAC leadership and committees on an ongoing basis to discuss strategic planning and goal setting. Discussions about the development of the CCDF plan were held regularly with SECAC Executive Director.
- c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place. The Lead Agency maintains open communication with the Mississippi Band of Choctaw Indians (MBCI), the sole tribe in the State that receives CCDF funds. MBCI Agency is represented on the State Early Childhood Advisory Council (SECAC) and participates in meetings, along with Lead Agency representation. The Lead Agency invited MBCI to meet to discuss the state plan development and implementation.
- d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan. The Lead Agency engaged in consultation activities around the development of the CCDF plan with representatives from the Mississippi

Community College Board, the Governor's Education Policy Advisor, NSPARC, Mississippi Department of Education, Mississippi Department of Health and leadership of the state's Early Childhood Academies.

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

- a) Date of the public hearing. August 18, 2018. *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).
- b) Date of notice of public hearing (date for the notice of public hearing identified in (a)). July 25, 2018. *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).
- c) How was the public notified about the public hearing? Please include specific website links if used to provide notice. Notice of the public hearing was posted on: the SECAC website: <https://secac.ms.gov/news-updates/>; MDHS website: <http://www.mdhs.ms.gov/early-childhood-care-development/>; MDHS Facebook page; direct email to providers; television monitor in each available county MDHS office. The notice included an accommodation clause. The clause stated: "If you require special assistance related to a disability, please call MDHS hotline number: 800.877.7882".
- d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held at The Two Mississippi Museums in Jackson, which is the most populous city in Mississippi, as well as being centrally located to remote regions.
- e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The Lead Agency made the draft plan available for public viewing through the MDHS and SECAC websites one week prior to the public hearing.
- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All written or verbal comments made by the public were reviewed and considered by the Lead Agency and incorporated as necessary and practical.

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

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. The websites are as follows: the SECAC website: <https://secac.ms.gov/news-updates/>; the MDHS website: <http://www.mdhs.ms.gov/early-childhood-care-development/>

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

Working with advisory committees. Describe: The Lead Agency shared a copy of the proposed plan with the SECAC Chair inviting comments and recommendations, which were incorporated into the final plan.

Working with child care resource and referral agencies. Describe: An email notice containing a direct web link to the plan was sent to child care resource and referral centers as part of the Early Childhood Academy (ECA) inviting comments and recommendations. Additionally, the ECA director met frequently with the Lead Agency to draft the plan.

Providing translation in other languages. Describe: \_\_\_\_\_

Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: Notice of the hearing and notice of posting of the plan were posted on the MDHS page on Facebook.

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: Providers received a direct email notice of the hearing and the state plan posting.

Other. Describe: \_\_\_\_\_

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

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

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

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

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

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

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

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: Meetings between DECCD leadership, the City of Jackson and Hancock County Human Resource Agency were held to evaluate existing sub-grants to identify areas of need and target services to address them. The Lead Agency will evaluate the need in Mississippi and identify local government entities for partnerships to assist in developing child care centers.
- (REQUIRED) State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(l)(A)(i) of the Head Start Act). Describe the coordination goals and process: MDHS is a voting member on the State Early Childhood Advisory Council (SECAC). SECAC has been granted authority by the Governor for coordinating services and programs for the state's early childhood community. The SECAC also has voting representation from the federally funded childhood programs, state funded programs, and direct services providers. This council convenes on a monthly basis to ensure ongoing communication and information sharing.
  - Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.
- (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted: The Mississippi Band of Choctaw Indians (MBCI) is the sole tribe in the State that receives CCDF funds. MBCI's Director of Early Childhood Education is a member of SECAC and has representation on SECAC working committees. Through SECAC and its working committees, the Lead Agency coordinates with MBCI and discusses strategic plans goals.
  - N/A—There are no Indian tribes and/or tribal organizations in the State.
- (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals and process: The Lead Agency

meets quarterly with the Mississippi Department of Health (MSDH) and the Mississippi Department of Education (MDE) as part of a multidisciplinary committee to coordinate goals and processes for early intervention as authorized under the Individuals with Disabilities Education Act.

- (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: The Lead Agency works closely with the Director of the Mississippi Head Start Collaboration Office in the Office of the Governor and the Executive Director of the Mississippi Head Start Association to ensure coordination. Additionally, the Lead Agency serves on committees at the Mississippi Department of Health, the Mississippi Department of Education, and on the SECAC, all of which include Head Start representation, to strategically develop full-day services that meet the needs of working families.
- (REQUIRED) State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: The Lead Agency, through its DECCD Director, has regular ongoing meetings with the Director of Child Care Licensure at the Mississippi Department of Health (MSDH). MSDH is the agency responsible for public health, including immunizations. Additionally, the Lead Agency serves on a sub-committee at the MSDH to coordinate licensure, immunizations, and monitoring of child care facilities.
- (REQUIRED) State/territory agency responsible for employment services/workforce development. Describe the coordination goals and process: The agency responsible for employment services and workforce development in Mississippi is the Department of Employment Security (MDES). This agency is advised by the State Workforce Investment Board (SWIB). The executive director of the SECAC sits on the SWIB and encourages MDHS and other SECAC parties to contribute to SWIB through SECAC's representation on the advisory council to MDES to help ensure coordination of goals and strategies across workforce and education sectors.
- (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process: The Lead Agency has ongoing meetings between leadership representatives from the Mississippi Department of Education (MDE) and participates in collaborative groups with private funding representatives, to identify gaps in child care and develop strategies and set goals for meeting needs. MDE is represented in a quarterly sub-committee meeting with MSDH and MDHS, as well as on the SECAC.

- (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: The Lead Agency meets quarterly with the Division of Childcare Licensure at the Mississippi Department of Health (MSDH) to ensure that all licensure requirements are met and comply with applicable federal law and to ensure ongoing communication and information sharing. Additionally, the MSDH technology system, LARS, interfaces with the MDHS system, CCPS, so that changes in licensure status are immediately available to Lead Agency staff.
- (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: The Mississippi Department of Education (MDE) is responsible for the Child and Adult Care Food Program (CACFP). The Lead Agency and MDE coordinate through SECAC to ensure the CACFP is efficient and that providers and families have access to information about this program. The Lead Agency also provides, through the Mississippi Department of Health, trainings for healthy menu planning and monitoring of healthy meal delivery.
- (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process: McKinney-Vento State Coordinators for Homeless Education were consulted regarding consumer education related to child care subsidies available to the homeless population. The Mississippi Department of Education (MDE) administers the program for the state, and the Lead Agency coordinates closely with MDE to help ensure alignment of goals and works closely with McKinney-Vento state coordinators to develop recommendations and coordinate planning efforts.
- (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process: The Lead Agency houses and administers the Temporary Assistance for Needy Families (TANF) program. TANF Work Program (TWP) clients receive priority status for child care services in order to assist them with entering the workforce and developing skills for self-sufficiency. Lead Agency strategic planning requires coordination between TANF and CCPP.
- (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: The Mississippi Division of Medicaid (DOM) operates the Children's Health Insurance Program (CHIP) in the state. The Division of Medicaid is a voting member on the SECAC and participates in sub-committee work to coordinate goals and processes with the Lead Agency.

- (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: The Mississippi Department of Mental Health (MDMH) provides children and youth mental health services to individuals with intellectual and developmental disabilities. MDMH is a voting member on the State Early Childhood Advisory Council (SECAC) and coordinates with all members within the Council to develop recommendations and planning. In addition, the Lead Agency participates in a multiagency task force coordinated by the Department of Mental health to address the opioid epidemic. The Lead Agency, through this group, participates in town halls meetings to raise consumer awareness of the negative effects of opioid abuse on children and families.
- (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: The Lead Agency provides funds to the Mississippi Community College Board to operate and administer a network of Early Childhood Academies (ECA) across the state. ECA Child Care Resource Centers are maintained on 13 community college campuses and provide specialized services aimed at assisting families with locating and enrolling their children in high-quality early childhood programs. The network of ECA Child Care Resource Centers also offers professional development training and education opportunities to child care providers. Through these services, families and providers are also given access to information relating to Standard-designated programs that meet the needs of the family. Parents and providers may also find educational materials, toys, and activity resources to promote high quality care and education to Mississippi's children. The Lead Agency coordinates with the ECA State office for the implementation of the CCDF state plan and coordinates weekly conference calls and regularly scheduled face-to-face meetings between the Lead Agency, ECAs, SECAC, and NSPARC to ensure a coordinated effort to achieve common goals.
- (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: The Lead Agency currently collaborates with Mississippi Department of Education (MDE) through quarterly meetings to identify opportunities to expand care and provide full-day services to meet the needs of working families.
- (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: Mississippi Department of Health (MSDH), the lead agency for child care licensing, prepares early childhood professionals for all types of emergencies and natural disasters that may

occur in a child care setting. The Lead Agency coordinates with MSDH to develop training materials that are part of the federally-mandated Health & Safety course for child care providers. The Early Childhood Academy (ECA) is responsible for delivering statewide the Health & Safety training that includes guidelines and recommendations to child care providers. MSDH works with each provider on behalf of the Lead Agency to ensure each provider has an adequate emergency plan. The Lead Agency employs a full time emergency management coordinator who works closely with Mississippi Emergency Management Association (MEMA) and Federal Emergency Management Agency (FEMA) and DECCD to ensure that DECCD Emergency Plan meets the needs of parents and providers in an emergency.

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

- State/territory/local agencies with Early Head Start – Child Care Partnership grants.  
Describe: \_\_\_\_\_
- State/territory institutions for higher education, including community colleges.  
Describe: The Lead Agency has an agreement with the Mississippi Community College Board (MCCB) to manage an Early Childhood Academy (ECA) with 13 local offices throughout the state. The local academies provide technical assistance, coaching, training, management, and resources to families and providers.
- Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: The Lead Agency partners with the Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM) to meet the needs of early childhood educators, families, and young children with special needs by providing high quality early childhood inclusion. MECIC conducts special needs credentials, quality and expanded trainings, technical assistance, screening and diagnostic evaluations, family research, and information dissemination.
- State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: The Lead Agency administers Healthy Families MS, and coordinates with that program to provide services that meet the needs of working families.
- Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: \_\_\_\_\_
- State/territory agency responsible for child welfare. Describe: \_\_\_\_\_
- State/territory liaison for military child care programs. Describe: \_\_\_\_\_

- Provider groups or associations. Describe: SECAC is comprised of provider groups and associations, as well as child care providers as voting members. This leadership role has been a continued focus and is integral to soliciting feedback, designing and implementing early childhood related plans and for ensuring the voice of providers is integrated.
- Parent groups or organizations. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

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

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

- No (If no, skip to question 1.5.2)
- Yes. If yes, describe at a minimum:
  - a) How you define “combine” Use of another State Agency’s state funding to meet federal matching requirements.
  - b) Which funds you will combine State funds from the Mississippi Department of Health (MSDH) and the Mississippi Department of Education (MDE).

- c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations **Enhancing and aligning the quality of services and developing the supply of child care for vulnerable populations.**
- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? **MDE and MSDH funding will be used to meet matching requirements. MDE funding will be used to meet MOE requirements to the maximum allowable limit.**
- e) How are the funds tracked and method of oversight **The funds are tracked by internal order and grant number through the state accounting system MAGIC (Mississippi's Accountability System for Government Information and Collaboration).**

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

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

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

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

- N/A—The territory is not required to meet CCDF matching and MOE requirements
- Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  - If checked, identify the source of funds: MDHS state funding, MSDH state funding, and MDE pre-K state funding.
  - If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 6,000,000

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - If checked, are those funds:
    - donated directly to the State?
    - donated to a separate entity(ies) designated to receive private donated funds?
  - If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: \_\_\_\_\_
  - If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$ \_\_\_\_\_
- State expenditures for pre-K programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): \_\_\_\_\_
  - If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services: The Lead Agency will meet at least quarterly with MDE pre-K director to coordinate services and plan strategically to expand full-day services to meet the needs of working families and improve kindergarten readiness.
  - If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$ Approximately \$2,000,000.
  - Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents: The Lead Agency leadership meets regularly with MDE pre-K leadership to coordinate services to wrap-around both pre-K and Head Start programs. Lead Agency, MDE, and private entities are currently working collaboratively to plan and start pilot programs in identified geographic regions to provide wrap-around services to pre-K children and their families. This model will be used to expand services in other underserved areas of the state.
- State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
  - The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).
    - No
    - Yes
  - Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents: The Lead Agency leadership meets regularly with MDE pre-K leadership to coordinate services to wrap-around both pre-K and Head Start programs. Lead agency, MDE, and private entities are currently working collaboratively to plan and start pilot programs in

identified geographic regions to provide wrap around services to pre-K children and their families. Additionally, the Lead Agency is working through WIOA to identify private businesses in Mississippi to develop workforce and child care programs.

- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent): 20%
- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care: The Lead Agency will meet no less than quarterly with the MDE pre-K leadership to identify needs and develop services to expand full-day programs to meet the needs of working families.
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$ 360,000

## **1.6 Public-Private Partnerships**

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

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)). The Lead Agency slot provider program is home to several examples of public and private partnership and represent a geographically-dispersed variety of licensed child care centers. Additionally, the Lead Agency is collaborating with MDE to leverage private funding from the Kellogg Foundation to develop a pilot program to fully fund Comprehensive child care centers in an identified geographic region over the course of the next three years. Additionally, the Lead Agency, through its Work Force Development Division, identifies private employers to partner with to develop child care provider relationships.

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

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

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

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

*Note:* Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

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

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

a) What services are provided through the CCR&R organization? All functions traditionally provided through Resource & Referral organizations are coordinated by the Lead Agency through partnerships with the Early Childhood Academy (ECA) and the State Department of Health (MSDH). In that regard, The Lead Agency has a contractual agreement with the Mississippi Community College Board to operate the Early Childhood Academies (ECA) in locations on community college campuses across the state. ECAs provide professional development, coaching, technical assistance, outreach, and services based on research and best practices to child care providers. The ECAs maintain Child Care Resource Centers, as the first point-of-entry for parents/families seeking information on programs and services

ranging from workforce and family programs to high-quality child care services. ECAs also provide assistance with completing child care applications and make referrals to local MDHS county offices for those families who are interested in applying for or would like additional information about a specific program that falls under that umbrella of service (i.e., TANF, Child Care Payment Program, or Healthy Families Mississippi). In addition, ECAs maintain and update resource guides annually that list all service programs targeting families. In addition, MSDH offers web-based resources related to child care providers contact information, maximum enrollment, and age groups served. MSDH also gathers child care provider data regarding supply and demand. Last, the newly formed Workforce Innovation and Opportunity Act (WIOA) hub system connects individuals to workforce programs, enables inter-agency referrals to job services around the state, and manages workforce data records. All the above entities provide resources and services into one coordinated system of resource and referral.

- b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated? There is a statewide network of 13 Child Care Resource Centers operated by ECAs on the campuses of community colleges across Mississippi. The system of ECA Child Care Resource Centers is coordinated by the Mississippi Community College Board (MCCB), which has Memorandums of Understanding with each participating entity. MCCB provides operational oversight of the ECAs and the Child Care Resource Centers. Locally, each ECA is staffed by a Resource and Referral Associate, a Coach, and Professional Development Specialist along with additional support staff that includes business advisors and program specialists. Next, the Mississippi State Department of Health (MSDH) offers child care resources and databases available through the website and through a statewide network of county offices. These services are maintained and offered by MSDH. Last, The WIOA hub is a common case management service delivery effort of several state agencies, including the Mississippi Department of Human Services' Temporary Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP); the Mississippi Department of Rehabilitation Services (MDRS); the Mississippi Community College Board (MCCB); and other partners, such as the Mississippi Department of Education (MDE), the Mississippi Development

Authority (MDA), and the Mississippi Department of Corrections (MDOC).

### **1.8 Disaster Preparedness and Response Plan**

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

- 1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: The Lead Agency has worked with SECAC to support the Governor's charge to create a coordinated and effective service delivery for early childhood. SECAC has the authority to convene leadership of state agencies, child care provider association representatives, higher education officials, and other subject matter experts as necessary. Through coordinated efforts, the Lead Agency, through its Emergency Management Coordinator, in conjunction with representatives from the Mississippi Emergency Management Agency (MEMA) and the MSDH Division of Child Care Licensure, worked to establish policy strategies for CCDFsubsidized child care providers regarding the filing of individualized disaster plans and procedures to follow in the event of an emergency, as well as a statewide emergency plan for the child care payment program.
- 1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster: The Lead Agency ensures the continuation of child care subsidies and child care services in the event of a disaster by:
  - establishing emergency preparedness regulatory requirements for child care providers. CCDF-approved child care providers are required to have a written emergency preparedness and response (EPR) plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard to the children in the center. The EPR plan must be reviewed and updated on an annual basis and after any relevant incident. Copies of the EPR plan must be provided to appropriate local emergency management officials and to parents of

enrolled child(ren) in the child care program. In addition, providers must conduct and document emergency preparedness drills, based on resources and training materials available through the Lead Agency;

- providing temporary child care services in coordination with other state agencies and key partners. The role of the Lead Agency is to support child care providers and to assist in the provision of safe and healthy child care alternatives for families during and after disasters or emergencies. The Lead Agency is responsible for training DECCD staff on emergency preparedness and training of disaster teams, preparing and updating EPR plans, collaborating with early childhood partners about their roles in emergency preparedness and response, and making provisions for the continuation of core functions of the Lead Agency. As part of emergency or disaster response, the Lead Agency shall identify the needs of families currently receiving subsidized child care services, and implement procedures to process new applications for families needing assistance as a result of an emergency or disaster.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: In the event of an emergency, the role of the Lead agency is to support child care providers and to assist in the provision of safe and healthy child care alternatives for families during and after such disasters or emergencies. The Lead Agency provides training for staff on emergency preparedness and training of disaster teams, prepares and updates a child care plan, collaborating with early childhood partners about their roles in emergency preparedness and response, and the continuation of core functions. As part of emergency or disaster response, the Lead Agency shall identify the needs of families currently receiving subsidized child care services and implement procedures to process new applications for families needing assistance as a result of an emergency or disaster. Emergency procedures for CCDF-subsidized child care are described in the Emergency Procedures for the Mississippi Child Care Payment Program document on the consumer education website. Additionally, Mississippi's Emergency Support Function 6 (ESF6) is creating a Children and Youth Task Force. The Lead Agency will have a seat on this task force. The task force will focus on developing a plan for children and youth during and post-disaster. The task force will develop a plan to reduce duplication of efforts by state agencies and partners. The Lead Agency plans to revise the Statewide Child Care Disaster Plan based on the information received from the task force.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: The Lead Agency coordinates with the Mississippi Department of Health (MSDH) Child Care Facilities Licensure Division to monitor compliance with emergency preparedness and response planning requirements. The Lead

Agency has established policy detailing the requirements for Emergency Preparedness and Response (EPR) plans. Child care providers who are approved to accept CCDF subsidies are required to have a written EPR plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard to the children in the center. The Lead Agency's policy includes a list of information mandatory for inclusion in the EPR. EPR planning covers emergencies resulting from a natural disaster or human-caused event that shall include procedures for evacuation, relocation, shelter in place, lock down, staff and volunteer emergency preparedness training and practice drills, communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions. Each provider is required to have a disaster plan in place and provide the plan during licensing inspection visits.

- 1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): The Lead Agency, through MSDH, makes informational materials available on emergency preparedness, safe response to disasters, and emergency contacts to all CCDF-subsidized child care centers and homes in the state. Additionally, in an effort to provide more support to child care providers regarding emergency preparedness, MSDH Child Care Licensure will begin offering an emergency preparedness training workshop to all providers. This training will include safety precautions in place within the facility, as well as a template for creating an emergency plan in specific emergency situations. On-site technical assistance may also be given at the request of a provider or if an MSDH Child Care Facility Inspector believes the facility would benefit from receiving assistance regarding their emergency plan.
- 1.8.6 Provide the link to the website where the statewide child care disaster plan is available:  
<https://secac.ms.gov/wp-content/uploads/2016/09/Emergency-Procedures-CCPP-2013.pdf>

## 2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

### 2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities

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

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

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other. Describe: \_\_\_\_\_

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

- Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- Caseworkers with specialized training/experience in working with individuals with disabilities
- Ensuring accessibility of environments and activities for all children
- Partnerships with state and local programs and associations focused on disability-related topics and issues
- 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
- Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- Other. Describe:

## 2.2 Parental Complaint Process

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

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:  
Parents have multiple options to report complaints:  
–The Mississippi State Department of Health (MSDH) provides a Child Care Facility Complaint toll-free hotline (1-866-489-8734), listed on the MSDH website ([https://msdh.ms.gov/msdhsite/\\_static/4,721,85.html](https://msdh.ms.gov/msdhsite/_static/4,721,85.html));  
–The state's child care consumer education website, SECAC, also has information about the Child Care Facility Complaint toll-free hotline (1-866-489-8734) (<https://secac.ms.gov/parents/report-fraud-abuse-and-other-complaints-for-parents/>);  
–The Lead Agency maintains a CCPP service request form (<http://www.mdhs.ms.gov/early-childhood-care-development/>);

- The Lead Agency has a toll-free Complaint Hotline (1-800-877-7882), which is answered during regular business hours.
- 2.2.2 Describe the Lead Agency’s process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: The Mississippi Department of Health (MSDH) provides screening and substantiating, and responds to all complaints against a child care facility, and maintains a public record of substantiated complaints on behalf of the Lead Agency. MSDH investigates all complaints regardless of who filed a complaint. MSDH screens the complaint through the investigation to determine the nature of the complaint and to refer to the appropriate agency for a response:
  - MSDH will respond to complaints against the provider related to any licensure requirement, including allegations of abuse or neglect by the provider;
  - MDHS will respond to complaints against the provider related to improper charges under the child care payment system;
  - MCPS will respond to allegations of abuse or neglect by a parent.Substantiated complaints are posted on the MSDH website  
[https://msdh.ms.gov/msdhsite/\\_static/30,722,183,438.html](https://msdh.ms.gov/msdhsite/_static/30,722,183,438.html).MSDH Child Care Licensure currently conducts two unannounced inspections each year for each licensed facility in the state. One inspection is the renewal inspection, and the other occurs six months into the facility’s license year. These two inspections involve a thorough review of the facility’s staff and child records, facility policies, buildings and grounds, kitchen and nutritional standards, and outdoor play area.
- 2.2.3 Describe the Lead Agency’s process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring: The process for screening, substantiating, responding, and monitoring of complaints for non-CCDF providers is the same as for CCDF providers.
- 2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: In accordance with the CCDBG 658E(c) (2) (C), the state maintains a record of substantiated parental complaints against child care providers. Records of substantiated parental complaints are maintained by the Mississippi State Department of Health (MSDH) and accessed through the consumer education website SECAC....
- 2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: Information about substantiated parental complaints is made available to the public through public records requests. The entities responsible for maintaining the records will be responsible for complying with the public

records request. The consumer education website provides information on how to make a public records request.

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints: The policy and process related to parental complaints is found in Section 8 (Parent Complaints and Complaint Investigations) of the the Lead Agency's policy manual.

### **2.3 Consumer Education Website**

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: The Lead Agency ensures its consumer education website is consumer-friendly and easily accessible through collaboration with a university research center engaged to design and maintain the site. The consumer education website is reviewed regularly by the Lead Agency to ensure it maintains appropriate levels of consumer-friendliness and accessibility. Wireframing and prototyping are integral parts of the design, planning, and testing phases of development to identify and minimize potential usability issues and to help ensure a high quality user experience. The Lead Agency helps ensure accessibility by making proper use of taglines, ensuring the site is intuitive to navigate, content is presented concisely and that strategic use of visuals are made. The site is mobile compatible, loads quickly, and displays appropriately on multiple browsers. The site uses plain language (at a 6th grade reading level) and makes use of short, familiar words while limiting paragraphs to one idea/topic. Consumer education materials are divided into family-specific, provider-specific, and community-specific information, to make it easier for readers to navigate the site and find what they need. The consumer education website also includes alternate text for images, contrasting color schemes and other means to help ensure as wide an audience as possible can easily access information. Text is used for links

rather than images, and black text is used against a white background with colorful “Parent”, “Provider”, and “Community” links to offer a contrasting color scheme on the website.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): The MDHS website offers a feature to non-English speaking families to translate all information available into Spanish and/or Vietnamese, the two most common languages in the state after English. The translation feature is easily accessible at the bottom right corner of the site.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: The website allows consumers to utilize browser-enabled assistive technology (e.g., zooming, adjusting color schemes, adjusting contrast settings, and changing font sizes). The informational video that describes the “Family-Based and Unified Integrated Early Childhood System” is closed captioned.

2.3.4 Lead Agency processes related to child care.

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

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: <https://secac.ms.gov/wp-content/uploads/2016/09/HOW-TO-GET-A-CHILD-CARE-LICENSE.pdf>

The only licensed-exempt care facilities in Mississippi are those deemed by the Mississippi Department of Health (MSDH) to be exempt from licensure and are enumerated below:

- Any program in an elementary (including kindergarten) and/or secondary school system accredited by the Mississippi State Department of Education, the Southern Association of Colleges and Schools, The Mississippi Private School Association, the American Association of Christian Schools, the Association of Christian Schools International, or a school affiliated with Accelerated Christian Education, Inc. This includes accredited pre-K3 and pre-K4 Programs. Programs serving children less than three (3) years of age must be licensed.
- Any Head Start program operating in conjunction with an elementary school system, whether it is public, private, or parochial, whose primary purpose is a structured school or school readiness program. This includes Head Start pre-K3 and pre-K4 programs. Head Start programs serving children less than three (3) years of age must be licensed.

- Any membership organization affiliated with a national organization which charges only a nominal annual membership fee, does not receive monthly, weekly, or daily payments for services, and is certified by its national association as complying with the association's minimum standards and procedures, including, but not limited to, the Boys and Girls Club of America, and the YMCA.
- Child Care facilities which operate for no more than two (2) days a week and whose primary purpose is to provide respite for the caregiver or temporary care during other scheduled or related activities.
- Organized programs that operate for three (3) or less weeks per year such as but not limited to vacation bible schools and scout day camps.
- Any child residential home as defined in and in compliance with the provisions of Section 43-16-3 (b) et seq., Mississippi Code of 1972.
- Any family child care home defined in Mississippi Code Section 43-20-53 (a) et seq. To wit: An occupied residence in which shelter and personal care is regularly provided for five (5) or fewer children who are not related within the third degree computed according to the civil law to the provider and who are under 13 years of age and are provided care for any part of the twenty-four hour day. These homes may be voluntarily registered with the Mississippi State Department of Health.

- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: <https://secac.ms.gov/providers/report-fraud-abuse-and-other-complaints-for-providers/>
- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11: <https://secac.ms.gov/providers/child-care-payment-program/>

### 2.3.5 List of providers

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

- a) Provide the website link to the searchable list of child care providers: A list of licensed providers, CCDF-approved and non-CCDF, is available at: <https://secac.ms.gov/parents/find-a-child-care-provider/>.
- b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other. Describe: \_\_\_\_\_

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

- Licensed providers
  - Contact information
  - Enrollment capacity
  - Years in operation
  - Provider education and training
  - Languages spoken
  - Quality information
  - Monitoring reports
  - Other. Describe: The searchable list yields results also for: license information and status (dates when active); age groups served; types of services (including full-day, half-day, or after-school services); months, days, and hours of operation (including non-traditional times and days); whether or not the provider accepts subsidy children; investigation history, if any; monetary penalties, if any. In addition, a map showing provider location is available.
- License-exempt, non-CCDF providers
  - Contact information
  - Enrollment capacity
  - Years in operation
  - Provider education and training
  - Languages spoken
  - Quality information
  - Monitoring reports
  - Other. Describe: \_\_\_\_\_
- License-exempt CCDF center based providers
  - Contact information
  - Enrollment capacity
  - Years in operation
  - Provider education and training
  - Languages spoken
  - Quality information
  - Monitoring reports

- Other. Describe: \_\_\_\_\_
- License-exempt CCDF family child care
  - Contact information
  - Enrollment capacity
  - Years in operation
  - Provider education and training
  - Languages spoken
  - Quality information
  - Monitoring reports
  - Other. Describe: The searchable list yields results also for: types of services (including full-day, half-day, or after-school services); months, days, and hours of operation (including non-traditional times and days); whether or not the provider accepts subsidy children; investigation history, if any; monetary penalties, if any. In addition, a map showing provider location is available.
- Relative CCDF providers
  - Contact information
  - Enrollment capacity
  - Years in operation
  - Provider education and training
  - Languages spoken
  - Quality information
  - Monitoring reports
  - Other. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_
  - Contact information
  - Enrollment capacity
  - Years in operation
  - Provider education and training
  - Languages spoken
  - Quality information
  - Monitoring reports
  - Other. Describe: \_\_\_\_\_

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

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start Program Performance Standards.
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other. Describe: In the last two years, the state has engaged in reinventing how child care providers can meet quality expectations without being unduly burdened. This was a statewide effort that involved several early childhood stakeholders. The idea was not to create a system that divides child care providers along arbitrary scales of quality, and therefore further stratify low income children, especially in disadvantaged areas. The state created a supporting structure that emphasizes quality and continuity of care and learning for all children. This was achieved by creating opportunities for licensed child care providers to be designated as standard or comprehensive, creating a general framework for quality expectations. A standard designation fulfills federally-mandated criteria in four areas: (1) Enhanced environmental and physical health and safety standards; (2) Mandatory preservice and ongoing professional development related to early childhood care and development; (3) Delivery of curricula and/or learning activities that are aligned to State Early Learning Guidelines and Standards; and (4) Engagement in continuous quality improvement. When a child care center seeks to operate as a standard-designated center, the center will complete an application containing a series of modules that will help collect the information to verify that the center is a licensed care center, all staff are trained according to the federally mandated Health and Safety Trainings, and the center uses or will adopt a curriculum with activities that aligns with the state early learning guidelines and standards from the Mississippi Department of Education. As part of the efforts to provide continuous quality improvement, the application also includes a self-assessment segment. The purpose of the self-assessment is to help child care providers communicate with the ECAs about areas within which they might need technical assistance or coaching. Each year, licensed child care centers will be required to provide information about the four areas as part of the efforts to ensure continuous quality improvement.

A comprehensive designation is in the development phase with

anticipation that a pilot program will be implemented over the next two years. The comprehensive designation represents a commitment on the part of a standard-designated child care center to achieve a heightened level of quality that assures a child receives continuity of care and learning as the child moves from one environment to the next, e.g. child care center to public school. Comprehensive Child Care Centers will demonstrate that high quality care and education is planned, implemented, and continuously improved in all of the following ten goal areas: (1) Continuous quality improvement, (2) Professional development trainings, (3) Curriculum standards, (4) Child assessments, (5) Family engagement, (6) Community partnerships, (7) Kindergarten transition practices, (8) Business management operations, (9) Technology infrastructure, and (10) Program evaluation.

Under this general framework of standard-comprehensive, and as outlined in the state strategic plan for early care and learning titled “*A Family-Based Unified and Integrated Early Childhood Education*”, ([https://secac.ms.gov/wp-content/uploads/2016/12/EarlyChildCareSystemDescription-Formatted-12-06-16\\_2.pdf](https://secac.ms.gov/wp-content/uploads/2016/12/EarlyChildCareSystemDescription-Formatted-12-06-16_2.pdf)) an online application is currently available for child care centers to complete in order to be considered a standard center (view here

INSERT LINK FOR THE WORD DOCUMENT OF STANDARD APP). The state has developed a process to guide standard centers to operate as comprehensive centers. The plan is to conduct a pilot with volunteer child care centers to learn how such an approach can be implemented without causing any significant impact to the operation of the center. The state plans to complete the pilot in 2019-2020 and be fully operational in the beginning of 2021. In this process, the state will further evaluate the market rate to operate as a comprehensive center. In the pilot, volunteer centers will offer more of a holistic and integrated approach by not only meeting the same requirements of a Standard Child Care Center, but also engaging in additional activities specifically designed to improve the quality and continuity of the learning experiences for children ages zero to five.

At this time, all providers are working to achieve standard designation status and that designation is not posted specific to each provider on the consumer education website.

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

- Licensed CCDF providers. Describe the quality information: \_\_\_\_\_
- Licensed non-CCDF providers. Describe the quality information: \_\_\_\_\_

- License-exempt center-based CCDF providers. Describe the quality information: \_\_\_\_\_
- License-exempt FCC CCDF providers. Describe the quality information: \_\_\_\_\_
- License-exempt non-CCDF providers. Describe the quality information: \_\_\_\_\_
- Relative child care providers. Describe the quality information: \_\_\_\_\_
- Other. Describe: The goal is for all providers that participate in the child care payment program to be designated as a Standard Child Care Center or a Comprehensive Child Care Center by 2021. At this time, no individual provider distinctions as to quality are made on the consumer education website.

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language, as defined by the State or Territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

- a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.  
When searching providers, there is a link for inspections that will inform the public of the dates of the last inspection and the results. If there were violations, a PDF is available with the checklist from the inspection. There is a comments section in the PDF that plainly states the violation, the corrective action plan, and the date that the corrective action plan should be implemented. Plain language is clear and direct expression in speech and writing that is free from jargon and rarely used words and terms.
- b) Are monitoring and inspection reports in plain language?
  - If yes, include a website link to a sample monitoring report. This information is easily accessible and consumer friendly, found here  
<https://www.mdhs.provider.webapps.ms.gov/ccsearch.aspx>.  
A sample monitoring report can be viewed here  
<https://www.mdhs.provider.webapps.ms.gov/PublicViewInspectionDocument.aspx?pdf=rcFGr%2bcUnQfJaUIEcJfIkqAL6IJvWsd%2b7X2qFHIPuTE%3d>

- If no, describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary. \_\_\_\_\_
- c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:
  - Date of inspection
  - Health and safety violations, including those violations that resulted in fatalities or serious injuries. Describe how these health and safety violations are prominently displayed. The Mississippi State Department of Health (MSDH) performs monitoring and inspections on behalf of the Lead Agency. These inspections occur at least twice a year to assure compliance with state health and safety regulations. Violations found during recent inspections that may endanger children in these facilities, including failure to maintain the minimum staff to child ratio, leaving children unattended, failure to conduct a background check, and lack of CPR/first aid training can be viewed here <https://www.msdh.provider.webapps.ms.gov/ccsearch.aspx>.
  - Corrective action plans taken by the State and/or child care provider. Describe The Department of Health performs monitoring and inspections on behalf of the Lead Agency. Monitoring and inspection reports may include information on corrective action, if applicable, and the date the corrective action was satisfactorily completed. Non-critical findings or violations that satisfy the requirements of the corrective action plan may be removed from the website if the provider does not have multiple findings or violations in a single visit and if approved by the Lead Agency.
- d) The process for correcting inaccuracies in reports. Alleged Inaccuracies should be reported to the investigative team MSDH. The allegation will be reviewed and an investigation if substantiated, MSDH will complete an additional encounter form incorporating the correction and will have the child care provider sign a new corrected encounter form.
- e) The process for providers to appeal the findings in reports, including the time requirements, and timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded. If requested in writing within ten calendar days of receipt of notice of the imposition of a monetary penalty, a district level hearing shall be provided in which the provider may show cause why the monetary penalty should not be imposed. If requested in writing within ten calendar days of receipt of a notice of revocation, non-renewal, probation, or suspension, or after a district level hearing has been held on a monetary penalty, a hearing shall be held at the state level. Any

provider who disagrees with or is aggrieved by a decision of the licensing agency concerning the suspension, revocation, or restriction of a license may appeal to the Chancery Court of the county in which the child care facility is located. Violations are never removed but the website is updated to show the disposition of the appeal.

- f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken. Timely is considered posting of reports within one to two working weeks for public view.
- g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). The reports will be made available in the searchable provider list in the SECAC consumer education website, and reach back to July 1, 2017. Any reports prior to this date may be obtained by making a public records request. There is a link available on the site in order to make this request. Inspection reports are kept for a minimum of seven years on the consumer education website (SECAC website) and the licensure website (Mississippi State Department of Health website). Monetary penalty letters and substantiated complaints will remain available indefinitely.
- h) Any additional providers on which the Lead Agency chooses to include reports. Note: Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
  - License-exempt non-CCDF providers
  - Relative child care providers
  - Other. Describe: \_\_\_\_\_

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

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

Department of Health (MSDH) is the designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care. Regular meetings occur between the Lead Agency and the MSDH Licensure Director. Additionally, the databases used in both entities are compatible which enables automated data sharing. MSDH provides the Lead Agency with an annual report, which is posted on the consumer education website, with aggregated data about child deaths, serious injuries, and substantiated instances of child abuse in child care settings in Mississippi.

- b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement. Substantiated child abuse are cases occurring in the child care center that have been confirmed by law enforcement and/or Mississippi Department of Human Services or a state authorized agency. Neglect and child abuse are defined by Miss. Code Ann. § 43-21-105. An “abused child” is defined as a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused, upon the child, sexual abuse, sexual exploitation, emotional abuse, mental injury, nonaccidental physical injury or other maltreatment. An “abused child” also means a child who is or has been trafficked within the meaning of the Mississippi Human Trafficking Act by any person, without regard to the relationship of the person to the child.  
A “neglected child” is defined as a child:
  - i) whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being;
  - (ii) who is otherwise without proper care, custody, supervision or support; or
  - (iii) who, for any reason, lacks the special care made necessary for him by reason of his mental condition, whether the mental condition is having mental illness or having an intellectual disability; or
  - (iv) who, for any reason, lacks the care necessary for his health, morals or well-being.
- c) The definition of “serious injury” used by the Lead Agency for this requirement. Serious injury is defined as injuries that require medical attention by a licensed health practitioner.
- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. The latest information on the aggregate number of serious injuries, deaths, and substantiated instances of child abuse in child care settings is posted here: <https://secac.ms.gov/wp->

<content/uploads/2016/09/SECAC-Info-on-accidents-deaths-abuse-FY2016-09-01-16.pdf>

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: <https://secac.ms.gov/early-childhood-academy/> This link directs the user to the SECAC website where the Early Childhood Academy (ECA) is described. This page discusses the role of the ECA, provides a map of the different service area locations, and a list of all the ECA sites with their address, phone number, and staff available. Each ECA also operates as a Child Care Resource Center on site.

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information: The consumer education website has a “Contact Us” tab where parents or providers or other stakeholders can submit general questions and comments, viewed here: <https://secac.ms.gov/contact-us/> The consumer education website also provides a list of “Other Important Contacts” that may be helpful for parents, viewed here: <https://secac.ms.gov/contact-us/other-important-contacts/> (<http://www.mdhs.ms.gov/early-childhood-care-development/> **in SECAC “Other Important Contacts”**).

2.3.11 Provide the website link to the Lead Agency’s consumer education website. Note: An amendment is required if this website changes. <https://secac.ms.gov/>

2.3.12 Other. Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

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#### 2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. The Lead Agency shares information through the SECAC consumer education website, the Early Childhood Academy and their Child Care Resource Centers , as well as through the Lead Agency's eligibility workers in the Child Care Payment program office. These outlets utilize a combination of the following methods: written materials, electronic communication, and face-to-face meetings. The consumer education website is visually organized with large bold tabs for either parents, providers, or the community to choose. Each tab directs the party to information that is appropriately tailored to the respective party.

2.4.2 The partnerships formed to make information about the availability of child care services available to families. The Lead Agency has established partnerships with the following agencies and organizations to inform the children and families receiving financial assistance about child care services and resources:

- Temporary Assistance for Needy Families (TANF)
- Mississippi Department of Child Protection Services (MCPS)
- State Early Childhood Advisory Council (SECAC)
- Mississippi State Department of Health (MSDH) –Early Childhood
- Academy (ECA) –Mississippi Building Blocks (MBB)
- Families First
- Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM)
- National Strategic Planning and Analysis Research Centers (NSPARC) at Mississippi State University (MSU)

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

- Temporary Assistance for Needy Families program: After completing the online application for childcare subsidies, eligible parents are informed via email about TANF services. Information related to TANF is also on the MDHS website at <http://www.mdhs.ms.gov/economic-assistance/tanf/> This link includes: a description of the TANF program; what is required of adults receiving TANF; instructions for applying; how long an applicant may receive TANF; eligibility requirements; a description for how TANF is

funded; what TANF does; and a list of documents needed for verification. Income, resource, and benefits guidelines provided include maximum TANF benefits, maximum monthly gross income limits, and maximum resource limits. A downloadable TANF brochure is also available. Eligible parents without access to internet can obtain printed information about TANF services from the Mississippi Department of Human Services (MDHS) county offices, or through ECA Child Care Resource Centers at corresponding ECA locations. Information available to eligible families includes: TANF fact sheet; TANF brochure; income, resource, & benefit guidelines; applicant and recipient information; TANF Work Program information; and Mississippi Debit MasterCard Program information. This information is available electronically through the MDHS website <http://www.mdhs.ms.gov/economic-assistance/tanf/> and as printed material (brochures, fact sheets, etc.) Parents with no internet access receive information from their county eligibility worker at the time of determination. Additional access points for information are ECA Child Care Resource Centers, or public computers at the local public library.

- ☒ Head Start and Early Head Start programs: The SECAC consumer education website, <https://secac.ms.gov/parents/find-a-child-care-provider/types-of-child-care-programs/>, provides links to the Head Start/Early Head Start at the MHSA website and a link for parents to learn about how eligibility is determined. After completing the online application for childcare subsidies, parents are informed via email of the diversity of child care services available in the state, including Head Start and Early Head Start. Information related to Head Start is on a number of websites, including the MDHS website, the national Head Start website, and the Mississippi Head Start Association website. Consumers without access to email/internet can obtain printed information about Head Start and Early Head Start from Child Care Resource Centers or public computers at the local public library.
- ☒ Low Income Home Energy Assistance Program (LIHEAP): The Lead Agency also houses the LIHEAP program through the Division of Community Services, and can make internal referrals as need is identified. Information on how to apply and applicant requirements are available at <http://www.mdhs.ms.gov/community-services/assistance-programs/>. Consumers without access to a computer may call the Community Action Agency (CAA) or Human Resource Agency (HRA) in their area; an agency directory can be found at <http://www.mdhs.ms.gov/community-services/assistance-programs/>

- ☒ Supplemental Nutrition Assistance Programs (SNAP) Program: The SNAP program is housed within the Lead Agency. An online application for the Supplemental Nutrition Assistance Program (SNAP), qualifying information, eligibility checklist, how to apply, reporting changes, as well as other information for the public regarding Nutrition services available with SNAP benefits can be found at <http://www.mdhs.ms.gov/economic-assistance/snap>. Eligible parents with no internet access can obtain printed information about SNAP services from MDHS county offices or CCR&R offices. Information available to eligible parents includes a brochure of general SNAP information; SNAP pre-screening information; SNAP employment and training information; and program contact information.
- ☒ Women, Infants, and Children Program (WIC) program: Information for the Women, Infants, and Children (WIC) Program, including benefits of the program, the type of food you will receive, who is eligible, health care referrals, breastfeeding support, and documents required for eligibility can be found at [https://msdh.ms.gov/msdhsite/\\_static/41,0,128.html](https://msdh.ms.gov/msdhsite/_static/41,0,128.html). WIC-related information is available online through the consumer education website (<https://secac.ms.gov/parents/programs-and-services-for-parents/nutrition-and-food-supplement-programs/>). Eligible families without access to internet can obtain this information through Child Care Resource Centers. Information provided to eligible families includes the following: WIC income table; keeping your baby smoke-free; Smart Snacks; Strong as Iron; WIC and Happy Active Child; WIC and Happy Healthy Baby; WIC and Healthy First Teeth; Thinking about Breastfeeding (English and Spanish); Breastfeeding Basics (English and Spanish); Weight to Height charts; Weight to Age charts; BMI charts; Length charts; head circumference charts; information about accessing online nutrition education; and the WIC improvement survey.
- ☒ Child and Adult Care Food Program(CACFP): The CACFP is provided through the Mississippi Department of Education (MDE). Information can be found at <http://www.mde.k12.ms.us/OCN/CACFP>. After completing the online application for childcare subsidy, eligible parents are informed about CACFP services. This information is available online through the consumer education website (<https://secac.ms.gov/providers/financial-resources-and-other-programs-and-services-for-providers/>). Eligible families without internet access can obtain CACFP information in print form through Child Care Resource Centers. Information available to eligible families include: Free and Reduced Meals Family Application Instructions; Free and Reduced Meals Family Application; Child Care

Rates (meal rates); Income Eligibility Guidelines; Medical Statement for Non-Disabled Children; Medical Statement for Disabled Children; Religious Statement for Child/Children; CACFP Meal Applications; and program contact information.

- ☒ Medicaid and Children's Health Insurance Program (CHIP): The Mississippi Division of Medicaid is the fiscal agent for this program and facilitates case management related to CHIP. Information is provided by the consumer education website (<https://secac.ms.gov/parents/programs-and-services-for-parents/health-and-health-care-services/>). Provided information includes basic eligibility requirements, who is eligible, income limits, how to apply, proposed state plans as well as approved amendments to the plans. MDHS works with the Mississippi Division of Medicaid to provide Medicaid-related information to eligible families. After completing the online application for childcare subsidies, eligible parents are informed about Medicaid services. This information is also available electronically (via the Mississippi Division of Medicaid website) and in print through ECA Child Care Resource Centers. Resources provided to eligible families include information related to the following: Medicaid; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); MississippiCAN; CHIP; Mississippi Health Benefits for Children; Managed Care; Mississippi Medicaid Application Form; and Eligibility Information & Income Limits tables. Service delivery related to the Children's Health Insurance Program (CHIP) is provided by the Mississippi State Department of Health (MSDH). MDHS works with the Mississippi Division of Medicaid and the Mississippi State Department of Health ([https://msdh.ms.gov/msdhsite/\\_static/41,0,96.html](https://msdh.ms.gov/msdhsite/_static/41,0,96.html)) to provide eligible parents with information related to CHIP. After completing the online application for childcare subsidies, eligible parents are informed via email about CHIP services. This information is also available electronically (via the Mississippi Division of Medicaid and MSDH websites) as well as in print form through Child Care Resource Centers. Provided information includes Mississippi Medicaid application form (the same is used for CHIP and regular Medicaid) and CHIP eligibility information.
- ☒ Programs carried out under IDEA Part B, Section 619 and Part C: The Mississippi State Department of Health is the lead agency for Part C of IDEA. Colloquially known as First Steps, the program provides family-focused services to promote the development of children birth to three years old. Services include developmental screenings, evaluations and assessments, Individualized Family Service Plans (IFSPs), early intervention services, and transition plans to preschool services under Part

B of IDEA. These services are available statewide and are administered in the child's natural environment, either at home or in provider-based care. The consumer education website provides information about MSDH IDEA Part C program (<https://secac.ms.gov/parents/programs-and-services-for-parents/disability-and-development-delay-services/>). After completing the online application for childcare subsidies, parents are informed of other human service programs for which they may be eligible, including services related to IDEA. Consumers without internet access can obtain printed information about IDEA programs and services from the Mississippi Department of Human Services (MDHS) county offices or through Child Care Resource Centers.

- 2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. A link to Research and Best Practices in Early Childhood Development on the consumer education website, <https://secac.ms.gov/parents/research-and-best-practices-for-parents/>, includes the following: Assessment and Testing; Curricula, Standards, and Instructional Practices in Early Education Classrooms; Disability, Disorder, and Developmental Delay; Diversity and Inclusion; Executive Function and other Foundations of Learning; Nutrition and Physical Activity; Routines and Transitions; Safety; School Readiness and Kindergarten Transition; Social, Emotional, and Behavioral Skills; Trauma, Abuse, and Hardship. The information is appropriate for parents or providers and it is visually organized with large bold tabs for either parents, providers, or the community to choose. Each tab directs the party to information that is appropriately tailored to the respective party.
- 2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information. The Lead Agency has developed a position statement regarding the social/ emotional/ behavioral development and mental health of young children and limiting the use of expulsion, suspension, and other exclusionary discipline practices, found on consumer education website (<https://secac.ms.gov/wp->

content/uploads/2016/09/Position-Statement-on-Expulsion-Etc-1.pdf). The consumer education website, <https://secac.ms.gov/parents/research-and-best-practices-for-parents/> provides a link to Research and Best Practices in Early Childhood Development including Social, Emotional, and Behavioral Skills. Resources, specific to parents, are available at Child Care Resource Center. Professional development through the Mississippi Department of Health and ECAs are offered to providers to educate regarding social/emotional/behavioral child development. Resources specific to providers are available at Child Care Resource Centers. Social-emotional/behavioral curricula are built into several courses offered to providers including the director's credential.

2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public. The Division of Early Childhood Care and Development (DECCD) in the Mississippi Department of Human Services released a position statement in October 2016 addressing the topics of social, emotional, and behavioral health and the use of suspension and expulsion in early care and education settings: <https://secac.ms.gov/wp-content/uploads/2016/09/Position-Statement-on-Expulsion-Etc-1.pdf>. The Lead Agency takes the position that expulsions should only be used rarely and as a last resource and encourages providers to be trained to manage social/emotional/behavioral issues in the child care setting to the extent practical.

## 2.5 Procedures for Providing Information on Developmental Screenings

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

2.5.1 Certify by describing:

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

collects and disseminates information through the SECAC on an ongoing basis, continuously updating existing resources and services for conducting developmental screenings and providing intervention services as needed. Also, ECA and MECIC work to educate providers through professional development to recognize the need for developmental screenings and to provide with resources for referrals. This information may be found at the consumer education website: <https://secac.ms.gov/parents/programs-and-services-for-parents/disability-and-development-delay-services/>. These referred services include the use of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and development screening services available under the Individuals with Disabilities Education Act (IDEA). The website describes how a family or eligible child care provider may utilize the resources and services to obtain developmental screenings for children receiving child care assistance and who may be at risk for cognitive or other developmental delays. The consumer education website describes the process for providers receiving CCDF assistance to provide referrals for services to obtain developmental screenings for children.

- b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). The Lead Agency through SECAC will collaborate with the Mississippi State Department of Health and the Mississippi Department of Education to identify existing resources and cultivate strategies to provide information to families, providers and the public regarding the need for early screening and diagnosis. The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) provides preventative and comprehensive health services for children from birth up to age 21 who are eligible for Medicaid. This is a federally mandated service that provides critical services to improve the health of infants, children and adolescents. This program ensures that children receive the medical exams, checkups, follow-up treatment and special care they need.
- c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. When a child care certificate is awarded the letter from the Lead Agency to the parent includes a statement encouraging the parent to follow American Academy of Pediatrics Guidelines for regular physician visits for developmental progress as the gateway for determining the need for additional screenings. Additionally, the ECA

provide providers with resource information to be shared with parents who are determined a need for specialized intervention.

- d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. If the child is Medicaid-eligible, that child will be able to see an approved provider to perform EPSDT and IDEA Part C services according to recommended schedules. If a child is not Medicaid-eligible or does not qualify for services under Part C of IDEA, that child may be able to receive a developmental delay screening through the child's regular healthcare provider. Parents can call their child's primary care physician to verify if a screening can be performed. Parents can request a referral to another location if their primary care physician is not able to perform a screening. The consumer education website describes the process for providers receiving CCDF assistance to provide referrals for services to obtain developmental screenings for children (<https://secac.ms.gov/parents/doctors-developmental-screenings-and-other-early-childhood-practitioners/>).
- e) How child care providers receive this information through training and professional development. Child care providers receive this information through several professional outlets:
  - The Early Childhood Academy (ECA)
  - Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM)
  - The Mississippi State Department of Health (MSDH)
- f) Provide the citation for this policy and procedure related to providing information on developmental screenings. The Lead Agency has developed a policy that encourages parents to follow American Academy of Pediatrics (AAP) Guidelines for regular healthcare provider visits for developmental progress, as the gateway for determining the need for additional screenings. The AAP Guidelines related to developmental screenings state the following: “The AAP recommends conducting developmental surveillance at every health supervision visit and conducting general developmental screening using evidence-based tools at 9, 18, and 30 months, or whenever a concern is expressed. In addition, autism-specific screening is recommended at ages 18 and 24 months, and social-emotional screening is recommended at regular intervals.” (The AAP Guidelines can be viewed under “Screening Recommendations” in this link: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>)

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

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

### 2.6.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.  
The consumer education website (<https://secac.ms.gov/parents/>) provides the consumer statement.
- b) What is included in the statement, including when the consumer statement is provided to families. The consumer statement is: "Welcome parents and guardians! SECAC seeks to support parents and guardians in their role as a child's most important teacher and advocate. Use the resources below to find child care near your work or home and to learn more about choosing high-quality child care. You will also find information about early childhood health and development, programs and services available to you as a parent or guardian in Mississippi (including doctors and developmental screenings), and links to local laws, rules, and regulations related to child care and education in Mississippi." The link on the consumer education website about the child care payment program is: <https://secac.ms.gov/parents/child-care-payment-program/>  
The consumer education website contains the necessary information about providers and their locations. The strategic plan for child care centers emphasizes the importance of equal access to quality care. Additionally, the website contains information on filing a complaint and locations of ECA Child Care Resource Centers.
- c) Provide a link to a sample consumer statement or a description if a link is not available.  
<https://secac.ms.gov/parents/> and <https://secac.ms.gov/providers/>

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

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

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

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

#### 3.1 Eligible Children and Families

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

##### 3.1.1 Eligibility criteria based on a child's age

- a) The CCDF program serves children from 6 weeks (weeks/months/years) through 12 years, 11 months years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
  - b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?
    - No
    - Yes, and the upper age is 18 years, 11 months (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity: The definition includes a child under the age of 19 who meets the Supplemental Security Income (SSI) definition of disability by having a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected

to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. Documentation of SSI benefits is sufficient to determine priority eligibility for child care. In the absence of SSI benefits, the applicant must submit a statement to DECCD from the child's physician indicating that the child's condition renders him or her incapable of age-appropriate self-care activities AND requires additional personnel with specialized training to help them function in their child care environment.

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

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

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

“residing with”: Living with, including taking meals and sleeping in the same house for a majority of a seven-day period beginning with Sunday and ending with Saturday.

“in loco parentis”: In place of parent, for example, a guardian or a relative or friend with whom the child resides if the child's parent is unable to act as the parent or has delegated his or her authority to someone else. The term describes someone who provides care and supervision like a parent but without going through the formalities of legal adoption or guardianship.

### 3.1.2 Eligibility criteria based on reason for care

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

“Working” (including activities and any hour requirements): Performing duties to earn a wage (for a minimum of 25 hours per week) or complete education/job training such as practicums or internships (enrollment for education/training must be full time).

“Job training” (including activities and any hour requirements): A program offering educational or job training content. These programs must be accredited by the State of Mississippi or a national organization.

“Education” (including activities and any hour requirements): A program offering educational or job training content. These programs must be accredited by the State of Mississippi or a national organization.

“Attending job training or education” (e.g. number of hours, travel time): Full-time enrollment in an education and/or job training program resulting in a degree or certificate designed to promote job skills and employability. Full-time enrollment is defined by the higher education institutions providing the education and/or job training program.

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

No. If no, describe the additional work requirements: \_\_\_\_\_

Yes. If yes, describe the policy or procedure: Parents may meet the CCDF work requirement by either working, participating in a qualified educational or workforce training option, or through a combination of work and education and/or job training.

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

No

Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility): If the applicant provides documentation of active engagement in a job search, CCDF eligibility will be extended for three months. At the end of the three months, the applicant must supplement the application documentation sufficient to meet the work requirement or the certificate(s) may be terminated.

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

No

Yes. If yes:

- i. Please provide the Lead Agency’s definition of “protective services”: Children that are court ordered to receive Protective Services from the Department of Child Protection Services. These children are living in the home of a parent or relative/kinship caregiver, or under foster care.  
*Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency’s definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.*
- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

□ No  
 Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

□ No  
 Yes

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

□ No  
 Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Income that is counted towards the maximum allowable income limit includes: wages or salary (gross income of all adults in the family unit), base pay for military personnel, net income from self-employment, unemployment compensation, worker’s compensation, alimony (regular and ongoing payments), court-ordered and direct child support payments (when regular and ongoing payments are received), veteran’s benefits, military allotments, capital gains, rental income (regular and ongoing payments), dividends (regular and ongoing payments), retirement/pension, commission, cash bonuses, and regular or lump sum lottery payments.

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

|             | (a)                       | (b)  | (c)  | (d)   |
|-------------|---------------------------|--|--|---|
| Family Size | 100% of SMI<br>(\$/Month) | 85% of SMI<br>(\$/Month)<br>[Multiply (a) by 0.85] | (IF APPLICABLE)<br>(\$/Month)<br>Maximum Initial or<br>First Tier Income<br>Limit (or<br>Threshold) if Lower<br>Than 85% of<br>Current SMI | (IF APPLICABLE)<br>(% of SMI)<br>[Divide (c) by (a),<br>multiply by 100]<br>Income Level if Lower<br>Than 85% of Current<br>SMI |
| 1           | N/A                       | N/A  | N/A  | N/A   |
| 2           | 3,467.00                  | 2,947.00   | N/A  | N/A   |

|             | (a)                    | (b)   | (c)  | (d)   |
|-------------|------------------------|---|--|---|
| Family Size | 100% of SMI (\$/Month) | 85% of SMI (\$/Month)<br>[Multiply (a) by 0.85] | (IF APPLICABLE)<br>(\$/Month)<br>Maximum Initial or<br>First Tier Income<br>Limit (or<br>Threshold) if Lower<br>Than 85% of<br>Current SMI | (IF APPLICABLE)<br>(% of SMI)<br>[Divide (c) by (a),<br>multiply by 100]<br>Income Level if Lower<br>Than 85% of Current<br>SMI |
| 3           | 4,283.00               | 3,640.00  | N/A  | N/A   |
| 4           | 5,099.00               | 4,334.00  | N/A  | N/A   |
| 5           | 5,914.00               | 5,027.00  | N/A  | N/A   |

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

*Reminder:* Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. 2012-2016 American Community Survey 5 Year Estimates; 2018 Low Income Home Energy Assistance Program (LIHEAP) State Median Income Guidelines (<https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>, 45 CFR 96.85); 2018 Federal Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>); TANF Income Guidelines (<http://www.mdhs.ms.gov/economic-assistance/tanf/>)

e) Identify the most populous area of the State used to complete the chart above. The most populous area of the State is Jackson, Mississippi with a population of 166, 965 (Census 2017 data).

f) What was the date that these eligibility limits in column (c) became effective? N/A

g) Provide the citation or link, if available, for the income eligibility limits. The page with the updated and effective eligibility limits can be viewed here: <http://www.mdhs.ms.gov/early-childhood-care-development/child-care-certificate-program>

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

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). Self-attestation with a checkoff mark in the online application.

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

No

Yes. If yes, describe the policy or procedure and provide citation: \_\_\_\_\_

3.1.5 Describe any additional eligibility conditions or priority rules, which should only be applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). Priority to receive vouchers will be based on whether or not a child falls into a priority population or a priority area.

Priority populations include:

- Temporary Assistance for Needy Families (TANF) recipients – eligibility requirements are waived for TANF recipients
- Transitional Child Care (TCC) recipients. – eligibility requirements are waived for TCC recipients
- Homeless children, as defined by McKinney-Vento Act. – eligibility requirements are waived for homeless children
- Children served by the Mississippi Department of Child Protection Services (MDCPS) – eligibility requirements are waived for children in the custody of MDCPS

–Teen Parents

–Children in foster care.

–Children served by the Healthy Families Mississippi (HFM) home-visitation program.

–Special-needs populations, these clients include:

- Children with documented special needs, 85% State Median Income (SMI) threshold applies.
- Parent(s) with a documented disability, 85% SMI threshold does not apply.

•Parent(s) deployed in the MS National Guard or Reserve, 85% SMI threshold applies.

–Children of very low-income parents, the family's gross income must be at 50% or below the State Median Income (SMI).

Priority areas include:

–High concentrations of poverty. A high concentration of poverty is defined as a county where the percentage of children living in poverty is at least one (1) standard deviation above the state mean value for the percentage of children living in poverty.

–Limited access to child care providers eligible for the Child Care Payment Program (CCPP). Limited access is defined as counties that do not contain any CCPP-eligible child care provider.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- Providing more intensive case management for families with children with multiple risk factors;
- Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- Other. Describe: The Lead Agency plans to evaluate the possibility of coordinating with Head Start, prekindergarten, and other early learning programs to create a package of arrangement that accommodates parents' work schedules and inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP).

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

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

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

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  - (A) Takes into account the typical household budget of a low-income family
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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

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

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

- N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- N/A. The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
  - Describe the policies and procedures. \_\_\_\_\_
  - Provide the citation for this policy or procedure. \_\_\_\_\_
- 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.
  - Provide the second tier of eligibility for a family of three. \_\_\_\_\_
  - Describe how the second eligibility threshold:
    - i. Takes into account the typical household budget of a low-income family: \_\_\_\_\_
    - ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: \_\_\_\_\_
    - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption: \_\_\_\_\_
    - iv. Provide the citation for this policy or procedure: \_\_\_\_\_

- Other. Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas Where Implementation Is Still in Progress* in the introduction.

b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

- No
- Yes
  - i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.
  - ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.3.3 of the Plan.)
    - No.
    - Yes. Describe:

3.1.8 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e., 12 months). Describe: Parents who experience seasonal fluctuations in income must submit income documentation to support the irregularity. Irregular hours of employment, income, commissions, bonuses, and tips are averaged and added to regular work income.
- Request earning statements that are most representative of the family's monthly income. Describe:
- Deduct temporary or irregular increases in wages from the family's standard income level. Describe:
- Other. Describe: Click or tap here to enter text.

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

- Applicant identity. Describe: Government-issued photo ID or two other forms of identity verification, required at initial eligibility determination.
- Applicant's relationship to the child. Describe: Parents must submit a Long Form Birth Certificate. Guardians who are not the biological parents of the child must submit the Guardianship/In Loco Parentis Verification Form, or court order, required at initial eligibility determination.
- Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: Long Form Birth Certificate and child's Social Security Number, required at initial eligibility determination.
- Work. Describe: Documents verifying that the parent works the minimum required number of hours per week, required at initial eligibility determination and subsequent redeterminations.
- Job training or educational program. Describe: Documents verifying required enrollment in an approved educational or job training program, required at initial eligibility determination and subsequent redeterminations.
- Family income. Describe: Documents verifying the household income is no more than 85% of SMI, required at initial eligibility determination and subsequent redeterminations.
- Household composition. Describe: Parents certify their household composition in a self-attestation process, required at initial eligibility determination and subsequent redeterminations.
- Applicant residence. Describe: Parent must provide documentation establishing a current Mississippi address in the parent's name, required at initial eligibility determination and subsequent redeterminations.
- Other. Describe: If applicable, parents must show documentation verifying cooperation with child support services or receipt of child support payments, required at initial eligibility determination and subsequent redeterminations. Full child support compliance must be established for the parent(s) by documenting compliance for all of the parent's children. Furthermore, documents verifying disability (if applicable), required at initial eligibility determination, and if necessary at subsequent redeterminations.

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

- Time limit for making eligibility determinations. Describe length of time: \_\_\_\_\_
- Track and monitor the eligibility determination process
- Other. Describe: \_\_\_\_\_
- None

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

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

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

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

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

- a) Identify the TANF agency that established these criteria or definitions: MDHS Division of Economic Assistance.
- b) Provide the following definitions established by the TANF agency:
  - “Appropriate child care”: Suitable and affordable child care that is available within a reasonable distance from the individual’s home or work site.
  - “Reasonable distance”: Appropriate child care must be within a reasonable distance (within a 20-mile radius) of the parent/caretaker relative’s home or worksite.
  - “Unsuitability of informal child care”: Unavailable or unsuitable child care shall be defined as a situation involving child abuse, neglect or an unsafe environment. If the parent/caretaker relative refuses to take the child to a particular day care center, he/she must inform the case manager of the reason for the refusal. The case manager must investigate to verify and substantiate the parent’s claim of unsuitable child care. Complaints involving child abuse, neglect or an unsafe environment will be reported to the MS State Health Department, Division of Child Care Facilities Licensure.
  - “Affordable child care arrangements”: Affordable formal child care is child care that is equal to or less than the established rates for the type of care according to Office of Children and Youth (OCY) daily child reimbursement tiers.
- c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?  
 In writing

- Verbally
- Other. Describe: \_\_\_\_\_

d) Provide the citation for the TANF policy or procedure: MDHS Economic Assistance Policy, Volume III.

### **3.2 Increasing Access for Vulnerable Children and Families**

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

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

3.2.1 Describe how the Lead Agency defines:

- a) “Children with special needs”: A child under the age of 19 who meets the SSI definition of disability by having a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months.
- b) “Families with very low incomes” : Income at or below 50% of the State Median Income (SMI).

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

- a) Identify how services are prioritized for children with special needs. Check all that apply:
  - Prioritize for enrollment
  - Serve without placing these populations on waiting lists
  - Waive co-payments
  - Pay higher rates for access to higher quality care
  - Use grants or contracts to reserve slots for priority populations
  - Other. Describe: \_\_\_\_\_ Co-payment are reduced to no more than \$10 per month
- b) Identify how services are prioritized for families with very low incomes. Check all that apply:
  - Prioritize for enrollment
  - Serve without placing these populations on waiting lists
  - Waive co-payments
  - Pay higher rates for access to higher quality care

- Use grants or contracts to reserve slots for priority populations
- Other. Describe: \_\_\_\_\_

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

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive co-payments
- Pay higher rates for access to higher quality care
- Use grants or contracts to reserve slots for priority populations
- Other. Describe: Co-payments are reduced to no more than \$10.00 per month

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive co-payments
- Pay higher rates for access to higher quality care
- Use grants or contracts to reserve slots for priority populations
- Other. Describe: \_\_\_\_\_

3.2.3 List and define any other priority groups established by the Lead Agency. Other Priority Groups include: parents on Transitional Child Care (TCC), teen parents, parents of children served by Healthy Families Mississippi (HFM), foster children guardians, parents with a disability, and parents deployed by Mississippi National Guard or Reserve.

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3. All priority groups listed above are prioritized for enrollment and are served without placing these priority groups on a waiting list. Additionally the co-pay is reduced to no more than \$10 for the following: parents on TCC, teen parents, parents of children served by HFM, foster children guardians, and parents with a disability.

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

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. Homeless children are referred clients and are a priority population, and receive priority status in the event a pending funding list is in effect. Eligibility for child care payment for

homeless children is determined by the Referring Agency, and income requirements are waived. Homeless children are eligible upon referral from the designated Referral Agency and allowed a grace period to supply documentation.

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

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

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

3.2.6 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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

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

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

- Children experiencing homelessness (as defined by the Lead Agency's CCDF Rule). Homeless children and children in foster care who receive child care payment assistance may be granted a 24 hour grace period from the date of admission into a child care payment-approved program to obtain the necessary immunization records. Payment for these children during the grace period shall not be considered an error or an improper payment. The timeframe for immunizations is established by the Mississippi State Department of Health for the enforcement of health, safety, and welfare. Provide the citation for this policy and procedure. Child Care Payment Program Policy Manual.
- Children who are in foster care. Homeless children or children in foster care who receive child care payment assistance may be granted a 24 hour grace period from the date of admission into a child care payment-approved program to obtain the necessary immunization records. Payments for such a child during this grace period shall not be considered

an error or improper payment. The timeframe for immunizations is established by the Mississippi State Department of Health for the enforcement of health, safety, and welfare.

Provide the citation for this policy and procedure. Child Care Payment Program Policy Manual.

- b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). The Lead Agency refers families to the county health department and other providers participating in the federal Vaccines for Children Program that supplies vaccines free of charge to children who receive Medicaid, Native Americans or Alaskan Natives, and children who have health insurance that does not cover vaccination.
- c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No

Yes. Describe: \_\_\_\_\_

### **3.3 Protection for Working Families**

#### **3.3.1 12-Month eligibility.**

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. A redetermination of eligibility for families who receive assistance from the child care payment program will occur no sooner than twelve (12) months from the date eligibility is determined.
- b) How does the Lead Agency define "temporary change?" A temporary change is defined as temporary job loss, or if a working parent is temporarily absent from employment due to extended medical leave, has changes in seasonal work schedule, or if a parent is enrolled in a training or educational program that is temporarily not attending classes between semesters, the state should not terminate assistance.
- c) Provide the citation for this policy and/or procedure. Child Care Payment Program Policy Manual.

3.3.2 Lead Agency's option to discontinue assistance during the 12-month eligibility period.

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

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

- a) Does the Lead Agency discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
  - No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.
  - Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
    - i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: Clients are required to notify the Lead Agency within ten days of non-

temporary job loss or non-temporary cessation of an educational program. Parents are granted a 3-month job search period. If by the end of this period the parent has not started new employment or enrolled in an educational/training program, child care payment program services may be terminated.

- ii. Describe what specific actions/changes trigger the job-search period. Job loss is considered non-temporary when the individual resigns, retires, is fired, or is laid off for a period expected to last in excess of three months. Cessation of attendance at a job training or educational program is considered non-temporary if the individual graduates from the program, drops out with no intent to re-enroll within 3 months, or is suspended for a period of time in excess of 3 months.
- iii. How long is the job-search period (must be at least 3 months)? The Lead Agency allows a 3-month job search period prior to termination from the program.
- iv. Provide the citation for this policy or procedure. This information is available in the Child Care Payment Program Policy Manual.

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

- Not applicable
- Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
  - i. Define the number of unexplained absences identified as excessive: More than 5 unexplained absences per month is considered excessive.
  - ii. Provide the citation for this policy or procedure: This information is available in the Child Care Payment Program Policy Manual.
- A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: This information is available in the Child Care Payment Program Policy Manual.
- Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure. The Lead Agency defines intentional program violations as an intentional act by the parental authority or child care provider to misrepresent or mislead by providing false documentation or verification or intentionally omitting documentation or verification in an effort to be determined eligible for services or

payment. This information is available in the Child Care Payment Program Policy Manual.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

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

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

- a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?
  - No
  - Yes
- b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

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

- Additional changes that may impact a family's eligibility during the 12-month period. Describe: Any changes in marital status, household size, household income, address, employment, or education/training status for any household member must be reported to the Lead Agency.
- Changes that impact the Lead Agency's ability to contact the family. Describe: Any changes in residence, email address, or phone number must be reported to the Lead Agency in order to maintain contact with the client/family.
- Changes that impact the Lead Agency's ability to pay child care providers. Describe: Any changes in designation of provider.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit.

In addition, the Lead Agency must offer a range of notification options to accommodate families.

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

- Phone
- Email
- Online forms
- Extended submission hours
- Postal Mail
- Fax
- In-person submission
- Other. Describe:

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

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

- i. Describe any other changes that the Lead Agency allows families to report. Changes that families are able to report include:
  - Change of contact information (i.e., address, email, phone)
  - Change of household size Employment or educational/training program change Work hours and/or pay rate
  - Change of parent name
  - Change of marital status
  - Provider change
  - Voluntarily withdrawing from the program
- ii. Provide the citation for this policy or procedure. This information is available in the Child Care Payment Program Policy Manual.

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy

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

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

- Advance notice to parents of pending redetermination
- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other: Temporary Assistance for Needy Families (TANF), Transitional Child Care (TCC), and Healthy Families Mississippi (HFM) clients remain eligible as long as the client remains in the referring program, but for no less than one year, unless the client's income exceeds allowable limits or the client experiences a nontemporary cessation in work. Mississippi Department of Child Protection Services (MDCPS) caseworkers are asked to complete the redetermination process on behalf of their foster/protective service clients. Parents can access the Lead Agency's preferred payment system application online. Parents are not required to complete any portion of the redetermination application in person or during standard work hours.

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination?  
Check all that apply.

- Postal Mail
- Email
- Online forms
- Fax
- In-person
- Extended submission hours
- Other. Describe:

### **3.4 Family Contribution to Payments**

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

*Note:* To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

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

|             | (a)   | (b)  | (c)  | (d)  | (e)  | (f)  |
|-------------|---|--|--|--|--|--|
| Family Size | Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0) | What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)? | The Co-Payment in Column (b) is What Percentage of the Income in Column (a)? | Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible | What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)? | The Co-Payment in Column (e) is What Percentage of the Income in Column (d)? |
| 1           | N/A   | N/A  | N/A  | N/A  | N/A  | N/A  |
| 2           | \$0-999   | \$10   |  | \$35,999.00  | \$194.99   | 6.5%   |
| 3           | \$0-999   | \$10   |  | \$43,999.00  | \$220.00   | 6.0%   |
| 4           | \$0-999   | \$10   |  | \$52,999.00  | \$242.91   | 5.5%   |
| 5           | \$0-999   | \$10   |  | \$60,999.00  | \$254.16   | 5.0%   |

b) What is the effective date of the sliding-fee scale(s)? 10/01/2018

c) Identify the most populous area of the state used to complete the chart above. The most populous area of the State is Jackson, Mississippi with a population of 166, 965 (Census 2017 data).

d) Provide the link to the sliding-fee scale: Insert web link on MDHS.

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). N/A

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

The fee is a dollar amount and:

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

The fee is a percent of income and:

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

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

No

Yes. If yes, check and describe those additional factors below.

- Number of hours the child is in care. Describe: \_\_\_\_\_
- Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the Federal poverty level for families of the same size.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. \_\_\_\_\_.

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation.  
**Temporary Assistance for Needy Families (TANF) recipients and homeless children**

DRAFT

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

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

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

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

The child care certificate is issued to parents after the parent has selected a provider. The certificate includes the following information:

- effective dates
- child's name and date of birth
- parent's name and date of birth
- parent's address
- parent's phone
- certificate type (e.g., full-time or part-time or full-time/part-time)
- copay
- pay rate
- priority population status, if applicable
- care days

- provider ID number
- provider name
- center name, if applicable
- provider address
- provider type (e.g., center-based, FCC)

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

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

4.1.3 Child care services available through grants or contracts.

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

- No. If no, skip to 4.1.4.
- Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots. \_\_\_\_\_
- Yes, statewide. If yes, describe:
  - i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: . Various entities receive sub-grants from the Lead Agency including child care centers, community action agencies, municipalities, Head Start centers, a business partnership, and a faith-based non-profit entity. In order to apply for an open child care slot, parents can choose a slot provider and then must seek pre-approval from that provider. Slot providers will generate and issue a unique approval code, which the parent can use to select their program in the application for the child care subsidy program via DECCD's online application portal. By generating an approval code, the slot provider guarantees the parent that the center will hold a slot(s) for their child(ren) for a specified amount of time.

ii. The type(s) of child care services available through grants or contracts: The types of child care services include: **Center-based care and after-school care**

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers): Various Slot providers including child care centers, community action agencies, municipalities, Head Start centers, a business partnership, and a faith-based non-profit. Other contract recipients include our partners such as ECA and Child Care Resource Centers and Mississippi Early Childhood Inclusion Center, among others.

iv. The process for accessing grants or contracts: The Slot Provider non-competitive bid process was open statewide and not restricted to any location. Contracts were issued to as many successful applicants as the Lead Agency had the ability to fund in an effort to increase the supply and quality of childcare across the state. The Lead Agency issues contracts through a non-competitive bidding process.

v. How rates for contracted slots are set through grants and contracts: Slot rates are based on the current market rates and an estimated average of slot capacity and age of child for the contract year.

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: The non-competitive bid process was open statewide to all providers.

vii. If contracts are offered statewide and/or locally: **Statewide**

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

Programs to serve children with disabilities

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve children experiencing homelessness

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

Urban

Rural

Other \_\_\_\_\_

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

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

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). Licensed providers must assure that parents have unlimited access to their child(ren) whenever their children are in the care of a provider who receives CCDF funds. Additionally, parents having unlimited access to their children is statutorily required for all providers in the state of Mississippi. See Mississippi Code Annotated 43-20-8 (2). Family child care providers sign the Lead Agency's Basic Health, Safety, and Nutrition Assurances which certifies that parents will have unlimited access to their child(ren) whenever their children are in the care of a provider who receives CCDF funds.

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

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: \_\_\_\_\_
  - Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: \_\_\_\_\_
  - Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: \_\_\_\_\_
  - Restricted to care by relatives. Describe: \_\_\_\_\_
  - Restricted to care for children with special needs or a medical condition. Describe: \_\_\_\_\_
  - Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: \_\_\_\_\_

- Other. Describe: At this time, Mississippi does not use CCDF funds to pay for in-home care. After confirming this through conversations with the Office of Child Care (OCC), the Lead Agency has chosen not to offer this option at this time.

#### **4.2 Assessing Market Rates and Child Care Costs**

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

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

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

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

- MRS
- Alternative methodology. Describe: \_\_\_\_\_
- Both. Describe: \_\_\_\_\_

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or similar coordinating body: A draft of the Market Rate Survey Instrument was shared with SECAC members for review and comment.
- b) Local child care program administrators:
- c) Local child care resource and referral agencies:
- d) Organizations representing caregivers, teachers, and directors: A draft of the Market Rate Survey Instrument was distributed to child care provider organizations. These stakeholders were asked to test the online survey and submit feedback to the Lead Agency.
- e) Other. Describe:

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. The Lead Agency engaged Mississippi State University's National Strategic Planning and Analysis Research Center (NSPARC) to design and conduct the Market Rate Survey. The survey master frame was created using administrative data in the form of provider lists from the Mississippi Department of Human Services (MDHS) and the Mississippi State Department of Health (MSDH) Office of Licensure. The master frame consisted of all 1,462 licensed center-based child care providers in the state. The survey was conducted using a mixed-mode methodology that allowed providers to complete the survey either online or on the phone. Providers were contacted up to ten (10) times to encourage participation.

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

- a) Geographic area (e.g., statewide or local markets). Describe: An analysis of the survey data was conducted to assess the impact of geographic location on market rates. Specifically, a series of ordinary least squares regression models were estimated to assess regional variation in cost. For the purpose of this analysis, we adopted the boundaries delineated by the WIOA local areas. These areas represent variations in social, economic, and demographic conditions and are widely used in other state and federal programs. The results reveal that although there is some variation in the average cost across regions, the 75th-percentile market rate accounts for this variation (see Market Rate Survey Detailed Report: <http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>).
- b) Type of provider. Describe: The MRS collected data from licensed center-based providers and was used to set the market rate for these providers. The percentage raise determined as the result of the market rate survey was applied to current family child care rates to calculate the new market rate for these providers.
- c) Age of child. Describe: The MRS collected data from licensed center-based providers on the cost of care according to age of child (i.e., Infant, Toddler, Preschool, and School Age, and Special Needs). The MRS data was used to estimate the market rates for each age group.
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. An analysis was conducted to assess the impact of the cost of curriculum adoption, as a proxy for quality, on market rates. Specifically, a series of Ordinary Least Squares regression models were estimated to assess if the cost to adopt a curriculum fell within the 75<sup>th</sup>-percentile market rate. We examined variation in cost based on whether the curriculum was a formal curriculum, teacher created, a combination of both, or other type of curriculum. The results revealed that, for all age groups, the adoption of any form of curriculum consistently falls within the 75th percentile market rate accounts for the cost to achieve quality in a standard childcare center.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2)

higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). **October 2016.**
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. **May 14, 2018.**
- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. The Lead Agency posted the results of the market rate survey on its website (<http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>) and on the consumer education website (<https://secac.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-Detailed-Report.pdf>). All childcare providers participating in the CCDF program received an email notification that the market rate survey final report was posted at these locations.
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. Stakeholder feedback on proposed market rates was solicited on March 27, 2018 and incorporated as appropriate into the final draft of the report.

#### **4.3 Setting Payment Rates**

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

- 4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead

Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

- a) Infant (6 months), full-time licensed center care in the most populous geographic region  
Rate \$480 per month unit of time (e.g. daily, weekly, monthly)  
Percentile of most recent MRS: 75%
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region  
Rate \$348.57 per month unit of time (e.g. daily, weekly, monthly)  
Percentile of most recent MRS: 75%
- c) Toddler (18 months), full-time licensed center care in the most populous geographic region  
Rate \$480 per month unit of time (e.g. daily, weekly, monthly)  
Percentile of most recent MRS: 75%
- d) Toddler (18 months), full-time licensed FCC home in the most populous geographic region  
Rate \$348 per month unit of time (e.g. daily, weekly, monthly)  
Percentile of most recent MRS: 75%
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region  
Rate \$440 per month unit of time (e.g. daily, weekly, monthly)  
Percentile of most recent MRS: 75%
- f) Preschooler (4 years), full-time licensed FCC home in the most populous geographic region  
Rate \$318.42 per month unit of time (e.g. daily, weekly, monthly)  
Percentile of most recent MRS: 75%
- g) School-age child (6 years), full-time licensed center care in most populous geographic region  
Rate \$400 per month unit of time (e.g. daily, weekly, monthly, etc.)  
Percentile of most recent MRS: 75%
- h) School-age child (6 years), full-time licensed FCC home in the most populous geographic region

Rate \$292.74 per month unit of time (e.g. daily, weekly, monthly)

Percentile of most recent MRS: 75%

- i) Describe how part-time and full-time care were defined and calculated. Part time and full time options were defined based on hours of care provided per day. The MRS data were used to set the market rates for full time care. The percentage raise for full time care determined as the result of the market rate survey was applied to current part time child care rates to calculate the new part-time market rate.
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS as reported in 4.2.5). Updated payment rates were implemented June 1, 2018.
- k) Identify the most populous area of the state used to complete the responses above. The most populous area of the State is Jackson, Mississippi with a population of 166, 965 (Census 2017 data).
- l) Provide the citation or link, if available, to the payment rates.  
<https://secac.ms.gov/wp-content/uploads/2018/05/Summary-Table-of-Rate-Changes.pdf>
- m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). N/A

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

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

- Differential rate for *non-traditional hours*. Describe: \_\_\_\_\_
- Differential rate for *children with special needs*, as defined by the state/territory. Describe: The MRS collected data specific to the cost of care for special needs populations. Using the MRS data, market rates specific to care for special needs populations were estimated (see <http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>).
- 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: The MRS collected data specific to the cost of care for infants and toddlers. Using the MRS data, market rates specific to care for infants and toddlers were

estimated (see <http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>).

- 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: The MRS collected data specific to the cost of care for school-age children. Using MRS data, market rates specific to care for school age children were estimated (see <http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>).
- Differential rate for *higher quality*, as defined by the state/territory. Describe: The MRS collected data specific to the cost of care for the Standard designation. The Lead Agency set higher rates for child care centers who meet the requirements for the Comprehensive designation. The center must first meet the qualifications of a Standard child care center before engaging in additional activities for the Comprehensive designation, under which child care centers will demonstrate continuous quality improvement and continuity of care for children birth to age five. The rates for comprehensive center-based child care are based on 125 percent of the standard center-based child care market rates. To fully assess the market rate for comprehensive center-based child care, the plan is to conduct a pilot with volunteer providers to learn how such an approach can be implemented without significantly impacting provider operations (see <http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>).
- Other differential rates or tiered rates. Describe: \_\_\_\_\_
- Tiered or differential rates are not implemented.

#### **4.4 Summary of Facts Used to Determine That Payment Rates Are Sufficient to Ensure Equal Access**

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

- a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices. The child care subsidy program covers a full range of providers. This includes:
  - center-based licensed providers
  - family-child care ,
    - part-time and full-time care,
    - slot providers and centers with extended hours of operation
  - all age groups (e.g., infants to school-age),– geographically dispersed locations that cover all 82 counties of Mississippi.

- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology. Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. Licensed care payment rates are sufficient to ensure equal access based on most recent (October 2016) MRS. Payment rates are set at the 75<sup>th</sup>- percentile of the most recent MRS.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF. The rates are based on market value to achieve licensed care that accounts for the costs to meet health and safety standards.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures). The Lead Agency in collaboration with the SECAC developed two quality designations for licensed child care: Standard and Comprehensive. These designations do not represent tiers like a quality rating system. The Standard designation ensures a baseline of quality and provides incentives to improve quality through a variety of activities. Child care centers designated as Standard must be licensed and meet at minimum four federal and state requirements. The four requirements include: (1) meeting licensure standards, (2) meeting the federally mandated fifteen (15) professional development hours, (3) having a curriculum that is aligned with Mississippi's Early Learning Guidelines for Infants and Toddlers and Early Learning Standards for Three- and Four-Year-Old children, and (4) completing an annual self-assessment to demonstrate engagement in continuous quality improvement. The Comprehensive designation describes a child care provider that has not only achieved the Standard designation but also provides a continuity of care and learning as the child moves from one learning environment to the next (e.g., from a child care center to a public school).

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

- Limit the maximum co-payment per family. Describe:
- Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. Copay is based on a percentage of income. This percentage varies based on family size and priority population but the highest percentage applied is 6.5% which is below the federal benchmark of 7%.
- Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.7. Describe:
- Other. Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment (98.45(b)(5))?

- No
- Yes. If yes:
  - i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. The provider shall not charge parents any cost over the assigned co-payment fee unless the cost for child care to the general public is higher than the amount paid by the Child Care Payment Program. The Lead Agency modified market rates to pay providers at the 75<sup>th</sup>-percentile of the highest paying providers in the state in an attempt to ensure that families can access care at a minimum financial burden.
  - 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. The Lead Agency does not currently collect this kind of data.
  - iii. Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees. The Lead Agency does not have data sufficient to perform the analysis.

g) Describe how Lead Agencies’ payment practices described in 4.5 support equal access to a range of providers. Reimbursement rates shall be reviewed every three (3)

years to ensure the rate is adequate and to ensure equal access to services for children in the Lead Agency's Child Care Payment Program.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

Geographic area. Describe: \_\_\_\_\_

Type of provider. Describe: The Lead Agency has established differentiating payment rates for center-based child care and family child care.

Age of child. Describe: The Lead Agency has established differentiating payment rates for five age categories: infant, toddler, preschool (three- and four-year-olds), and school-aged children, and special needs children (all ages).

Quality level. Describe: Standard and Comprehensive child care centers.

Other. Describe: Part-time and Full-time Standard child care centers.

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS. Describe: Mississippi's child care reimbursement rate is set at 75% of the state's average child care payment rates by age of child, child's full- or part-time status, and facility type based on the most recent Market Rate Survey (MRS).

Based on the approved alternative methodology, payment rates ensure equal access. Describe: The payment rates are calculated taking into account disadvantaged children in distressed areas. In addition, the payment rates take into account the notion that child care providers will require more resources to attend to the needs of children typically associated with concentration and persistence of poverty. The payment rates will reduce the burden of cost for quality child care on the most disadvantaged providers and level the playing field for equal access to quality for children located in economically distressed areas as opposed to those in more affluent areas.

Feedback from parents, including parent surveys or parental complaints. Describe: \_\_\_\_\_

Other. Describe: \_\_\_\_\_

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

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking

provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

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

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

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
  - Paying prospectively prior to the delivery of services. Describe the policy or procedure. \_\_\_\_\_
  - Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. A completed invoice for services to CCPP can be submitted in two ways: 1) a submitted claims form, or 2) a submitted ledger. Providers submit their claims form or submit a ledger by the 5<sup>th</sup> or the 15<sup>th</sup> of each month. Payments are received by the provider no more than 21 days of receipt of the completed claims form or ledger.
- b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):
  - Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. \_\_\_\_\_
  - Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. \_\_\_\_\_

- Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. The provider will be paid for the entire month as long as the child is does not have more than 5 unexplained absences per month.
- Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.
  - c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).
    - i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). Full-time is defined as six (6) or more hours in a 24 hour-day, and part-time is defined as fewer than six (6) hours in a 24-hour day. The Lead Agency pays for either part-time, full-time, or full-time/part-time certificates, based on the child's age, the parent's demonstrated work/school schedule, and the hours of operation of the parent's chosen provider.
    - ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. The Lead Agency will pay a mandatory registration fee of \$50.00 once per year to the provider which the child is enrolled with at the time of initial approval.
  - d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe: The Lead Agency provides a written statement of agreement to child care providers that defines payment policies and includes a web link to market rates schedule and copay schedule for providers. The agreement includes the dispute-resolution process.
  - e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: Providers are notified no later than the date that the Lead Agency becomes aware of a

family's eligibility status change. The notification gives providers a two-week notice of the pending change.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: The Lead Agency conducts any of the following levels of appeal and resolution process:

- 1) Agency Appeal Level One (AAL-I): The first level of agency appeal, which occurs upon the claimant's timely written request. The AAL-I is an informal telephonic meeting between the claimant and a supervisor other than the Director of the Division of Early Childhood Care and Development (DECCD) to attempt to resolve the issue(s). If the issue(s) is not resolved after the AAL-I to claimant's satisfaction, the claimant may request an Agency Appeal Level Two. An AAL-I must occur, before an AAL-II can take place.
- 2) Agency Appeal Level Two (AAL-II): A second level of review wherein the claimant, upon timely written request, meets either in person or telephonically with the Director of the Division of Early Childhood Care and Development (DECCD), to attempt to resolve the same issue(s) raised in the AAL-I. If the issue(s) is not resolved to claimant's satisfaction in the AAL-II, the claimant may request an Administrative Hearing, which is the third and final level of agency review.
- 3) Administrative Hearing (AH): The third and final level of review within MDHS, which occurs upon the claimant's timely written request. The AH will be held at the MDHS state office or telephonically upon written request, and shall be conducted by the MDHS Executive Director or executive designated hearing officer.

g) Other. Describe: \_\_\_\_\_

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

No, the practices do not vary across areas.  
 Yes, the practices vary across areas. Describe: \_\_\_\_\_

**4.6 Supply-Building Strategies to Meet the Needs of Certain Populations**

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care

during non-traditional hours. Lead Agencies are also required to identify shortages in the supply of high-quality providers (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

- In licensed family child care. The Lead Agency in collaboration with SECAC has identified 14 counties in Mississippi with high concentrations of poverty and limited access to child care providers eligible for the Child Care Payment Program through conducting a county-level needs assessment to identify areas with the highest child care service needs. This information is provided in the state's strategic plan, which is provided in the consumer education website. The Lead Agency is in the process of implementing the new quality system, and once implementation is complete data will be analyzed to evaluate changes in the supply and access.
- In licensed child care centers. \_\_\_\_\_
- Other. \_\_\_\_\_

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

- a) Children in underserved areas. Check and describe all that apply.
  - Grants and contracts (as discussed in 4.1.3). Describe: The Lead Agency enters into sub-grant agreements with slot providers.
  - Family child care networks. Describe: \_\_\_\_\_
  - Start-up funding. Describe: \_\_\_\_\_
  - Technical assistance support. Describe: The Lead Agency maintains a contract with Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA) that provides technical assistance and professional development to child care providers.
  - Recruitment of providers. Describe: \_\_\_\_\_
  - Tiered payment rates (as discussed in 4.3.2). Describe: The current market rates reflect tiered payment rates for: center-based and family child care, full-time, part-time, different age groups, and Standard and Comprehensive quality designation.
  - Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: The Lead Agency maintains a contract with the Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA) that provides technical assistance and

professional development to child care providers regarding business practices.

- Accreditation supports. Describe: \_\_\_\_\_
- Child care health consultation. Describe: The ECA will refer to the Center for the Advancement of Youth (CAY), a comprehensive behavioral and developmental diagnostic and treatment center at the University of Mississippi Medical Center, for developmental screenings, as they become available.
- Mental health consultation. Describe The Lead Agency maintains a contract with the Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM) to provide screenings and training for the healthy development of children and youth.
- Other. Describe The Lead Agency in collaboration with SECAC has identified 14 counties in Mississippi with high concentrations of poverty and limited access to child care providers eligible for the Child Care Payment Program through conducting a county-level needs assessment to identify areas with the highest child care service needs. This information is provided in the state's strategic plan, which is provided in the consumer education website. The Lead Agency is in the process of implementing the new quality system, and once implementation is complete data will be analyzed to evaluate changes in the supply and access.

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

- Grants and contracts (as discussed in 4.1.3). Describe: The Lead Agency enters into sub-grant agreements with slot providers.
- Family child care networks. Describe: \_\_\_\_\_
- Start-up funding. Describe: \_\_\_\_\_
- Technical assistance support. Describe: The Lead Agency maintains a contract with Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA) that provides technical assistance and professional development to child care providers.
- Recruitment of providers. Describe: \_\_\_\_\_
- Tiered payment rates (as discussed in 4.3.2). Describe: The current market rates reflect tiered payment rates for: center-based and family child care, full-time, part-time, different age groups, and Standard and Comprehensive quality designation.
- Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: The Lead Agency maintains a contract

with the Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA) that provides technical assistance and professional development to child care providers regarding business practices.

- Accreditation supports. Describe: \_\_\_\_\_
- Child care health consultation. Describe: The ECA will refer to the Center for the Advancement of Youth (CAY), a comprehensive behavioral and developmental diagnostic and treatment center at the University of Mississippi Medical Center, for developmental screenings, as they become available.
- Mental health consultation. Describe: The Lead Agency maintains a contract with the Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM) to provide screenings and training for the healthy development of children and youth, including infants and toddlers.
- Other. Describe: Standard and Comprehensive designated child care centers meet quality requirements that increase the likelihood of serving infants and toddlers.
  - c) Children with disabilities. Check and describe all that apply.
- Grants and contracts (as discussed in 4.1.3). Describe: The Lead Agency enters into sub-grant agreements with slot providers.
- Family child care networks. Describe: \_\_\_\_\_
- Start-up funding. Describe: \_\_\_\_\_
- Technical assistance support. Describe: The Lead Agency in coordination with the Mississippi Community College Board (MCCB) and the Early Childhood Academy (ECA) offers professional development and technical assistance opportunities to child care providers regarding young children with disabilities or special needs.
- Recruitment of providers. Describe: \_\_\_\_\_
- Tiered payment rates (as discussed in 4.3.2). Describe: The current market rates reflect tiered payment rates for special needs children.
- Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: The Lead Agency maintains a contract with the Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA) that provides technical assistance and professional development to child care providers regarding business practices.
- Accreditation supports. Describe: \_\_\_\_\_

- Child care health consultation. Describe: The ECA will refer to the Center for the Advancement of Youth (CAY), a comprehensive behavioral and developmental diagnostic and treatment center at the University of Mississippi Medical Center, for developmental screenings, as they become available.
- Mental health consultation. Describe: The Lead Agency maintains a contract with the Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM) to provide screenings and training for special needs population.
- Other. Describe: Standard and Comprehensive designated child care centers meet quality requirements that increase the likelihood of serving children with special needs.
  - d) Children who receive care during non-traditional hours. Check and describe all that apply.
- Grants and contracts (as discussed in 4.1.3). Describe: The Lead Agency enters into sub-grant agreements with slot providers.
- Family child care networks. Describe: \_\_\_\_\_
- Start-up funding. Describe: \_\_\_\_\_
- Technical assistance support. Describe: The Lead Agency maintains a contract with Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA) that provides technical assistance and professional development to child care providers.
- Recruitment of providers. Describe: \_\_\_\_\_
- Tiered payment rates (as discussed in 4.3.2). Describe: The current market rates reflect tiered payment rates for summertime, including non-traditional hours.
- Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: \_\_\_\_\_
- Accreditation supports. Describe: \_\_\_\_\_
- Child care health consultation. Describe: \_\_\_\_\_
- Mental health consultation. Describe: \_\_\_\_\_
- Other. Describe: At present, only a limited number of providers offer non-traditional hours for care. The Lead Agency will collect and analyze data to assess methods for increasing care during non-traditional hours.
  - e) Other. Check and describe all that apply:

- Grants and contracts (as discussed in 4.1.3). Describe: \_\_\_\_\_.
- Family child care networks. Describe: \_\_\_\_\_
- Start-up funding. Describe: \_\_\_\_\_
- Technical assistance support. Describe: \_\_\_\_\_

- Recruitment of providers. Describe: \_\_\_\_\_
- Tiered payment rates (as discussed in 4.3.2). Describe \_\_\_\_\_
- Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: \_\_\_\_\_
- Accreditation supports. Describe: \_\_\_\_\_
- Child care health consultation. Describe \_\_\_\_\_
- Mental health consultation. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

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

- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? High concentration of poverty is defined as a county where the percentage of children living in poverty is more than one (1) standard deviation above the most current state mean value for the percentage of children living in poverty.
- b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs. Counties that meet this definition for a high concentration of poverty shall be designated as priority areas where the Lead Agency shall work with local MDHS offices and other local child care stakeholders to increase parents' awareness about the payment program and to develop and implement strategies to increase the availability of high-quality child care programs. For each county in Mississippi, the Lead Agency shall also identify the current number of payment program-approved child care providers and payment program-assisted children enrolled in child care. Counties that do not contain payment program-approved child care shall also be designated as priority areas and will require collaboration between the Lead Agency, local MDHS offices, and local child care stakeholders to develop and implement strategies to increase the number of available high-quality providers.

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

**Note:** When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

### 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

- Center-based child care. Describe and provide the citation: Any provider that cares for more than five (5) children ages birth through 12 and children not related to the provider within the 3rd degree computed according to the civil law to the operator and who are under the age of 13 and receive care for any part of a 24 hour day are required to have a license. A regular license shall not exceed one year.

The licensing requirements are described as follows:

- a) License application.
- b) License fee (fee is determined by the capacity of the facility).
- c) Documentation of a qualified director.
- d) Letter of Suitability for Employment for every employee or volunteer.
- e) MSDH Immunization Form #121 for every employee and volunteer.
- f) Valid MSDH Fire Inspection Form #333.
- g) Verification of pass an American National Standards Institute – Conference for Food Protection (ANSI-CFP) Accredited food manager training.
- h) Wastewater disposal approval.
- i) Potable water source approval.
- j) Lead Testing approval for playground and building (if constructed before 1965).
- k) Adult, Child and Infant CPR and First Aid certification as required for a person or persons who will be present at the facility during all hours of operation.
- l) Approved Menu if applicable.
- m) Floor plan.
- n) MSDH Maximum Capacity Worksheet (Form #28).
- o) MSDH Child Care Facility Inspection Report (Form #281).
- p) MSDH Child Care Facility Data Sheet (Form #286).
- q) MSDH Food Service Inspection (Form #301-302) - if applicable.
- r) Daily Schedule of Activities - developed by provider.
- s) Arrival and Departure Procedures.
- t) Emergency Policy.
- u) Verification of Two Emergency Relocation Sites.
- v) Transportation Policy – not required if facility does not transport children.
- w) Proof of Vehicle Insurance – not required if facility does not transport

children.

- x) Verification, in writing, that the operator has or does not have accident/liability insurance covering the business.
- y) Verification, in writing, that the operator has or does not have accident/liability insurance covering the children enrolled at the facility.
- z) Discipline Policy.
- aa) Verification that the owner/operator and director have completed mandatory training on Regulations Governing Licensure of Child Care Facilities, Directors Orientation, and Playground Safety.
- bb) Zoning approval

Citation: Requirement for Licensure (Rule 1.2.1 and 1.2.2) as listed in the Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health.

- Family child care. Describe and provide the citation: Family child care providers with 5 or less children are ineligible for licensure according the Mississippi Statute. The following licensure requirements apply to family child care providers with 6 to 12 children:
  - a) License application.
  - b) License fee (fee is determined by the capacity of the facility).
  - c) Documentation of a qualified director.
  - d) Letter of Suitability for Employment for every employee or volunteer.
  - e) MSDH Immunization Form #121 for every employee and volunteer.
  - f) Valid MSDH Fire Inspection Form #333.
  - g) Verification of pass an American National Standards Institute – Conference for Food Protection (ANSI-CFP) Accredited food manager training.
  - h) Wastewater disposal approval.
  - i) Potable water source approval.
  - j) Lead Testing approval for playground and building (if constructed before 1965).
  - k) Adult, Child and Infant CPR and First Aid certification as required for a person or persons who will be present at the facility during all hours of operation.
  - l) Approved Menu if applicable.
  - m) Floor plan.
  - n) MSDH Maximum Capacity Worksheet (Form #28).
  - o) MSDH Child Care Facility Inspection Report (Form #281).
  - p) MSDH Child Care Facility Data Sheet (Form #286).
  - q) MSDH Food Service Inspection (Form #301-302) - if applicable.

- r) Daily Schedule of Activities - developed by provider.
- s) Arrival and Departure Procedures.
- t) Emergency Policy.
- u) Verification of Two Emergency Relocation Sites.
- v) Transportation Policy – not required if facility does not transport children.
- w) Proof of Vehicle Insurance – not required if facility does not transport children.
- x) Verification, in writing, that the operator has or does not have accident/liability insurance covering the business.
- y) Verification, in writing, that the operator has or does not have accident/liability insurance covering the children enrolled at the facility.
- z) Discipline Policy.
- aa) Verification that the owner/operator and director have completed mandatory training on Regulations Governing Licensure of Child Care Facilities, Directors Orientation, and Playground Safety.
- bb) Zoning approval

Citation: Requirement for Licensure (Rule 2.2.1 and 2.2.2) as listed in the Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health.

- In-home care (care in the child's own home). Describe and provide the citation (if applicable): \_\_\_\_\_

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Some providers are exempted from licensure by Mississippi statute or Mississippi State Department of Health regulations. The exemptions do not endanger the health, safety, and development of children because the exempt providers are monitored by another governing entity. The exempt provider is either monitored by:

- a school system accredited by the Mississippi State Department of Education,
- an elementary school system (public, private, or parochial) that the program is operating within,
- a national organization which charges only a nominal annual membership fee of \$600 or less per calendar year

As of October 1, 2018, any family child care home in which shelter and personal care is regularly provided for five (5) or fewer children who are not related within

the third degree computed according to the civil law to the provider and who are under 13 years of age and are provided care for any part of the twenty-four hour day is ineligible for licensure according the Mississippi Statute. To ensure health and safety compliance, all family child care providers will be required to complete an application with the Mississippi Department of Human Services and to register with Mississippi State Department of Health in order to receive payment in the CCDF subsidy program.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

- Center-based child care. If checked, describe the exemptions.
  - 1) Any program in an elementary (including kindergarten) and/or secondary school system accredited by the Mississippi State Department of Education, the Southern Association of Colleges and Schools, The Mississippi Private School Association, the American Association of Christian Schools, the Association of Christian Schools International, or a school affiliated with Accelerated Christian Education, Inc. This includes accredited pre-K3 and pre-K4 Programs. Programs serving children younger than three (3) years of age must be licensed.
  - 2) Any Head Start program operating in conjunction with an elementary school system, whether it is public, private, or parochial, whose primary purpose is a structured school or school readiness program. This includes Head Start pre-K3 and pre-K4 programs. Head Start programs serving children less than three (3) years of age must be licensed.
  - 3) Any membership organization affiliated with a national organization which charges only a nominal annual membership fee, does not receive monthly, weekly, or daily payments for services, and is certified by its national association as complying with the association's minimum standards and procedures, including, but not limited to, the Boys and Girls Club of America, and the YMCA. A nominal fee is defined as \$600 or less per calendar year.
- Family child care. If checked, describe the exemptions. Any family child care home in which shelter and personal care is regularly provided for five (5) or fewer children who are not related within the third degree computed according to the civil law to the provider and who are under 13 years of age and are provided care for any part of the twenty-four hour day. These providers are ineligible for licensure according the Mississippi Statute but must register with the Mississippi State Department of Health in order to receive payment in the CCDF subsidy program.

In-home care. If checked, describe the exemptions. \_\_\_\_\_

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

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

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

#### a) Licensed CCDF center-based care

##### 1. Infant

- How does the State/territory define infant (age range): Under 12 months of age
- Ratio: 5:1
- Group size: 10
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director's Credential, or MDHS OCY Director's Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

##### 2. Toddler

- How does the State/territory define toddler (age range): 12 months through 24 months of age
- Ratio: 9:1
- Group size: 10
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child

Development Associate (CDA) credential, a MDHS DECCD Child Care Director's Credential, or MDHS OCY Director's Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

3. Preschool

- How does the State/territory define preschool (age range): 2 through 4 years old
- Ratio: 12:1 (2 years); 14:1 (3 years); 16:1 (4 years)
- Group size: 14 (2 years); 14 (3 years); 20 (4 years)
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director's Credential, or MDHS OCY Director's Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

4. School-age

- How does the State/territory define school-age (age range): 5 to 12 years old
- Ratio: 20:1 (5-9 years); 25:1 (10-12 years)
- Group size: 20 (5-9 years); 25 (10-12 years)
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director's Credential, or MDHS OCY Director's Child Care

Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. **Not applicable**
6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. In mixed age groups, the age of the youngest child in the group determines the staff-to-child ratio. Preschool children shall not be grouped with school age children in any single area during normal classroom and playground or water activities.
7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care. A child care director shall be least 21 years of age and shall have at a minimum:
  1. A bachelor's degree in early childhood education, child development, elementary education, child care, special education, psychology (with emphasis on child psychology), or family and consumer sciences (with emphasis on child development), or equivalent degree from another child-related field or course of study; or
  2. A two-year associate degree from an accredited community or junior college in child development technology which must include a minimum of 480 hours of practical training, supervised by college instructors, in a college operated child care learning laboratory; or
  3. A two-year associate degree from an accredited community or junior college in child development technology or child care and two years paid experience in a licensed child care facility; or
  4. Two years paid experience as a caregiver in a licensed child care facility, and either (1) a current Child Development Associate (CDA) credential from the Council for Early Childhood Professional Recognition (CECPR), or (2) a Mississippi Department of Human Services (MDHS) Division of Early Childhood Care and Development (DECCD) Child Care Director's Credential or MDHS OCY Child Care Director's Credential, or (3) 24 semester hours credit with a grade of

“C” or better from an accredited college or university in courses specific to early childhood; or

5. A verified certificate from the licensing agency certifying that the individual was qualified to be the director of a licensed child care facility prior to January 1, 2000 in the State of Mississippi.

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): Under 12 months of age
- Ratio: 4:1
- Group size: 10
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director’s Credential, or MDHS OCY Director’s Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

2. Toddler

- How does the State/territory define toddler (age range): 12 months through 24 months of age
- Ratio: 8:1
- Group size: 10
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director’s Credential, or MDHS OCY Director’s Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

3. Preschool

- How does the State/territory define preschool (age range): 2 through 4 years old
- Ratio: 12:1 (2 years); 14:1 (3 years); 16:1 (4 years)
- Group size: 12
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director's Credential, or MDHS OCY Director's Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

4. School-age

- How does the State/territory define school-age (age range): 5 to 12 years old
- Ratio: 12:1
- Group size: 12
- Teacher/caregiver qualifications: Teacher/Caregiver – must be 18 years of age and shall have at a minimum: 1) high school diploma or General Educational Development (GED), or 2) a current CECPR Child Development Associate (CDA) credential, a MDHS DECCD Child Care Director's Credential, or MDHS OCY Director's Child Care Credential, or 3) three years prior documented experience caring for children who are under 13 years of age and who are not related to the caregiver within the third degree computed according to civil law.

Teacher/Caregiver Assistant must be at least 16 years of age and work under the direct on-site supervision of a director or caregiver at

all times. They shall not have the direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes. The only requirement which applies to exempt family child care providers is group size. Unlicensed family child care providers may have no more than five (5) children in the home.
- c) In-home CCDF providers: Not Applicable
  1. Describe the ratios. \_\_\_\_\_
  2. Describe the group size. \_\_\_\_\_
  3. Describe the maximum number of children that are allowed in the home at any one time. \_\_\_\_\_
  4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. \_\_\_\_\_
  5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. \_\_\_\_\_

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

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

- a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.
  1. Prevention and control of infectious diseases (including immunization)
    - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Effective from and after January 1, 2008, the State Board of Health has developed regulations to ensure that all children enrolled or enrolling in a state

licensed child care center receive age-appropriate immunization against invasive pneumococcal disease as recommended by the Advisory Committee on immunization practices of the Centers for Disease Control and Prevention.

The MSDH regulations governing the licensure of child care facilities mandate that each child in a licensed facility have immunizations according to the recommended immunization schedule. These children are to be age-appropriately immunized and must have a Certificate of Immunization Compliance (Form 121) or a Certificate of Medical Exemption (Form 122) on file at the child care facility and readily accessible for review by the MSDH. The Form 121 must be signed by the District Health Officer, a physician, nurse, or designee. The medical exemption, Form 122, MUST be signed by the District Health Officer. Children enrolled in licensed child care facilities and public and private schools in Mississippi may be exempt for medical reasons only and not for religious reasons.

Children usually begin their routine immunizations between 6 weeks and 2 months of age. The immunizations that are currently required at the age-appropriate times for child care are: DTaP (diphtheria, tetanus, pertussis), polio, MMR (measles, mumps, rubella), and HIB (H. Influenzae type b). Hepatitis B vaccine is a recommended vaccine, and is usually started at birth to 2 months of age. Hepatitis B is not required for child care attendance but is required for entry into 5 year old kindergarten.

As of August 01, 2002, one (1) dose of Varicella (chicken pox) vaccine is required on or after the 1st birthday and is required for entry into five (5) year-old kindergarten. Varicella is not required if a history of the disease is documented.

Children enrolled in a licensed child care facility or Head Start Center are expected to be age appropriately immunized. All children must have one of the following forms before enrollment in a licensed Child Care/Head Start facility.

1. Certificate of Immunization Compliance (Form 121). This form must be signed by the District Health Officer, a physician, nurse, or designee.

2. Certificate of Medical Exemption (Form 122). This form must be approved and signed by the Mississippi State Department of Health District Health Officer from the public health district or the State Epidemiologist.

- List all citations for these requirements, including those for licensed and license-exempt programs. Mississippi Code Title 43. Public Welfare § 43-20-8. Duties of licensing agency, child care facilities (subsection 9) and the Immunization Requirements as listed in the Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. All children receive age-appropriate immunizations.
- Describe if relatives are exempt from this requirement. Relatives are not exempt from the prevention and control of infectious diseases requirements.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A safe sleep environment for infants to lower the risk of Sudden Infant Death Syndrome (SIDS) is required as follows: (a) An infant shall be placed on his/her back for sleeping unless written physician orders to the contrary are in the child's record. Sleeping infants shall be within the view of the staff and visually checked regularly when sleeping. Nothing shall obstruct the view of the staff or prevent the staff from clearly seeing infants or children. (b) Infants shall be dressed in clothing appropriate for sleeping that is designed to keep the infant warm without the possible hazard of head covering or entrapment. The room shall be kept at a draft-free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit. If a child is already asleep and not dressed in clothing appropriate for sleeping, the caregiver does not need to awaken the infant to change his or her clothes. (c) Facilities shall use a firm mattress covered by a fitted sheet. (d) Items such as but not limited to pillows, blankets, sheepskins, bumpers, soft objects, stuffed toys, loose bedding, etc., shall not be in the crib.
- List all citations for these requirements, including those for licensed and license-exempt providers. Regulations Governing Licensure of Child Care

Facilities published by the Mississippi State Department of Health (Rule 1.9.4).

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A record shall be maintained of any medication administered by the director or caregiver showing date, time, and signature of dispensing employee. A medication record may be destroyed 90 days after administered the medication. Signed written authorization to obtain emergency medical treatment and to administer medication (must be signed by parent or guardian and kept in child's record/file).  
Prohibited Behavior: Use of any food or medication in any manner or for any purpose other than that for which it was intended.
- List all citations for these requirements, including those for licensed and license-exempt providers. Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Rule 1.6.3, 1.6.7, and 1.14.1).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A child requiring a special diet due to medical reasons, allergic reactions, or religious beliefs, shall be provided meals and snacks in accordance with the child's needs. If medical reasons exist for the special diet, a medical prescription from the child's physician stating that the

special diet is medically necessary is required. Information required for dietary modifications include: Child's full name and date of instructions, updated annually; any dietary restrictions based on the special needs; any special feeding or eating utensils; any foods to be omitted from the diet and any foods to be substituted; limitations of life activities; any other pertinent special needs information; what, if anything, needs to be done if the child is exposed to restricted foods.

- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Appendix C).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.
- 

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All child care facility buildings shall meet all fire safety standards listed on the MSDH Form #333 and all applicable local fire safety standards and/or ordinances. All fire extinguishers, as required in the fire safety plan, shall be serviced on an annual basis by a qualified fire extinguisher technician. Unused electrical outlets shall be protected by a safety plug cover. No extension cords shall be used in areas accessible to children. Every child care facility which uses nonelectric heating and/or cooling systems, cooking stoves, and/or hot water heaters or other nonelectric equipment, shall have sufficient carbon monoxide monitors placed appropriately throughout the child care facility. All glass in doors, windows, mirrors, etc., in the child care facility shall have a protective barrier at least four feet high when measured from the floor. Doors, windows, mirrors, etc., using safety grade glass or polymer (e.g., Lexan®) are not required to have a protective barrier. A separate space in the child care facility shall

be provided for the use of an ill or injured child until the child can be picked up by the parent. Space shall be located in an area that is supervised at all times by an employee. All parts of the child care facility used by children shall be lead-safe, well lighted, ventilated, and free of hazardous or potentially hazardous conditions, such as but not limited to, open stairs and unprotected low windows. The child care facility shall be equipped with an outdoor playground area that directly adjoins the indoor facilities or that can be reached by a route free of hazards and is no farther than 1/8 mile (660 feet) from the child care facility. The outdoor playground area shall be free of hazards and not less than 30 feet (measured horizontally parallel to the ground) from electrical transformers, high-voltage power lines, electrical substations, railroad tracks, or sources of toxic fumes or gases. Hazards, including but not limited to air conditioner units and utility mains, meters, tanks, and/or cabling shall be inaccessible to children. Fencing at least four feet high shall be provided around the outdoor playground area. Fencing higher than four feet but not to exceed eight feet may be required if the licensing authority determines that a hazard exists. Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, quarries, canals, excavations, fishponds, or other bodies of water. The soil in outdoor playground areas of the child care facility shall not contain hazardous levels of any toxic chemical or substances. The child care facility shall have soil samples and analyses performed where there is good reason to believe a problem may exist.

- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Subchapter 11).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Shaken baby syndrome (SBS) and abusive head trauma (AHT) are the constellation of signs and symptoms resulting from violent shaking or shaking and impacting the head of an infant or small child. Shaken baby syndrome is a subset of abusive head trauma with injuries having the potential to result in death or permanent neurologic disability. SBS/AHT is a form of child abuse. Caregivers are trained to recognize the possible signs and symptoms of SBS/AHT and the consequences of SBS/AHT.  
Additional child maltreatment is defined as prohibited behaviors. The following behaviors are prohibited by anyone (i.e., parent, caregiver, or child) in all child care settings:
  1. Corporal punishment, including hitting, spanking, beating, shaking, pinching, biting, and other measures that produce physical pain.
  2. Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities.
  3. Abusive or profane language to include but not limited to yelling at, and/or using harsh tones toward the children or in close proximity (hearing distance) to children.
  4. Any form of public or private humiliation, including threats of physical punishment.
  5. Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating (out of view of a caregiver), or corrupting a child.
  6. Use of any food product or medication in any manner or for any purpose other than that for which it was intended.
  7. Inappropriate disciplinary behavior includes, but is not limited to, putting soap or pepper in a child's mouth.
  8. Any acceptable disciplinary action that is not age-appropriate for the child or is excessive in time or duration.
- List all citations for these requirements, including those for licensed and license-exempt providers. CCDF Health and Safety Standards Information Session and the Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.

- Describe if relatives are exempt from this requirement. Relatives are not exempt.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Caregivers participate in a Health and Safety Standards Information Session that discusses emergency preparedness and response plans. Child Care Payment Program-approved providers are required to have a written Emergency Preparedness and Response Plan to be implemented in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard to children. Plans must describe procedures for relocation, evacuation, shelter in place, and lockdown. MSDH also has an agency-wide emergency preparedness plan which describes agency procedures for relocation, evacuation, shelter in place, and lockdown.
- List all citations for these requirements, including those for licensed and license-exempt providers. CCDF Health and Safety Standards Information Session and the Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Subchapter 2).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

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

Garbage and trash shall be removed from the child care facility daily and from the grounds at least once a week. Garbage and trash shall be stored inaccessible to the children, and in insect and rodent resistant containers. Environmental Health: The child care facility shall comply with all regulations promulgated by the Division of Sanitation of the Mississippi State Department of Health for: 1. Food Service. 2. On-site Wastewater Systems. 3. Vector (pest) Control.

- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Rule 1.11.2 and Rule 1.11.3).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

9. Precautions in transporting children (if applicable)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) *Rule 1.15.3 Occupant Restraints*:
  1. All children will be properly restrained whenever they are being transported in a motor vehicle.
    - a. Every person transporting a child under the age of four (4) years in a passenger motor vehicle, and operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a child passenger restraint device or system meeting applicable federal motor vehicle safety standards, e.g., child safety seat.
    - b. Every person transporting a child in a passenger motor vehicle operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a belt positioning booster seat system meeting applicable federal motor vehicle safety standards if the child is at least four (4) years of age, but less than seven (7) years of age and measures less than four (4) feet nine (9) inches in height or weighs less than sixty-five (65) pounds.

- c. Any vehicle equipped with seatbelts is subject to the requirements in items a. and b. above.
- 2. No vehicle shall be occupied by more individuals than its rated capacity. No children shall be transported in the front seat of vehicles equipped with passenger side air bags.
- 3. All vehicles under 10,000 lbs. GVWR (Gross Vehicle Weight Rated) shall be equipped with occupant restraints appropriate for the age and/or weight of the children being transported. A child under the age of four shall be transported only if the child is securely fastened in a child safety seat that meets Federal Motor Vehicle Safety Standards (FMVSS, 49 CFR 571.213), which shall be indicated on the child safety seat. The child safety seat shall be appropriate to the child's weight and be installed and used according to the manufacturer's instructions.
- 4. Vehicles (e.g., school buses) with a GVWR 10,000 lbs. or more at a minimum shall meet the current Federal Motor Vehicle Safety Standards (FMVSS) for buses of that size. It is the responsibility of the child care facility operator to have documentation verifying that a bus meets the current FMVSS.
- 5. An individual seat restraint must be used for each child. The use of an individual seat restraint for two or more children is not allowed. NOTE: Federal Motor Vehicle Safety Standards (FMVSS) means the National Highway and Traffic Safety Administration's standards for motor vehicles and motor vehicle equipment established under Section 103 of the Motor Vehicle Safety Act of 1966 (49 CFR Part 571) as they apply to school buses.

**Staff-to-Child Ratio:**

- 1. On vehicles with a GVWR of less than 10,000 lbs., the staff-to-child ratio shall be maintained at all times. The driver of the vehicle shall not be counted as a caregiver while transporting the children.
- 2. On vehicles with a GVWR of 10,000 lbs. or more, the staff-to-child ratio shall be one caregiver to each 25 children or fraction thereof. The driver of the vehicle shall not be counted as a caregiver while transporting the children. In facilities that are dually licensed, i.e., licensed to provide care for both preschool and school age children, if the vehicle is only transporting school age children (no preschool children, infants, or toddlers are being transported), the driver may be counted as a caregiver while transporting the school age children.

- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Rule 1.15.3).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are variations in caregiver/staff to child ratio based on the age of the children being transported.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Programs that operate in a central location there shall be at least one caregiver on the premises at all times the facility is in operation that has a current certification in CPR and first aid. When groups of children are away from the central location for field trips etc., there shall be at least one caregiver with the group that holds a current certification in CPR and first aid. All caregivers in summer day camps are required to have current CPR and first aid certification, copies of which shall be kept with their personnel records.

**First Aid Supply:**

1. A first aid supply shall be kept on-site and easily accessible to employees, but not in reach of the children.
2. A first aid supply shall be taken on all field trips and excursions and shall be easily accessible to employees, but not in reach of the children.
3. Medicine shall be kept out of the reach of the children.
4. All vehicles used by the facility in transporting children shall be equipped with a first aid kit.
5. It is recommended that first aid kits contain items pursuant to American Red Cross guidelines.
6. Some items in this kit may have expiration dates. All first aid kits should be periodically inspected for contents. Depleted and out of date materials should be replaced.
7. Special attention should be exercised when utilizing first aid

supplies or any medication for children who have allergies or other special medical needs.

- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health. (Rule 1.12.5)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Caregivers participate in a *Health and Safety Standards Information Session* that covers the topics of child abuse and neglect including definitions of types of abuse (physical, emotional, sexual), maltreatment of children, recognizing signs of abuse, and reporting policies. Any operator or employee of a child care facility who has suspicion or evidence of child abuse or neglect shall report it immediately to the Mississippi Department of Human Services in accordance with the state's *Youth Court Act*.
- List all citations for these requirements, including those for licensed and license-exempt providers. *CCDF Health and Safety Standards Information Session* and the *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Rule 1.24.10).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the age of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. The following exemptions apply:  
–A parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer, in accordance with the tenets and practices of a recognized

church or religious denomination by a duly accredited practitioner thereof, shall not, for that reason alone, be considered to be neglectful.

—Physical discipline, including spanking, performed on a child by a parent, guardian, or custodian in a reasonable manner shall not be deemed abuse but it is classified as inappropriate discipline in a child care facility.

b) Does the Lead Agency include any of the following optional standards?

- No, if no, skip to 5.2.3.
- Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A child care facility shall provide adequate and nutritious meals prepared in a safe and sanitary manner. Healthy diets contain the amounts of essential nutrients and calories needed to prevent nutritional deficiencies while preventing an excess amount of discretionary calories. Planned meals and snacks provide the right balance of carbohydrate, fat, and protein to reduce risks of chronic diseases, and are part of a full and productive lifestyle. Children's food needs are based on the amount of time spent in the child care facility. Any child in a child care facility at the time of service of a meal or snack will be served that meal or snack. Meals and vending services shall meet the standards from the Offices of Healthy Schools and Child Nutrition for the Mississippi State Department of Education as well as USDA Food and Nutrition Service guidelines
- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the ages of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

2. Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Child care providers are to provide infants, toddlers, and preschool children with opportunities to be physically active throughout the day.
  1. Toddlers and preschool children will be provided the opportunity for light physical activity for at least 15 minutes per hour when children are not involved in their scheduled rest period.
  2. Toddlers should accumulate a minimum of 60 minutes of structured moderate to vigorous physical activity per day.
  3. Preschoolers should accumulate a minimum of 60 minutes of structured moderate to vigorous physical activity per day.
  4. Caregivers should join in and lead the structured, moderate to vigorous, physical activities in which the children participate.
  5. Structured physical activity should involve the performance of large muscle activities.
  6. Half-day programs are only required to provide for physical activity for one-half ( $\frac{1}{2}$ ) the time as stated above.
- List all citations for these requirements, including those for licensed and license-exempt providers. **Regulations Governing Licensure of Child Care Facilities** published by the Mississippi State Department of Health (Rule 1.9.7).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the ages of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

### 3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Facility Adaptation:** The child care facility areas to be utilized by a child with special needs shall be adapted as necessary to accommodate special devices that may be required for the child to function independently, as appropriate. A separate area shall be available for providing privacy for diapering, dressing, and other personal care procedures.

**Activity Plan:** A child with special needs shall have an individual activity plan. The individual activity plan shall have been

developed by a person with a bachelors or advanced degree in a discipline dealing with disabilities, as appropriate. The individual activity plan shall be reviewed, at a minimum, once every 12 months.

**Caregiver Staff Development:** Caregivers serving children with special needs shall receive staff development related to the specific needs of the children served.

**Staffing:** Caregiver staffing shall be appropriate and adequate to meet the specific physical and/or developmental needs of the special needs children served at the child care facility. Staff-to-child ratio shall be determined by the needs of the child rather than child's chronological age as based upon the child's individual plan (i.e., individual education plan, individual habilitation plan, individual family service plan, etc.). The facility is encouraged to be an active participant in the child's individual plan development.

- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Subchapter 20).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the ages of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). **Describe:** Provide developmentally appropriate activities, reading material, and sun safety.

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) Child care facility shall provide a basic program of activities geared to the age levels and developmental needs of the children served, provide for the reading of age-appropriate materials to children, and incorporate programs to encourage sun safety practices into activities for all age levels.
- List all citations for these requirements, including those for licensed and license-exempt providers. *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi State Department of Health (Subchapter 9 and 10).

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care or licensing status.
- Describe any variations based on the ages of the children in care. There are no variations based on the age of the children in care.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

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

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

#### Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
  1. Licensed child care centers: 3 hours
  2. Licensed FCC homes: 3 hours
  3. In-home care: Not Applicable
  4. Variations for exempt provider settings: There are no variations for exempt or unlicensed providers.
- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer). 90 days from the hire day
- c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served. There are no variations in training requirements based on the ages of the children served.
- d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered. The Mississippi State Department of Health (MSDH) and the Early Childhood Academy (ECA) provide face-to-face and online training workshops.
- e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
    - Yes
    - No
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
    - Yes
    - No
  - Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
    - Yes
    - No
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
    - Yes
    - No
  - Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.
3. Administration of medication, consistent with standards for parental consent
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11..**
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- Yes
- No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

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

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes

No

- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

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

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?  
 Yes  
 No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?  
 Yes  
 No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?  
 Yes  
 No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?  
 Yes  
 No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11..**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11..**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

10. Pediatric first aid and CPR certification

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11..**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes

- No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

11. Recognition and reporting of child abuse and neglect

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

12. Child development (98.44(b)(1)(iii))

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No

- Describe if relatives are exempt from this requirement. There is no exemption from this requirement for relatives.

13. Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc. **None**

- Provide the citation(s) for other training requirements, including citations for both licensed and license-exempt providers. **N/A**
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
  - Yes
  - No
- Describe if relatives are exempt from this requirement. **\_\_\_\_\_**

### Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- Licensed child care centers: 3
- Licensed FCC homes: 3
- In-home care: Not Applicable
- Variations for exempt provider settings: There are no variations for exempt providers.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.

- Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
  - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
    - Annually.
    - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
  - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
    - Annually.
    - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance. How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
      - Annually.
      - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- 3. Administration of medication, consistent with standards for parental consent
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
  - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
    - Annually.

- Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance. How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
    - Annually.
    - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- 4. Prevention and response to emergencies due to food and allergic reactions
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
  - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
    - Annually.
    - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
  - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
    - Annually.
    - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
  - Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
  - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
    - Annually.

- Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
- Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

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

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
- Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance. How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
- Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- Annually.
  - Other. Describe How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
- Annually.
  - Other. Describe

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

#### 10. Pediatric first aid and CPR certification

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

#### 11. Recognition and reporting of child abuse and neglect

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

12. Child development (98.44(b)(1)(iii))

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Child Care Payment Program Policy Manual, Section 9.11.1- Training Requirements for Child Care Providers and Personnel**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
  - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance. How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
    - Annually.
    - Other. Describe Caregivers, teachers, and directors shall renew training every two (2) years. Additionally, ongoing health and safety training must be completed as required by MSDH if inspection findings require training is needed for compliance.

13. Describe other requirements, such as nutrition, physical activities, caring for children with special needs, etc. **None**

- Provide the citation(s) for other training requirements, including citations for both licensed and license-exempt providers. **N/A**
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
  - Annually.
  - Other. Describe \_\_\_\_\_
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
  - Annually.
  - Other. Describe \_\_\_\_\_

### **5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers**

#### **5.3.1 Enforcement of licensing and health and safety requirements**

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. CCPP-approved providers must maintain documentation of completed orientation training, including health safety requirements, for caregivers, staff and volunteers who engage in child care. This documentation must be made available to monitors and/or upon request. Additionally, proof of CCDF specific Health and Safety Training shall be maintained in the Provider Intergrated Portal (PIP). Proof may consist of a certificate provided after compleion of eh class by the instructor, documentation in PIP, or self-attestation at the discretion of the Lead Agency.

#### **5.3.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

**a) Licensed CCDF center-based child care**

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. MSDH, on behalf of the Lead Agency, performs pre-licensure inspections of licensed child care center providers in accordance with state requirements for health, safety, and fire standards. Child care providers are required to obtain a zoning letter from their local

government, city or county. Child care providers are required to have a marshal from their local territory perform a fire inspection. Two full inspections of a facility are conducted by MSDH. The initial inspection is announced and the follow up inspection is unannounced. The inspections include, but are not limited to, checking emergency exits, lighting, windows, menus, child center schedules, outdoor time schedules and appropriate square footage. A final full inspection is conducted before the child care center is allowed to open for operation.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers. MSDH, on behalf of the Lead Agency, performs annual inspections prior to renewal as well as unannounced inspections prior to annual renewal in accordance with state requirements. Two unannounced inspections are conducted: one prior to renewal and one approximately 6 months into the provider's operational year. Additional unannounced inspections are performed any time a complaint is filed with MSDH.
3. Identify the frequency of unannounced inspections:
  - Once a year
  - More than once a year. Describe MSDH performs two (2) unannounced inspections a year.
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. The monitoring procedures and inspections performed by MSDH on behalf of the Lead Agency ensure that child care center providers comply with applicable licensing standards, including health, safety, and fire standards. Child care providers are required for have a marshal from their local territory perform a full fire inspection prior to opening facility and on an annual basis by a qualified fire extinguisher technician. Two unannounced full inspections of a facility are conducted by MSDH. The inspections include, but is not limited to, checking emergency exits, lighting, windows, menus, child center schedules, outdoor time schedules and appropriate square footage.
5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers **Regulations Governing Licensure of Child Care Facilities** published by the Mississippi State Department of Health.

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. .

MSDH, on behalf of the Lead Agency, performs pre-licensure inspections of licensed family child care center providers in accordance with state requirements for health, safety, and fire standards. Child care providers are required to obtain a zoning letter from their local government, city or county. Child care providers are required to have a marshal from their local territory perform a fire inspection. Two full inspections of a facility are conducted by MSDH. The initial inspection is announced and the follow up inspection is unannounced. The inspections include, but is not limited to, checking emergency exits, lighting, windows, menus, child center schedules, outdoor time schedules and appropriate square footage. A final full inspection is conducted before the child care center is allowed to open for operation.

2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. MSDH, on behalf of the Lead Agency, performs annual inspections prior to renewal as well as unannounced inspections prior to annual renewal in accordance with state requirements. Two unannounced inspections are conducted: one prior to renewal and one approximately 6 months into the provider's operational year. Additional unannounced inspections are performed any time a complaint is filed with MSDH.
3. Identify the frequency of unannounced inspections:
  - Once a year
  - More than once a year. Describe MSDH performs two (2) unannounced inspections a year.
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. The monitoring procedures and inspections performed by MSDH on behalf of the Lead Agency ensure that child care center providers comply with applicable licensing standards, including health, safety, and fire standards. Child care providers are required to have a marshal from their local territory perform a fire inspection prior to opening facility and are required to have fire extinguisher serviced on an annual basis by a qualified fire extinguisher technician. Two full inspections of a facility are conducted by MSDH. The initial inspection is announced and the follow up inspection is unannounced. The inspections include, but are not limited to, checking emergency exits, lighting, windows, menus, child center schedules, outdoor time schedules and appropriate square footage.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers **Regulations Governing Licensure of Child Care Facilities** published by the Mississippi State Department of Health.
- c) Licensed in-home CCDF child care
  - N/A. In-home CCDF child care (care in the child's own home) is not licensed in the state/territory. Skip to 5.3.2 (d).
    1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards. \_\_\_\_\_
    2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers. \_\_\_\_\_
    3. Identify the frequency of unannounced inspections:
      - Once a year
      - More than once a year. Describe \_\_\_\_\_
    4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards. \_\_\_\_\_
    5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers \_\_\_\_\_
  - d) List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. **Mississippi State Department of Health.**

### 5.3.3 Inspections for license-exempt CCDF providers

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. License exempt centers are regulated according to the Mississippi statute by the MSDH.

Provide the citation(s) for this policy or procedure. **Miss Code Ann. § 43-20-5(a)**
- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. **MSDH** through an agreement with the Lead Agency will perform unannounced inspections annually and more frequently as needed.

Provide the citation(s) for this policy or procedure. Child Care Payment Program Policy Manual and Miss Code Ann. § 43-20-5(a). As of October 1, 2018, unlicensed family child care providers must register pursuant to Miss Code Ann. § 43-20-5(a) in order to receive CCDF subsidy payments. Additionally, the unlicensed family child care providers must complete an application in the Provider Integrated Portal and participate in any recommended technical assistance through the Early Childhood Academies in order to receive CCDF subsidies.

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. N/A

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

- d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

No

Yes. If yes, describe: \_\_\_\_\_

- e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers: Mississippi State Department of Health.

#### 5.3.4 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(l); 98.42(b)(1-2)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)). The licensing inspector must have the following:
  1. Master's Degree with a total of 16 hours directly related to Early Childhood Development and Care courses.
  2. One (1) year of experience as a professional child care facility inspector.
  3. Minimum of 25 site inspections accompanied and evaluated by supervisor.
  4. Certification in Tummy Safe food preparation and food service practices & complete 40 hours of food safety training.
  5. Certification in National Playground Safety.

6. Basic and Advanced Certification in National Certified Investigator and Training (NCIT, CLEAR).
7. Certified in Infant/Child CPR and First Aid.

b) Provide the citation(s) for this policy or procedure. MSDH's Child Care Licensing Program Policies and Procedures Manual.

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. The MSDH has a benchmark of 50 facilities per licensed inspector. This ratio allows for every licensed facility in the state to receive at least two annual inspections as required by state law.
- b) Provide the policy citation and state/territory ratio of licensing inspectors. MSDH's Child Care Licensing Program Policies and Procedures Manual.

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c))) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care. \_\_\_\_\_
- Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care. \_\_\_\_\_
- No, relatives are not exempt from inspection requirements.

#### **5.4 Criminal Background Checks**

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

| Components  | In-State | National | Inter-State |
|---|----------|----------|-------------|
| 1. Criminal registry or repository using fingerprints in the current state of residency   | x        |          |             |
| 2. Sex offender registry or repository check in the current state of residency  | x        |          |             |
| 3. Child abuse and neglect registry and database check in the current state of residency  | x        |          |             |
| 4. FBI fingerprint check  |          | x        |             |
| 5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)   |          | x        |             |
| 6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional |          |          | x           |
| 7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years  |          |          | x           |
| 8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years                                |          |          | x           |

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

- The national FBI fingerprint check; and,

- The three in-state background check provisions for the current state of residency:
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check; and
  - state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

| Components  | New (Prospective) Staff   | Existing Staff  |
|---|---|---|
| 1. Criminal registry or repository using fingerprints in the current state of residency   | Milestone/prerequisite for waiver   | Possible time limited waiver for current (existing) staff |
| 2. Sex offender registry or repository check in the current state of residency  | Milestone/prerequisite for waiver   | Possible time limited waiver for current (existing) staff |
| 3. Child abuse and neglect registry and database check in the current state of residency  | Milestone/prerequisite for waiver   | Possible time limited waiver for current (existing) staff |
| 4. FBI fingerprint check  | Milestone/prerequisite for waiver   | Possible time limited waiver for current (existing) staff |
| 5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)   | Possible time limited waiver for: <ul style="list-style-type: none"> <li>• establishing requirements and procedures; and/or</li> <li>• conducting checks on all new (prospective) staff; and/or</li> <li>• conducting checks on current (existing) staff</li> </ul> |   |
| 6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional | Possible time limited waiver for: <ul style="list-style-type: none"> <li>• establishing requirements and procedures; and/or</li> <li>• conducting checks on all new (prospective) staff; and/or</li> <li>• conducting checks on current (existing) staff</li> </ul> |   |
| 7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years  | Possible time limited waiver for: <ul style="list-style-type: none"> <li>• establishing requirements and procedures; and/or</li> <li>• conducting checks on all new (prospective) staff; and/or</li> <li>• Conducting checks on current (existing) staff</li> </ul> |   |
| 8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years                                | Possible time limited waiver for: <ul style="list-style-type: none"> <li>• establishing requirements and procedures; and/or</li> <li>• conducting checks on all new (prospective) staff; and/or</li> <li>• conducting checks on current (existing) staff</li> </ul> |   |

Use the questions below to describe the status of the requirements, policies, and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form for components not included in the milestones. Approval of these waiver requests will be subject to verification that

the milestone components have been met as part of the CCDF Plan review and approval process.

### In-state Background Check Requirements

#### 5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

- a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.
  - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations Within ten (10) working days from the date of employment, the child care facility shall submit the following for processing:
    - a. A completed fingerprint card and fees, as appropriate, shall be submitted to the Mississippi State Department of Health for processing. A copy of the submitted fingerprint card, fees paid and evidence of mailing shall be maintained in the employee's personnel file until the facility receives notification from the Department (MSDH) verifying the employee's suitability for employment. If the facility is notified that the fingerprints submitted were incomplete or of such poor quality that prevented processing, the facility shall reprint the individual and/or resubmit the necessary information within ten days of the dated letter on the notification.
    - b. A Child Abuse Registry Form shall be submitted to the Central Registry Unit at the Mississippi Department of Child Protective Services for processing. A copy of the submitted form and evidence of mailing notification from the Department (MSDH) of the employee's suitability for employment. Although an individual is allowed to begin employment prior to the receiving confirmation of the employee's status for employment suitability, at no time shall the facility allow that individual to provide unsupervised care or be left alone with a child until the facility receives notification from the Department (MSDH) verifying that employee's suitability for employment. Each licensed child care facility with internet capabilities may electronically access, monitor, and verify the

suitability status of any submitted employee through a MSDH maintained webpage: <http://www.HealthyMS.com>. (Licensed providers without electronic capabilities will receive hardcopy notification of an employee's suitability status.)

All staff members working in licensed child care facilities must pass all criminal record, child abuse registry, and sex offender checks to be qualified to work in a child care facility. There are no exemptions to this requirement.

Citation: MSDH Regulations Governing Licensure of Child Care Facilities - Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks* of Subsection 5 *Personnel Requirements* of the *Regulations Governing Licensure of Child Care Facilities*.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations Family child care providers who receive CCDF funds will be required to register with MSDH. When registered, the provider and anyone else living in the provider's home must submit and pass the criminal record, child abuse registry, and sex offender check.

Citation: The Lead Agency requires Family Child Care providers to register with MSDH pursuant to Miss. Code Ann. § 43-20-59.

- b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?
  - Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. Existing child care staff are subject to the same process regarding criminal history records check (fingerprint).

Citation: MSDH's Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks* of Subsection 5 *Personnel Requirements* of the *Regulations Governing Licensure of Child Care Facilities*.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers).
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe: \_\_\_\_\_

#### 5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

- a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies, and procedures for the search of the in-state sex offender registry.
  - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. All staff members working in licensed child care facilities must pass all criminal record, child abuse registry, and sex offender checks to be qualified to work in a child care facility. Fingerprints must be submitted within the first 10 working days of the staff member's employment. There are no exemptions to this requirement.

Citation: MSDH's Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks* of Subsection 5 *Personnel Requirements* of the *Regulations Governing Licensure of Child Care Facilities*.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. Family child care providers who receive CCDF funds will be required to register with MSDH. When registered, the provider and anyone else living in the provider's home must submit and pass the criminal record, child abuse registry, and sex offender check.

Citation: The Lead Agency requires Family Child Care providers to register with MSDH pursuant to Miss. Code Ann. § 43-20-59

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. Existing child care staff are subject to the same process regarding sex offender registry check.

Citation: MSDH's Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks* of Subsection 5 *Personnel Requirements* of the *Regulations Governing Licensure of Child Care Facilities*.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state sex offender registry for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: \_\_\_\_\_

#### 5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies, and procedures for the search of the in-state child abuse and neglect registry.

- Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. The policy follows the same requirements, policies and procedures as the search of the state criminal registry or repository.  
All staff members working in licensed child care facilities must pass all criminal record, child abuse registry, and sex offender checks to be qualified to work in a child care facility. Fingerprints must be submitted within the first 10 working days of the staff member's employment. There are no exemptions to this requirement.
- Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible

providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. Family child care providers who receive CCDF funds will be required to register with MSDH. When registered, the provider and anyone else living in the provider's home must submit and pass the criminal record, child abuse registry, and sex offender check.

The Lead Agency requires Family Child Care providers to register with MSDH pursuant to Miss. Code Ann. § 43-20-59.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. Existing child care staff is subject to the same process regarding child abuse registry check.

*Citation: MSDH's Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks of Subsection 5 Personnel Requirements of the Regulations Governing Licensure of Child Care Facilities.*

No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe:       

### National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note that an FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies, and procedures for the search of the national FBI fingerprint check.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. Within ten (10) working days from the date of employment, the child care facility shall submit the following for processing:
  - a. A completed fingerprint card and fees, as appropriate, shall be submitted to the Mississippi State Department of Health for processing. A copy of the submitted fingerprint card, fees paid and evidence of mailing shall be maintained in the employee's personnel file until the facility receives notification from the Department (MSDH) verifying the employee's suitability for employment. If the facility is notified that the fingerprints submitted were incomplete or of such poor quality that prevented processing, the facility shall reprint the individual and/or resubmit the necessary information within ten days of the dated letter on the notification.
  - b. A Child Abuse Registry Form shall be submitted to the Central Registry Unit at the Mississippi Department of Child Protective Services (MDCPS) for processing. A copy of the submitted form and evidence of mailing notification from the Department (MSDH) of the employee's suitability for employment. Although an individual is allowed to begin employment prior to the receiving confirmation of the employee's status for employment suitability, at no time shall the facility allow that individual to provide unsupervised care or be left alone with a child until the facility receives notification from the Department (MSDH) verifying that employee's suitability for employment. Each licensed child care facility with internet capabilities may electronically access, monitor, and verify the suitability status of any submitted employee through a MSDH maintained webpage: <http://www.HealthyMS.com>. (Licensed providers without electronic capabilities will receive hardcopy notification of an employee's suitability status.)

All staff members working in licensed child care facilities must pass all criminal record, child abuse registry, and sex offender checks to be qualified to work in a child care facility. Fingerprints must be submitted within the first 10 working days of the staff

member's employment. There are no exemptions to this requirement.

Citation: MSDH's Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks of Subsection 5 Personnel Requirements of the Regulations Governing Licensure of Child Care Facilities*.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. \_\_\_\_\_ Family child care providers who receive CCDF funds will be required to register with MSDH. When registered, the provider and anyone else living in the provider's home must submit and pass the criminal record, child abuse registry, and sex offender check.

The Lead Agency requires Family Child Care providers to register with MSDH pursuant to Miss. Code Ann. § 43-20-59.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. Existing child care staff are subject to the same process regarding criminal history records check (fingerprint).

Citation: MSDH's Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks of Subsection 5 Personnel Requirements of the Regulations Governing Licensure of Child Care Facilities*.

No (Waiver request allowed. See Appendix A.) Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: \_\_\_\_\_

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff?

Yes. If yes,

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. All staff members working in licensed child care facilities must pass all criminal record, child abuse registry, and sex offender checks to be qualified to work in a child care facility. Fingerprints must be submitted within the first 10 working days of the staff member's employment. There are no exemptions to this requirement.

Citation: MSDH's Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks of Subsection 5 Personnel Requirements of the Regulations Governing Licensure of Child Care Facilities.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. Family home providers who receive CCDF funds will be required to register with MSDH. When registered, the provider and anyone else living in the provider's home must submit and pass criminal record, child abuse registry, and sex offender check.

Citation: Miss. Code Ann. § 43-20-59 Public Welfare, Child Care Facilities, Family Child Care Homes.

No (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: 

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. Existing child care staff is subject to the same process regarding sex offender registry check (fingerprint).

**Citation: MSDH's Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks* of Subsection 5 *Personnel Requirements* of the *Regulations Governing Licensure of Child Care Facilities***

No (Waiver request allowed. See Appendix A.) Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers).
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: \_\_\_\_\_

### Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

**Note:** It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). \_\_\_\_\_
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). \_\_\_\_\_

No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: Expected date of full implementation of this requirement is 09/30/2020. The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks. The Lead Agency has secured the criminal registry contact information for other states, and will consult with neighboring states to understand how they attempt to conduct background checks. The Lead Agency has met with the Mississippi State Department of Health, which currently conducts all background checks as well as searches of sex offender registries and child abuse registries, to explore ways to broaden our searches in other states effectively and to discuss a timeline for implementing the required background searches.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. \_\_\_\_\_

No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)

- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: Existing child care staff will be subject to the same process when the requirement is in full implementation by 09/30/2020.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

- Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). \_\_\_\_\_
- Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). \_\_\_\_\_

No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: Expected date of full implementation of this requirement is 09/30/2020. The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks. The Lead Agency has secured the criminal registry contact information for other states, and will consult with neighboring states to understand how they attempt to conduct background checks. The Lead Agency has met with the Mississippi State Department of Health, which currently conducts all background checks as well as searches of sex offender registries and child abuse registries, to explore ways to

broaden our searches in other states effectively and to discuss a timeline for implementing the required background searches.

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

- Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. \_\_\_\_\_
- No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:
  - Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
  - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
  - Key challenges to fully implementing this requirement
  - Strategies used to address these challenges

Describe: Existing child care staff will be subject to the same process when the requirement is in full implementation by 09/30/2020.

#### 5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

- Yes. If yes,
  - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). \_\_\_\_\_
  - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). \_\_\_\_\_
- No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:
  - Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
  - Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
  - Key challenges to fully implementing this requirement
  - Strategies used to address these challenges

Describe: Expected date of full implementation of this requirement is 09/30/2020. The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks. The Lead Agency has secured the criminal registry contact information for other states, and will consult with neighboring states to understand how they attempt to conduct background checks. The Lead Agency has met with the Mississippi State Department of Health, which currently conducts all background checks as well as searches of sex offender registries and child abuse registries, to explore ways to broaden our searches in other states effectively and to discuss a timeline for implementing the required background searches.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. \_\_\_\_\_

No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: Existing child care staff will be subject to the same process when the requirement is in full implementation by 09/30/2020.

### Provisional Employment

The CCDF Final Rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF Final Rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below (Waiver request allowed. See Appendix A). Check all that apply.

The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Describe and include a citation:

The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A). Describe and include a citation: \_\_\_\_\_ Although an individual is allowed to begin employment prior to the receiving confirmation of the employee's status for employment suitability, at no time shall the facility allow that individual to provide unsupervised care or be left alone with a child until the facility receives notification from the Department (MSDH) verifying the employee's suitability for employment. Each licensed child care facility with internet capabilities may electronically access, monitor, and verify the suitability status of any submitted employee through a MSDH maintained webpage: <http://www.HealthyMS.com>. (Licensed providers without electronic capabilities will receive hardcopy notification of an employee's suitability status.)

Citation: MSDH Regulations Governing Licensure of Child Care Facilities - Rule 1.5.2 *Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks of Subsection 5 Personnel Requirements of the Regulations Governing Licensure of Child Care Facilities*.

Other. Describe \_\_\_\_\_

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). Other states, territories and tribes may request background checks from the Mississippi State Department of Health. Requests will be processed within 45-days from the time a request is submitted.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

*Note:* The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes. Describe other disqualifying crimes and provide citation: Disqualifying crimes include:  
—driving under the influence (DUI) – if occurring within past 12 months from date of review; or if the criminal record contains 2 or more DUI arrests;  
—grand larceny – within past 5 years from date of review;  
—simple assault – within past 15 years from date of review;  
—drugs/possession – within past 10 years from date of review;  
—pointing/aiming a deadly weapon;  
—threatening an informant;

- felony and misdemeanor shoplifting – if two or more within past 12 months from date of review;
- monetary felonies (non-violent) – within past 12 months from date of review
- felony identity theft.

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)). The Lead Agency has an agreement with the Mississippi State Department of Health (MSDH) to perform background checks. The prospective or current staff member will receive a written letter of non-suitability if the individual is ineligible for employment based on the background check results. For individuals wanting to appeal the results of a background check or to challenge accuracy or completeness of the report, the individual must notify MSDH and provide any addition documentation or information of why the finding of the report is inaccurate or incomplete in writing within 60 days of being notified of ineligibility for employment. For individuals that request a meeting with MSDH to challenge the results of the background check, a panel of reviewers meets with the individual. The panel includes, but is not limited to, a representative from the Licensure department and Criminal History Record Check department. After the meeting, the panel members present their findings to MDSH and a final decision on employment eligibility is determined. A letter is then issued to the individual based upon the eligibility determination.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)). The cost to administer a criminal background check in Mississippi is \$50.00 per individual. All fees are directly tied to the cost of conducting each background check.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
  - Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. \_\_\_\_\_

DRAFT

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

- a) Describe how the state/territory's framework for training and professional development addresses the following required elements:
  - State/territory professional standards and competencies. Describe: The state currently endorses the following professional pathways to improve early childhood educators' professional learning and development of knowledge, skills, practices, and dispositions that help prepare children for school readiness
    - 1) the traditional academic pathway,
    - 2) the non-traditional professional development pathway, and
    - 3) the work-based learning (WBL) pathway.

(Note: the above pathways entail the use of instructional or clock hours and credit hours. We use the following definitions to distinguish the two: "Clock hours are the total number of actual hours per week a

student spends attending class or other instructional activities that count toward completing a program of study.” “Credit hours refer to the number of credits a student receives for enrolling in a given course. Credit hours do not directly reflect the total number of hours per week a student spends in a class and instead reflect each course’s workload” (see Study in the States, <https://studyinthestates.dhs.gov/2016/03/the-difference-between-clock-hours-and-credit-hours>).

**The Traditional Academic Pathway** requires either a high school diploma/GED or a Career & Technical Education (CTE) diploma before pursuing a four-year degree, or a two-year degree, or a one-year certificate in the field of early childhood education. The professional standards and competencies, described in the traditional academic pathway, are utilized by the State Department of Education (MDE) for the teaching licensure. The professional standards and competencies are based on content knowledge and standards incorporated in the early childhood education curriculum of the National Association for the Education of Young Children (NAEYC), the Child Development Associate (CDA)<sup>TM</sup> credential, the Mississippi College- and Career-Ready Standards (MCCRS), the International Society for Technology in Education Standards (ISTE), and the partnership for 21<sup>st</sup> Century Skills and Information and Communication Technologies (ICT) Literacy and Common core State Standards. The K-20 educational/workforce system prescribes recommended areas of competence, including general knowledge and skills needed to work in an early childhood education profession. Competencies, as captured in ten units of the Mississippi Career Planning and Assessment System (MS-CPAS) a test given to secondary and postsecondary CTE students, pertain to:

- Orientation (20 instructional hours) – demonstrate knowledge, skills, and dispositions necessary to work in an early childhood education profession, including educational, occupational, and leadership opportunities.
- Health and Safety Practices (80 instructional hours) - recognize and explain the responsibilities of caregivers for protecting children’s health and safety;
- History and Trends of Early Childhood Education (20 instructional hours) - understand the history and evolution of early childhood education, including programs, initiatives, and accreditations that influenced the field.

- Child development (80 instructional hours) - understand and explain the physical, cognitive, social, and emotional development of children from birth to five years of age, and apply practices that promote inclusion and meeting the needs of special needs and culturally diverse children.
- Characteristics of Quality Child Care Programs (30 instructional hours) – demonstrate ability to explain components of quality child care programs.
- The Learning Environment (30 instructional hours) - demonstrate ability to describe daily routines for infants, toddlers, and preschool-age children in a child care setting. Also, understand function and utility of types of equipment and arrange physical space in a way that promotes learning.
- Curriculum Development (50 instructional hours) - explain program goals and factors when planning a curriculum. Relate the importance of literature in the effective child care curriculum and demonstrate ability to compile a list of developmentally-appropriate themes and lesson plans for infants/toddlers and preschool age children. Also, explore and apply appropriate use of technology in preschool settings.
- Management and Administration (80 instructional hours) - demonstrate ability to explain the purpose of licensing and other regulations affecting child care services. Exercise best practices in business and operating procedures necessary for a successful, productive center. Also, demonstrate ability to analyze the role of a child care director.

The Lead Agency can assist the child care workforce to work towards the traditional academic pathway through professional development opportunities and content knowledge offered by the Early Childhood Academy (ECA) in Mississippi Community and Junior Colleges.

**The Non-Traditional Professional Pathway** includes a credentialing program for Directors, the Mississippi Director's Credential. Directors undertake a set of core courses designed to evaluate the knowledge and a wide range of skills needed by child care directors practicing in licensed facilities. The requirements include 126 clock hours of course work, consisting of eight (8) modules, with a minimum score of 70%, and an integrated module of all content in the previous eight modules about: science of child

development and the role of the Director; development of infants/toddlers, two-year-olds, as well as preschool and school-age children; program development; program administration; building and maintaining quality staff; financial management; and curriculum. This enables Directors to transition to a traditional academic pathway. The Mississippi Director's Credential is not currently offered. The Lead Agency is working with ECA and the State Department of Health (MSDH) to reinstate the Director's Credential program, so that it applies towards licensure requirements and the Standard and Comprehensive quality designations. Additionally, the Lead Agency and MSDH have coordinated to offer the renewal course so that credentialed directors may fulfill the necessary requirements to maintain the credential.

Another credentialing program for Directors is the National Director's Credential, which includes 144 clock hours of course work, consisting of nine (9) online assessments at 16 hours per module, with a minimum score of 70%, on: leadership, human resources management, staff performance, program operations, business strategies, indoor and outdoor environments, child's development and learning, families with partnerships, and evaluation of program quality., The National Director's Credential is offered by the McCormick Center for Early Childhood Leadership.

In addition, the Child Developmental Associate (CDA)<sup>TM</sup> credential is a nationally recognized credential in early childhood education. The requirements include 120 clock hours of course work, a comprehensive exam, a professional development assessment, and a professional portfolio. The competency standards evaluate a caregiver's performance on: health and safety, physical-cognitive-communicative-creative-social-emotional development, family relationships, program management, and professionalism. The CDA is offered by the Council for Professional Development.

The Lead Agency is in discussion with ECA to develop a collaboration between themselves and the Community College Board to possibly enable teachers and directors to receive credit from any of the above credentialing programs towards an Associate degree.

Lastly, the Mississippi Early Childhood Inclusion Center (MECIC) in the Institute for Disability Studies at the University of Southern Mississippi offers a special needs infant/toddler credential. The credential is a 40-hour certificate program for child care directors and early childhood educators. The credentialing program includes six (6)

didactic trainings modules (18 clock hours), consisting of early identification, early inclusion, early learning, early language, early intervention, and early well-being for infants and toddlers with special needs. The program also includes self-directed learning activities, and on-site mentoring for early childhood practitioners. The Lead Agency maintains a grant with MECIC for services targeting very young populations with special needs in the state.

**The Work-Based Learning (WBL) Pathway** implements classroom experiences to advanced professional development that comply with requirements in the Standard and Comprehensive child care designation. The WBL requires 0-3 years of experience on early care and education, and 15 hours of professional development, including Health & Safety training. For early childhood teachers, there is work done through Mississippi Community and Junior colleges to acquire the Mississippi Teaching License. Students enrolled in the Traditional Academic Pathway can already enroll in a COE class (work experience for credit) career tech path pathway, which entails the work-based learning option. The Lead Agency has a grant agreement with the Mississippi Community College Board (MCCB) which operates the Early Childhood Academy (ECA) to perform professional development activities. Professional development opportunities assist child care providers with meeting the requirements of the federally-mandated health and safety training, as well as the licensure requirements of the Mississippi Department of Health (MSDH). ECA offers onsite coaching and professional development on an as-needed basis to child care providers. A variety of professional development workshops is offered including Health and Safety Training, which is available face-to-face and online, at no cost to child care providers. Additional baseline orientation, in form of training slides and guides, is delivered by ECA to all child care providers applying for the first time for the Standard child care designation. Similar orientation materials will be developed for the Comprehensive child care designation, at its pilot and full implementation phases. The ECA provides professional development for child care providers to develop competence in implementing curriculum based on the Mississippi State Early Learning Guidelines and Standards in order to strengthen the early learning development of children under their care. Coaching and modeling practices are facilitated by ECA dedicated coaches. All training and professional development

workshops follow a uniform delivery of content across ECA locations.. ECA is in the process of implementing a coach certification process that will ensure that all Coach and Professional Development Specialists that work with early childhood professionals will utilize the competencies in their professional development offerings, coaching, and technical assistance. The coach certification process includes a phased approach, which will have two cohorts of coaches fully certified and implementing the competencies in professional development setting by October 1, 2019.

- Career pathways. Describe: **Traditional Academic Pathway**:The state has an academic articulation agreement in place with two-year and four-year institutions. In addition, there are agreements in place between two- and four-year career technical degree programs in which certain technical courses are transferred. The current career lattice reflects opportunities available in licensed child care and Head Start programs in addition to other roles that support family engagement, higher education and community based training. The career lattice consists of five accomplishment levels:
  - 1) Vocational or high school graduate for entry level professionals who meet the basic standards to enter the field and have acquired state training and early learning credential. This career pathway can lead towards acquiring a job as a child care teacher or teacher assistant.
  - 2) Associate Degree, for professionals who complete approved college credits in early childhood education or related field, have acquired state training, and met state requirements in reading, math, and writing. This career pathway can lead towards acquiring a job as an early childhood teacher, teacher assistant, or child care center director.
  - 3) Bachelor's Degree, for professionals who acquire a bachelor's degree with a specified number of college credits in early childhood education or related fields, have acquired state training, and have met level one (1) of the requirements for credentials and quality assurance. This career pathway can lead towards acquiring a job as a child care center director, early childhood teacher, or researcher in the field of early childhood education.
  - 4) Master's Degree, for professionals who earn college credits towards a Master's, have acquired state training, and have met level two (2) of the requirements for credentials and quality assurance. This career pathway can lead towards acquiring a job as a child care

center director, or early childhood lead teacher in child care settings, or early childhood education trainer, or instructor in higher education settings.

5) Doctorate Degree, for professionals who earn college credits towards a Ph.D./Ed.D., have acquired state training and have met level three (3) of the requirements for credentials and quality assurance. This career pathway can lead towards acquiring a job as a professor in higher education settings, or state agency administrator, or director of early childhood public-private organizations.

Professional progress from one level to the next comes through a combination of training and educational accomplishments.

Becoming a preschool teacher in Mississippi requires licensure through the Mississippi Department of Education (MDE). The initial license can be obtained by having a bachelor's degree and having taken approved teacher preparation coursework. Based on revised Mississippi Early Learning Guidelines developed by MDE, by fall 2018 early childhood educators of three-year-old children must hold a Pre-K - K Mississippi teaching license, or an Elementary Education K - 3, or Elementary Education K - 4 , or Elementary Education K - 6 with a supplemental Nursery - Grade 1 endorsement. No alternative route certifications will be accepted. Master teachers, teachers, or assistant teachers in participating Pre-K programs must meet the guidelines in Mississippi Code Section 37-21-3.

**Non-Traditional Professional Pathway:** State requirements for the non-traditional professional pathway include for:

1) The Mississippi Director's Credential, consisting of 126 clock hours, where directors must complete eight modules with a 70% mastery. To be qualified as a child care director, two years of experience in an early childhood program is also required. Renewal requirements are once every four (4) years.

2) Child Development Associate Credential (CDA), consisting of 120 clock hours, where staff receive a comprehensive exam, a professional development assessment, and have to create a professional portfolio for review. To be qualified as a child care director, two years of experience in an early childhood program is also required. Renewal requirements are once every three (3) years.

3) National Director's Credential, consisting of 144 clock hours, where directors must complete nine online assessments at 16 hours per module with a 70% mastery. To be qualified as a child care director, two years of experience in an early childhood program is also

required. Renewal requirements are once every five (5) years.

**The Work-Based Learning (WBL) Pathway:** The Mississippi Community College Board (MCCB) is currently developing the WBL Pathway. It will benefit early childhood professionals that participate in professional development offered by the Early Childhood Academy (ECA). Early childhood professionals will have the ability to receive college credit through the offering of a “Mississippi Early Childhood Professional Foundational Learning Certificate” that will align course content outcomes of college courses and ECA professional development. Early Childhood Professionals will have the ability to earn a domain specific certificate through participation in ECA professional development in the form of the MS Early Childhood Professionals Basics Certificate (Foundational Principles, Health and Safety, Child Growth & Development, Curriculum and Instruction). Attainment of these certificates, can then be used by professionals to earn course credit towards the completion of the MS Early Childhood Professional Credential. The goal is to place early learning professionals on a pathway towards earning a two-year Associate’s Degree in the Early Childhood Technical Degree program to: 1) increase program enrollment on college campuses, 2) provide professionals with both a traditional and non-traditional pathway towards degree completion, 3) enhance classroom quality and teacher capacity in early learning centers. Early childhood professionals can participate in the ECA WBL Pathway for professional development. ECA currently provides domain specific professional development that awards a set number of “contact hours” to child care providers according to the State Department of Health (MSDH) regulations. Additionally, early learning professionals will receive contact hours through prescriptive differentiated coaching and support from ECA Coach and Professional Development Specialists. In order to prepare a strong early childhood workforce, ECA state office is working to develop a set of Workforce Standards and Competencies that would align to national standards and best practices to ensure a skilled industry of early learning professionals. The standards and competencies for the WBL pathway include three levels of professional development support:

- 1) Primary Level of Support allows directors to acquire further leadership skills and receive professional development and coaching by ECA to pursue a Director’s Credential or a nationally recognized

Administrator Credential. Furthermore, primary level of support helps teachers to further develop competencies that support developmentally appropriate practices that comply with the Standard quality designation.

2) Secondary Level of Support allows directors, program staff, and teachers to demonstrate skills and knowledge related to advocacy, professionalism, discipline, and other child development indicators.

3) Tertiary Level of Support allows directors, program staff, and teachers to acquire the Comprehensive designation and pursue a Traditional Academic Pathway, e.g., an Associate's degree.

- Advisory structure. Describe: The Lead Agency will facilitate regular meetings of a CCDF Management team that consists of the Directors of: the Division of Early Childhood Care & Development (DECCD), State Early Childhood Advisory Council (SECAC), Mississippi Department of Education (MDE), Early Childhood Academy (ECA), National Strategic Planning and Analysis Research Center (NSPARC), Mississippi Department of Health (MSDH), and Mississippi Early Childhood Inclusion Center (MECIC). This team will have immediate oversight responsibility and will advise all professional development activities. Furthermore, the Lead Agency has appointed representation on SECAC, which convenes a number of representatives from public and private entities in the state involved in professional development efforts, as well as early childhood professionals that work directly with children. Various SECAC committees provide guidance on the professional needs of the State's early learning workforce and will make recommendations for changes to existing State system. SECAC support includes monthly calls, development of resource guides and materials and connections with community resources. The community college system has a common core of standards and workforce competencies embedded within the curriculum. SECAC committee members work to align workforce standards and competencies taught at the community colleges with course offerings in four-year degree programs.
- Articulation. Describe: The Lead Agency will facilitate regular meetings of a CCDF Management team that consists of the Directors of: DECCD, SECAC, MDE, ECA, NSPARC, MSDH, and MECIC. This team will have immediate oversight responsibility and will advise all professional development activities. Furthermore, the state has an academic articulation agreement in place between two- and four-year institutions. The agreement contains programs of courses appropriate

for transfer for community/junior college students who attend Mississippi's eight (8) public universities. In addition, there are agreements in place between two- and four-year career technical degree programs in which certain technical courses are transferred.

- Workforce information. Describe: **The Traditional Academic and Non-Traditional Professional pathways:** the state maintains one of the most comprehensive longitudinal data systems (SLDS) in the country, Mississippi LifeTracks. The system is designed to help meet data needs for reporting requirements and to answer critical policy questions relevant to education, workforce, and economic development by analyzing long-term outcomes for children. Mississippi LifeTracks provides P-20W linkages (early learning through workforce). In addition, the Lead Agency utilizes the Workforce Innovation and Opportunity Act (WIOA) "No Wrong Door" referral process to refer MDHS customers lacking a High School Diploma (HSD) or High School Equivalency (HSE) Diploma to the Mississippi Community College Board (MCCB) for adult education, to the Mississippi Department of Employment Security (MDES) for employment and training services, and the Mississippi Department of Rehabilitation Services (MDRS) for assessment and services. The WIOA Mississippi Works Smart Start Career Pathway model provides access to sector strategy career pathways that provide opportunities for participants to develop exit strategies leading to credential degrees, apprenticeships and employment. Smart Start allows participants to earn a National Career Readiness Certificate while learning about their career interests, exploring career options, creating career goals, and developing the "necessary skills" needed to succeed on-the-job.

**The Work-Based Learning (WBL) Pathway:** The Provider Information Portal (PIP) tracks the credentials, degrees, trainings and work history of the States' early learning workforce that participate in the Work-Based Learning Pathway. The State Longitudinal Data System (SLDS) also houses data of early childhood professionals that are on the traditional and non-traditional pathways. The SLDS looks at data over a time span from early childhood to postsecondary education and the workforce. The SLDS and PIP will provide the Lead Agency with one central, readily accessible system to gather data on the professional learning pathways of the early learning workforce.

- Financing. Describe: The Lead Agency has contracted quality improvement services to be implemented by the Mississippi Community College Board (MCCB) office of Early Childhood Academy (ECA) to provide services to early childhood professionals through the Resource Centers, technical assistance, coaching and professional development to improve the quality of child care in Mississippi at no cost to providers. The Lead Agency is exploring the feasibility of providing financial incentives and/or scholarships for qualifying early childhood professionals to obtain either an initial or higher degree or the MS Early Childhood Professional Credential to encourage staff to transition through the different pathways. Additionally, the Lead Agency contracts with Mississippi's University Center for Excellence in Developmental Disabilities, the Institute for Disability Studies (IDS) housed at the University of Southern Mississippi (USM) to provide specialized training to child care providers for topics regarding special needs populations at no cost to the provider.

Under development: The Lead Agency is currently exploring ways to provide financial incentives in the future for individuals in the early childhood education field to encourage staff to transition through the different pathways.

- b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.
  - Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: \_\_\_\_\_
  - Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: Presently, Mississippi has over 100 approved trainers who have demonstrated skills and qualifications in early learning and school age support. The 100 approved trainers are vetted through the Department of Health, Office of Licensure. The Department of Health is revising its professional development structure and offerings to assist early childhood providers in obtaining professional development that is age-specific. Also, the Early Childhood Academy (ECA) will implement the three levels of support that will lead to Traditional Academic and Non-Traditional pathways.
  - Other. Describe: \_\_\_\_\_

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if

applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. In the last three years, the State Early Childhood Advisory Council (SECAC) and its Committees engaged in rigorous research with providers by conducting: surveys on the use of early learning curriculum and standards, listening sessions on the effectiveness of the Quality Rating and Improvement System (QRIS), and performing a scan of all available programs and services to families and children in the state. The results suggested a revision of the existing fragmented, misaligned, and ineffective system to a system that raises quality and rigor of the standards, ensures alignment with other components of the early care and learning system, and provides significant professional development and technical assistance support to child care providers, as well as resources and common case management to families. This concept led to the creation of the Standard and Comprehensive Child Care quality designations and the establishment of the Early Childhood Academy (ECA) to meet the early care and learning needs of children, families, and providers in the state.

In that effort, the Lead Agency is a voting member on the State Early Childhood Advisory Council (SECAC). The Governor appointed the Executive Director of the State Workforce Investment Board (SWIB) to also serve as the Executive Director of SECAC and coordinate closely with the Lead Agency to ensure development of early childhood director and teacher credentials that are consistent with goals established in the *“Family-Based Unified and Integrated Early Childhood System”*. The Lead Agency also works closely with ECA, Mississippi Department of Health (MSDH), Mississippi Early Childhood Inclusion Center (MECIC), and Mississippi Department of Education (MDE) to increase provider access to professional development trainings.

In addition, SECAC sub-committees (i.e., Early Care and Learning, Family Support, and Health, Mental Health and Nutrition) conduct regularly reviews of the state’s strategic plans and work related to children and families across state government and recommend policy and practice to improve outcomes, including the areas of child health and mental health and families.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). The Lead Agency will give child care programs the opportunity to participate in the Work-Based Learning Pathway at no cost to child care providers, as they are on the path to quality programming and the opportunity to gain credit-bearing credentials. The three pathways (i.e., the traditional academic, the non-traditional professional, and the work-based learning) allow caregivers, teachers, and directors to attain credentials and post-secondary degrees. The framework offers multiple options, and it is designed to minimize barriers to professional development.

Furthermore, the coaching process will contribute to the improvement of quality, diversity, stability, and retention of early childhood workforce. Specifically, coaching "a specialized set of learned skills" (Doyle, 1999) to "develop people on purpose" (p.4), will include the following processes: 1) initiation, 2) observation, 3) action, 4) reflection, and 5) evaluation. Coaching is a nonlinear process. Each individual situation determines the order in which the coaching components unfold; however, during the coaching relationship, the coach and early childhood professional (coachee) will move through each of the components. Throughout the coaching relationship and even specific coaching conversations, the coach and coachee are likely to move in and out of these components a number of times. **Initiation:** During the initiation component of the coaching process, the coaching relationship is established. The coach and coachee jointly develop a plan that includes the purpose and specific outcomes of the coaching process. **Observation:** The coach may observe the early childhood professional using an existing strategy or practicing a new skill, or observe an unplanned activity. The observation component may also be used as an opportunity for the coachee to observe the coach demonstrate or model a particular skill, technique, or strategy prior to using it himself or herself. **Action:** During the action component of the coaching process, child care providers can demonstrate or use new skills and information discussed during the coaching interaction. This type of active participation is a key characteristic of effective help giving and is an essential component for building the capacity of the coachee. **Reflection:** The reflection component consists of the coach asking questions to evoke from the coachee reflection on how the coaching process unfolds, what are coachee's aspirations for the process, and what the coach can do to bridge possible gaps. **Evaluation:** The purpose of the evaluation component is to review the effectiveness of the coaching process, rather than evaluating the coachee. As part of the evaluation of the coaching process, the coach and early childhood professional decide on the continuation or the resolution of the coaching relationship based on the intended outcomes expected in an early childhood facility.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12

(658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)). The training and professional development offered through the Early Childhood Academy (ECA) is grounded in the State's early learning and developmental guidelines. The Lead Agency through the ECA continuously assesses and revises the professional development system in order to incorporate heightened Health & Safety standards and social-emotional/behavioral expectations. Additionally, the ECA builds professional development content that aligns with department of licensure requirements and domain-specific content that addresses child growth and development, health and safety, nutrition planning learning activities, guidance and discipline techniques linkages with community services, communications and relations with families, detection of child abuse, advocacy for early childhood programs, and professional issues.

Furthermore, the Lead Agency collaborates with Mississippi's University Center for Excellence in Developmental Disabilities, the Institute for Disability Studies (IDS) housed at the University of Southern Mississippi (USM) to ensure that childcare providers with disabilities, including those with developmental disabilities, have access to quality early childhood professional development and technical assistance. The Mississippi Early Childhood Inclusion Center (MECIC) at IDS conducts training and technical assistance for childcare providers who serve children with disabilities. MECIC employs Universal Design for Learning (UDL) in all aspects of training and technical assistance, which ensures all individuals have equal opportunities to learn and allows for a flexible approach that can be customized for individual needs.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). Every child care provider in the state including providers supported through Indian tribes or tribal organizations receiving CCDF funds has access to the services that are provided through the Early Childhood Academy (ECA) at no cost to the provider.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

- a) with limited English proficiency. To provide assistance to child care providers with limited English proficiency and to encourage participation in programs, the standard application and other literature related to child care programs will be translated into Spanish and Vietnamese by the lead agency (MDHS) in partnership with the National Strategic Planning and Analysis Research Center (NSPARC) and the Early Childhood Academy (ECA). The Lead Agency with partners ECA & NSPARQ will generate protocols on addressing servicing limited English providers with assistance from MDHS county offices that would include scheduling appointments with translators to be involved in the initial intake process for technical assistance to be offered.

Accommodation of non-English speaking individuals is part of ECA's strategic plan. To facilitate participation of non-English speaking providers and families, ECA will work with departments in colleges/universities for translation services.

- b) who have disabilities. All ECAs are centrally located on community college campuses. All community college campuses are required to ensure ADA compliance to all building facilities and these mandates ensure equitable access to resources and services offered by the ECA. MDHS contracts with the Institute of Disabilities Studies at the University of Southern Mississippi (USM) to provide trainings for providers and would serve as an additional resource in connecting with persons with disabilities. ECA will provide on-site training to providers with disabilities.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii–iv)). The Early Childhood Academy (ECA) and the Mississippi Department of Health (MSDH) provide professional development through workshops on a variety of rotating topics. In the upcoming cycle, a number of new topics will be introduced which will focus on the developmental and individual differences of children including, individualized training by child's age group, English-language learning and cultural differences. ECA coaches will receive certification to be sensitive to children of all backgrounds. In addition, the Mississippi Early Childhood Inclusion Center (MECIC) at the Institute of Disabilities Studies (IDS) at the University of Southern Mississippi (USM) provides trainings for child care providers to help enable them to identify children with special needs and provide appropriate care for those children. In addition to the direct service provided by MECIC, IDS serves as a resource to childcare

providers with disabilities by providing an array of programs to meet the needs of the individual including support for housing, transition to adulthood, wellness and recreation, and assistive technology. There will also be particular attention to children, families, and CCDF center-based and family-care providers experiencing challenging situations, e.g. homelessness, remote locations with limited transportation. To facilitate professional development for these groups, the Lead Agency and its partners (ECA, MSDH, MECIC) will develop strategies for on-site or place-based professional development opportunities by utilizing local offices and trainers. The Lead Agency, in collaboration with MSDH, ECA, and NSPARQ will develop specific professional development and Technical Assistance targeted to Family Child Care over the next plan cycle.

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

- a) Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2). The Early Childhood Academy's expanding schedule will include provider workshops/webinars addressing the special needs and challenges of working with homeless children and their families. The workshops/webinars will be used to train both providers and staff as needed.
- b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2). The Early Childhood Academy's expanding schedule will include provider workshops/webinars addressing the special needs and challenges of working with homeless children and their families. The workshops/webinars will be used to train both providers and staff as needed.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training

- Online training
- Regular check-ins to monitor the implementation of CCDF policies. Describe the type of check-ins, including the frequency. The Lead Agency will facilitate regular meetings of a CCDF Management team that consists of the Directors of: the Division of Early Childhood Care & Development (DECCD), State Early Childhood Advisory Council (SECAC), Mississippi Department of Education (MDE), Early Childhood Academy (ECA), National Strategic Planning and Analysis Research Center (NSPARC), Mississippi Department of Health (MSDH), and Mississippi Early Childhood Inclusion Center (MECIC). This team will have immediate oversight responsibility and will advise all professional development activities. The Management team will meet initially biweekly and then as needed.
- Other. Describe:

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a) Describe the strategies that the state/territory is developing and implementing for training and TA. Technical assistance, which focuses on financial management practice, is also offered through the Early Childhood Academy (ECA) network. ECA Business Advisors provide training in successful business practices to child care business owners, directors, and assistant directors. The primary goal for each child care center is to achieve a higher level of functioning in their business community. The secondary goal of training the directors is to improve their scores on the Program Administration Scale (PAS) test. The purpose of the Business Advisor is to help providers in improving their business practices and financial viability. While working with early childhood directors, the Business Advisor will participate in the following with the child care provider:
  - Advise center directors/owners in the area of business practices in an early childhood setting Conduct workshops and seminars on child care director issues.
  - Advise and coach ECA clients in the basis of marketing, financing and managing an existing business.
  - Assist with conducting, planning, and evaluating program activities.
  - Assist directors/owners with the development and implementation

of customized business instruction through local business, Chamber of Commerce, and other interested parties.

- Possess and maintain current knowledge or research and trends that affect ECA and its clients.
- Possess and maintain skills in business diagnosis financial management, marketing, business start-up, franchising, and other areas of operation.
- Possess and maintain presentation skills for effective communication and teaching.
- Maintain a state of mobility and visibility to be responsive to clients, organizations, and agencies within the counties served.
- Design advertising and marketing media and press releases as necessary to promote the services of ECA.
- Conduct client follow-up meetings to monitor their progress, and to discuss their specific needs according to the Program Administrative Scale.
- Maintain accurate records, development and implement satisfaction reports evaluation.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other. Describe:

### **6.3 Early Learning and Developmental Guidelines**

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and

physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. The Mississippi Early Learning Guidelines for Infants and Toddlers, developed by the Mississippi Head Start Collaboration Office in 2010, provide early learning directives and checklists to child care providers serving children from birth to three years old. The guidelines provide early learning activities to help children from birth to three years learn and grow in language, social-emotional and physical development and to practice and master basic concepts and skills in mathematics, science, and self-help. The guidelines and checklists have been researched, written and reviewed by Mississippi state agency officials, educators and scholars competent in early childhood education and research. The guidelines correspond to the 1-36 months developmental checklist of the First Steps Program of the State Department of Health (p. 3, Mississippi Head Start Collaboration Office, 2010).

The Mississippi Early Learning Standards for three- and four-year-olds, developed by the Mississippi Department of Education (MDE) in 2013 (currently under revision), provide early learning guidance to child care providers. The standards are domain-specific and correlate with English Language Arts (ELA), Mathematics, Approaches to Learning, Social and Emotional Development, Science, Physical Development, Creative Expression, and Social Studies. The standards have been researched, written and reviewed by Mississippi state agency officials, educators and scholars competent in early childhood education and research. The standards aim to be developmentally appropriate, offer alignment with kindergarten entry and correlate with Common Core Standards (p. 6, Early Learning Standards for Classrooms Serving Three- and Four-Year-Old Children; p. 4, Partnership for 21<sup>st</sup> Century Skills, 2018).

- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. The Mississippi Department of Education (MDE) updated in 2018 the Early Learning Guidelines to provide clarification in regards to school readiness, requirements of classroom learning centers, explanation of assessments in public preschool, licensure process for teachers and paraprofessionals, and updates to professional development requirements for administrators,

teachers, and paraprofessionals. The Early Learning Guidelines are built on high quality research and evidence principles that are aligned with national norms (p. xi, Early Learning Guidelines for Classrooms Serving Three- and Four-Year-Old Children, 2018). The following principles required in the learning environment and curriculum in the classroom: Foundational Learning Principles in English/Language Arts, Mathematics, Social Studies, Science, Approaches to Learning, Social and Emotional Development, Physical Development and the Arts, learning activities that acknowledge individual developmental rates, inclusive learning environments, use of senses during the instructional process, active engagement (play, exploration, manipulation) as a primary learning strategy, use of a combination of learning strategies (speaking, listening, learning centers), attitudes of teachers include a positive problem solving approach, and experiences that are sensitive to play.

- c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.
  - Cognition, including language arts and mathematics
  - Social development
  - Emotional development
  - Physical development
  - Approaches toward learning
  - Other. Describe:
- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. SECAC has established three (3) sub-committees to meet the requirements of the state plan: (a) early care and learning, (b) health, mental health, safety, and nutrition, and (c) family support. SECAC sub-committees decide on, delegate and follow-up on action items that advance the state of early childhood education and care in Mississippi. Additionally, the revision of the Early Learning Guidelines were conducted by a committee comprised of principals, district leaders, pre-kindergarten teachers, early childhood educators and Head Start representatives.
- e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. The Mississippi Early Learning Guidelines for Infants and Toddlers were developed in 2010 by the Mississippi Head Start Collaboration Office in collaboration with representatives from the State Early Childhood Advisory Council (SECAC). The Early Learning Standards for Classrooms Serving Three-Year-Old Children and Early Learning Standards for Classrooms Serving Four-Year-Old Children were developed in 2010 by the Mississippi Department of

Education with updates made in 2013. In 2018, the Early Learning Guidelines for three- and four-year-old children were revised by a committee comprised of principals, district leaders, pre-kindergarten teachers, early childhood educators and Head Start representatives.

The revision/updating process involves committees to convene regularly, break down the early learning standards, revise them, and submit the revision to Mississippi Secretary of State (SOS).

- f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards **Not applicable**
- g) Provide the Web link to the state/territory's early learning and developmental guidelines. Early Learning Standards and Guidelines are available on the consumer education website:  
<https://secac.ms.gov/providers/lesson-plans-curricula-and-other-classroom-materials/>

Mississippi Early Learning Guidelines for Infants and Toddlers:  
<http://www.mde.k12.ms.us/docs/curriculum-and-instructions-library/guidelinesforinfant-toddlerprogram.pdf?sfvrsn=2>

Early Learning Standards for Classrooms Serving Three-Year-Old Children:  
<http://www.mde.k12.ms.us/docs/elementary-education-and-reading-library/3-year-old-standards.pdf?sfvrsn=2>

Early Learning Standards for Classrooms Serving Four-Year-Old Children:  
<http://www.mde.k12.ms.us/docs/elementary-education-and-reading-library/4-year-old-standards.pdf?sfvrsn=2>

Early Learning Guidelines for Classrooms Serving Three- and Four-Year-Old Children: <http://www.mde.k12.ms.us/docs/secondary-education/early-childhood-early-learning-guidelines-3's-4's-2018-final-with-no-mark-ups.pdf?sfvrsn=2>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. The Lead Agency uses the state approved Early Learning Guidelines for Infants and

Toddlers and the Early Learning Standards for three- and four-year-olds as a basis for complying with the federal requirement for early learning. Specifically, the provider application to receive Standard designation includes an entire section on curriculum and alignment of early learning activities with state's early learning guidelines for infants and toddlers and early learning standards for three- and four-year-olds. In addition, the early learning guidelines and standards are used for the trainings conducted to providers. Technical Assistance on implementing the guidelines and standards in the classroom is offered, as well. The Comprehensive designation will also include a goal area dedicated to curriculum and early learning and developmental guidelines. In that case, child care providers will demonstrate how their curriculum meets a child's developmental needs in terms of academic skills, instructional practices, social interactions, classroom environment, and child outcomes. These data will be not used as a reason to exclude providers from the CCDF program. Child assessment data will be used to offer technical assistance and coaching to providers.

DRAFT

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations.

This section covers the quality activities needs assessment, quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## **7.1 Quality Activities Needs Assessment for Child Care Services**

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). The Lead Agency supports the implementation and administration of Mississippi's strategic plan, as outlined in the document "*Family-Based Unified and Integrated Early Childhood System*". In the last two years following a series of qualitative and quantitative research and recommendations from the SECAC Committees, the state departed from a tiered Quality Rating and Improvement System (QRIS) to one that supports continuity of care and education, equal access and high-quality to all child care providers participating and non-participating in the CCDF subsidy program. The new system incorporates two quality designations for child care centers: Standard and Comprehensive, and the assessment starts with the application process for each. The Standard designation ensures that child care providers comply with licensure requirements, Health and Safety Training standards, state early learning guidelines for infants and toddlers and early learning standards for three- and four-year-old children, and that providers engage in continuous quality improvement. The Standard designation is currently under implementation. The Comprehensive designation ensures that child care providers meet the basic requirements of the Standard classification and extend their quality efforts to partner with other entities in order to ensure continuity of care and education to all children ages zero to five. The Comprehensive designation will be piloted in 2019 and be fully operational in 2020.

In the State of Mississippi, both the Standard and Comprehensive designations serve as seals of quality recognition regardless of provider participation to the CCDF program. Unlike QRIS, Standard and Comprehensive designations are not used to rank or stratify child care centers, but rather used to determine appropriate quality-improvement activities. In addition, the Standard application includes a self-assessment segment that functions as a needs assessment for future technical assistance and professional development. The Comprehensive designation will also require a needs assessment as part of the self-study.

Hereafter, the Lead Agency's responses refer to the Standard-Comprehensive designations of the "*Family-Based Unified and Integrated Early Childhood System*", instead of QRIS.

The Lead Agency has adopted the quality designations of Standard and Comprehensive for child care centers that wish to participate in the CCDF program. The Lead Agency has set a goal for all providers who receive CCDF funding to be Standard Designated by October 1, 2019. The Lead Agency may extend this deadline at its discretion to ensure that all providers have sufficient opportunity and support to achieve a Standard Designation. The Standard Child Care Center application consists of five sections: (1) information about licensure, (2) information about Health and Safety professional development, (3) information about curriculum and early learning activities for infants and toddlers and three- and four-year-old children, (4) self-assessment of center practices, and (5) verification and submission. The self-assessment component allows child care providers to reflect on and rate their center practices in different areas, including the qualifications and skill level of their staff, learning centers and materials available that will increase the quality of the students' learning environment, and proper budgeting and overall operations of the center. The self-assessment also addresses center practices that evaluate and promote centers' level of family engagement, the development of business and administration within centers, level of community outreach, centers' ability to provide observation and assessment for children in child care, quality standards of curriculum used in classrooms, and requirements for health, safety, and nutrition. Providers can list any accomplishments reached over the past year, any challenges faced, while new goals for the upcoming year can be set. The assessment concludes with the director's self-assessment and the overall center evaluation. Child care providers are required to submit a Standard application no more than once a year, after the date designation is received.

The Comprehensive Child Care Center application will aid a child care center owner/director in assessing where his/her center is on each goal area that is required for comprehensive status, and in planning and developing the needed measures or processes to achieve that goal area. There are ten (10) goal areas in the Comprehensive designation, comprised of the following: (1) continuous quality improvement, (2) professional development, (3) curriculum, (4) child assessment, (5) kindergarten transition planning, (6) family engagement, (7) community engagement, (8) business management practices, (9) information technology, and (10) program evaluation. Each goal area will address a series of planning, designing, and evaluating questions compiling into an electronic portfolio that meets the requirements of a goal. The evidence-driven process will allow the Lead Agency to determine that services are being offered at the Comprehensive level. Professional development, in the form of trainings and

workshops offered by the Early Childhood Academy (ECA), as well as coaching, will guide the process. Once piloted and implemented, the Comprehensive application will be reviewed for renewal after a certain amount of time to be determined by the Lead Agency after completion of the pilot program.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. Standard applications are currently being submitted for review, and therefore, assessment findings are in the process stage as the next step in the cycle. Quality improvement is a key goal for this program, and assisting providers with targeted coaching will help them close gaps in their own areas of need.

Preliminary analysis of *Section 3: Curriculum and Learning Activities*, and *Section 4: Self-Assessment* of the Standard application identified three areas for quality improvement: 1) issues related to use of an actual curriculum package, either published or center-made, 2) issues related to alignment of early learning activities with state's guidelines for infants/toddlers and standards and three-, and four-year-old children, and 3) issues with teacher competencies in terms of instructional delivery, and developmentally-appropriate practices. The Lead Agency will work with its partners to close gaps in curriculum, early learning, and workforce professional development by:

- Enhancing coaching, mentoring, and technical assistance efforts to child care providers through a wider network of professional development opportunities delivered by the Early Childhood Academy (ECA) and partners (namely State Department of Health, Families First, Mississippi Early Childhood Inclusion Center). Additionally, aligning the ECA professional development framework with the existing professional development framework from the State Department of Health (MSDH) for a uniform and seamless delivery of content.
- Connecting the career pathways of individuals interested in or already involved in early childhood education (see Section 6 for details about the “non-traditional professional pathway”, and the “work-based pathway”).
- Aligning the workforce standards and competencies taught at the community colleges with course offerings in four-year degree programs, and providing authentic practicum experiences in child care settings to undergraduate and graduate students (see Section 6 for details about the “traditional academic pathway”).

## **7.2 Use of Quality Funds**

7.2.1 Check the quality improvement activities in which the state/territory is investing.

- Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds. Describe: Click or tap here to enter text.

Developing, maintaining, or implementing early learning and developmental guidelines.

If checked, respond to section 6.3 and indicate which funds will be used for this activity.

Check all that apply.

CCDF funds

Other funds. Describe: Mississippi Department of Education funding

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds. Describe:       

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds. Describe: Mississippi Department of Health funding is used to provide Professional Development classes.

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds. Describe:       

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds. Describe: Mississippi Department of Health funding

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds. Describe:

- Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds. Describe:
- Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds. Describe:
- Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds. Describe:

### **7.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds**

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

#### 7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

- a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.
  - Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe: The state office of the Early Childhood Academy (ECA) in cooperation with the State Early Childhood Advisory Council (SECAC) sub-committees (i.e., Early Care and Learning, Heath-Mental Health-Safety-Nutrition, and Family Support), the State Department of Health (MSDH), and the National Strategic Planning and Analysis Research Center (NSPARC),

on behalf of the Lead Agency, is in the process of compiling a resource guide for all ECA staff to utilize when services are solicited from parents or providers through technical assistance provided via telephone or in person at a local ECA. The content of the resource guide is clustered by ECA service area and is divided into the following sections; 1) Early Learning 2) Health, Mental Health, and Nutrition and 3) Family Support.

In addition, ECA provides professional development opportunities that are grounded in the State's early learning and developmental guidelines and promote knowledge and skills related to social, emotional, physical, and cognitive development of children. The Lead Agency also contracts with: MSDH to provide license regulations and professional development on topics consistent with social, emotional, physical, and cognitive development, and the Mississippi Early Childhood Inclusion Center (MECIC), Institute for Disability Studies (IDS) housed at the University of Southern Mississippi (USM) to conduct training and technical assistance for childcare providers who serve children with special needs.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.) Describe: The University of Southern Mississippi's (USM) Department of Curriculum, Instruction, and Special Education operates the grant "Realizing Excellence for ALL Children in Mississippi" (REACH MS), with a K-12 and pre-K component. The Early Childhood Academy (ECA) partners with USM in the REACH MS grant to focus on positive behavioral intervention and support (PBIS) and behavioral management training in early childhood. Professional development offerings are available to child care providers through ECA locations statewide that include promoting positive social-emotional development to reduce challenging behaviors. Furthermore, the Lead Agency maintains a grant with MECIC at USM that provides technical assistance to early childhood educators, families, agencies, and other interest groups to meet the needs of individuals and children with special needs.
- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: Professional development offerings are available to child care providers through

ECA locations statewide. Furthermore, parents can use the lending library at each ECA location to check out educational materials (e.g., books) addressing culturally and linguistically appropriate ways of children's positive development. In addition, the Lead Agency through a TANF contract with Families First for Mississippi and in partnership with ECA offer services to support the needs of the whole family, from job readiness, financial stability, and positive youth development to parenting education and skills, and father involvement.

- ☒ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.  
Describe: Evidence-based professional development offerings on developmentally appropriate, culturally and linguistically responsive instruction and activities are available to child care providers through ECA locations statewide. Furthermore, ECA will utilize partnerships with such entities as Families First for Mississippi to expand topics to the whole family.
- ☒ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: Professional development offerings are available to child care providers through ECA locations statewide and onsite. Furthermore, ECA will utilize partnerships with such entities as Families First for Mississippi to expand topics to the whole family and Excel by 5 to engage Mississippi communities already certified and committed to be "child-friendly".
- ☒ Using data to guide program evaluation to ensure continuous improvement.  
Describe: The Lead Agency has engaged in a series on focus groups and workgroup meetings with early childhood stakeholders to assess the feasibility of the Standard and Comprehensive designations before actual implementation. Data from the working group meetings has informed the creation of Standard and Comprehensive applications. Furthermore, the ECA will use data from the Standard application to guide the technical assistance and coaching process and professional development opportunities offered. The ECA process entails three different levels of support to child care providers: primary, secondary, and tertiary (see Section 6 for more details). A coaching pre- and post-assessment, along with an action plan informs the level of support offered to child care providers. This information will be electronically stored under each provider's action plan and implementation of coaching support and technical assistance. In addition, the ECA

maintains internal surveys regarding the volume and type of assistance to child care providers and families.

- ☒ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe:

The Lead Agency conducts a county-level needs assessment on a regular basis. This needs assessment uses the most current data available to identify the Mississippi counties with high concentrations of children living in poverty. High concentration of poverty is defined as a county where the percentage of children living in poverty is more than one (1) standard deviation above the most current state mean value for the percentage of children living in poverty. Counties that meet this definition for a high concentration of poverty are designated as priority areas where the Lead Agency works with local MDHS offices and other local child care stakeholders to increase parents' awareness about the Lead Agency's preferred child care payment program and to develop and implement strategies to increase the availability of high-quality child care programs. Some of these strategies may include, but are not limited to, decreasing family co-pays for high-quality child care programs and/or increasing subsidy rates in high-quality programs, offering grants to high-quality providers to increase staff and open spots for children served by CCDF subsidies, or assisting child care providers in improving the quality of care through professional development opportunities. The strategies listed are under evaluation and may be employed during the plan cycle.

- ☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe: The Lead Agency provides care and support to special needs populations whose income is less than 85 percent of the State Median Income (SMI). Special needs populations include children of single parents with disabilities, and children with special needs. The Lead Agency partners with the Mississippi Early Childhood Inclusion Center (MECIC) at the University of Southern Mississippi (USM) to meet the needs of early childhood educators, families, and young children with special needs by providing high quality early childhood inclusion. MECIC conducts special needs credentials, quality and expanded trainings, technical assistance, screening and diagnostic evaluations, family research, and information dissemination.
- ☒ Supporting the positive development of school-age children. Describe: The Lead Agency is evaluating expansion of after-school slot providers. The Lead Agency reimburses child care services for school-age children

during the hours before and after the regular school day. The regular school day is defined by the educational program providing the child care services.

- Other. Describe: [REDACTED]
- b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.
  - Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
  - Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
  - Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
  - Other. Describe: [REDACTED]
- 7.3.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The Lead Agency in collaboration with the Early Childhood Academy (ECA), the National Strategic Planning and Analysis Research Center (NSPARC), on behalf of MDHS, will engage in measuring the quality of child care programs, using data from the Standard and Comprehensive applications. These data will inform the level of technical assistance and coaching support.

#### **7.4 Quality Rating and Improvement System (QRIS)**

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

- Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. [\\_\\_\\_\\_\\_](#)
- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- Yes, the state/territory has another system of quality improvement.

If the response is yes to any of the above, describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Instead of using the QRIS, the Lead Agency is in the process of implementing a quality system with two designations: Standard and Comprehensive. Providers can apply to become a Standard child care center, which means meeting basic quality standard for health, safety, nutrition, care, and learning. After meeting all the basic requirements of the Standard designation, providers will eventually have the option to work towards the second level of quality achievement, the Comprehensive designation, which means cultivating partnerships and facilitating continuity of care and learning for children ages 0-8.

The Lead Agency has partnered with ECA Resource Centers and Families First, located throughout the state. Parents may visit the Resource Center locations for resource and referral information. Child care providers may visit ECA locations for coaching and technical assistance with the curriculum, lesson planning, and early learning activities and for engaging in professional development.

Measurable indicators of the Standard and Comprehensive quality designations contain the following five key elements:

1. Program standards – Both Standard and Comprehensive designations embrace quality standards for health, safety, nutrition, care, and learning. Review committees have provided comments during the development phase of the Standard application (and will continue to do so for the Comprehensive application), so that the applications' content adheres to national and state early childhood education standards.

2. Supports to programs to improve quality – Process and program evaluations are maintained regarding: consultation of national benchmarks that aided in the development of the Standard and Comprehensive designations; "train-the-trainer" workshops to Lead Agency staff and ECA staff to facilitate the review of Standard applications and the technical assistance offerings; number and outcomes of technical assistance requests received and provided by ECA staff to child care providers and

families

3. Financial incentives and supports – The recently approved and applied payment rates help to offset quality costs to child care providers currently receiving the Standard and later the Comprehensive designations. The payment rates are set at the 75<sup>th</sup>-percentile of the most recent Market Rate Survey (MRS). The payment rates are based on market value to achieve licensed care that accounts for the costs of meeting health, safety, nutrition, care, and learning standards. Differentiation exists in: center-based and family care facilities, serving children in a part- and a full-time basis, serving infants to school-age groups, serving children with special needs, as well as non-traditional centers.

4. Quality assurance and monitoring – part of SLDS data, MDE data assessing changes overtime and child development indicators. During the course of the state plan, the state (Lead Agency and partners) will launch statewide screening assessments for children birth to five years old. Child assessments will address (a) learning, (b) emotional development, and (c) physical development. In addition, feedback reports based on the Standard application (and later on the Comprehensive application and child assessments) to families and child care providers will facilitate the communication of assessment results. Data reporting will encompass executive summary reports at a child-, center-, and state-level. Data reports will serve three main purposes: (a) to enhance instruction practices, (b) to facilitate family engagement, and (c) to be used as a tool for referrals.

5. Outreach and consumer education – messaging and communication of the program; launch an organized, consolidated communication plan with newsletters. The Lead Agency in collaboration with its partners (particularly SECAC and its sub-committees) will engage in a communication campaign regarding the new state plan and its policy implications, as well as professional development opportunities, and resources available to families and providers. This communication plan will part of a greater endeavor about bringing awareness of all early childhood efforts in the state. The communication plan will include monthly newsletters, weekly updates in social media, blogs about consumer education.

#### 7.4.2 QRIS participation.

a) Are providers required to participate in the QRIS?

Participation is voluntary.

Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). Instead of using the QRIS, the Lead Agency has adopted a quality system with two designations: Standard and Comprehensive. In order for a child care provider to serve children receiving subsidies from the state, they must apply to become a Standard child care center, which is the minimum (base) requirement. Child care providers may then apply to become a Comprehensive child care center and will be reimbursed with higher rates.

In order to be eligible to apply to become a Standard Child Care Center, a Center-based Child Care must first meet the licensing requirements put forth by the Mississippi Department of Health. In the future, Family Child Care Centers, who do not pursue a child care license will be able to become a Registered Child Care Center through the Mississippi Department of Health, and will still be able to apply to become a Standard Family Child Care Center through the Mississippi Department of Human Services.

As of October 1, 2019 Child Care Centers must all be designated Standard or Standard Family Child Care in order to receive subsidy payments. The Lead Agency may extend that deadline at its discretion.

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

Licensed child care centers  
 Licensed family child care homes  
 License-exempt providers  
 Early Head Start programs  
 Head Start programs  
 State prekindergarten or preschool programs  
 Local district-supported prekindergarten programs  
 Programs serving infants and toddlers  
 Programs serving school-age children  
 Faith-based settings  
 Tribally operated programs  
 Other. Describe: \_\_\_\_\_

#### 7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead

Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).
  - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - Programs that meet all or part of state/territory school-age quality standards.
- Other. Describe: The Lead Agency supports the implementation and administration of Mississippi's strategic plan, as outlined in the document *“Family-Based Unified and Integrated Early Childhood System”*. In the last two years, the state departed from a tiered Quality Rating and Improvement System (QRIS) to one that supports continuity of care and education, equal access and high-quality to all child care providers participating and non-participating in the CCDF subsidy program. The new system incorporates two quality designations for child care centers: Standard and Comprehensive. The Standard designation ensures that child care providers comply with licensure requirements, Health and Safety Training standards, state early learning guidelines for infants and toddlers and early learning standards for three- and four-year-old children, and that providers engage in continuous quality improvement. The Standard designation is currently under implementation.

The Comprehensive designation ensures that child care providers meet the basic requirements of the Standard classification and extend their quality efforts to ensure continuity of care and education to all children zero to five. The Comprehensive designation will be piloted

during the plan cycle.

Unlike QRIS, Standard and Comprehensive designations are not used to rank or stratify child care centers, but rather used to determine appropriate quality-improvement activities. In addition, the Standard application includes a self-assessment segment that functions as a needs assessment for future technical assistance and professional development. The Comprehensive designation will also require a needs assessment as part of the self-study.

- None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.
  - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - Embeds licensing into the QRIS.
  - State/territory license is a "rated" license.
- Other. Describe: The Standard and Comprehensive designations build on licensing requirements and alignment of learning activities with state's early learning guidelines for infants and toddlers and early learning standards for three- and four-year-old children.
  - Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

- No
- Yes. If yes, check all that apply.
  - One time grants, awards, or bonuses
  - Ongoing or periodic quality stipends
  - Higher subsidy payments
  - Training or technical assistance related to QRIS
  - Coaching/mentoring
  - Scholarships, bonuses, or increased compensation for degrees/certificates
  - Materials and supplies
  - Priority access for other grants or programs
  - Tax credits (providers or parents)

- Payment of fees (e.g., licensing, accreditation)
- Other: Coaching and technical assistance related to Standard and Comprehensive designations.
- None

7.4.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The Lead Agency is in the process of evaluating the number of child care centers identified with an issue and within a year there will be a measure of improvement to meet quality standards. The Lead Agency recognizes that 2017-2018 was a field-test year, directly affecting implementation of the Standard designation and parent redetermination. There will be numerous changes and adjustments to the child care payment system next year, some of which will include: child care provider training scheduling-attending-and monitoring through the Lead Agency's preferred provider registration platform; and piloting the requirements to meet Comprehensive designation status.

## 7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.  
Describe: \_\_\_\_\_
- Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: \_\_\_\_\_

- Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Early Childhood Academy (ECA) and the Mississippi Department of Health (MSDH) provide professional development through workshops on a variety of rotating topics. In the upcoming cycle, a number of new topics will be introduced which will focus on the developmental and individual differences of children including, individualized training by child's age group. In addition, the Mississippi Early Childhood Inclusion Center (MECIC) at the Institute of Disabilities Studies (IDS) at the University of Southern Mississippi (USM) offers trainings to child care providers through a 40-hour certificate program that provides foundational knowledge for special needs infants and toddlers.
- Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: Providers can contact their local ECA Child Care Resource Center for coaching and assistance with curriculum requirements aimed at addressing the needs of infants and toddlers.
- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: The Lead Agency collaborates with Mississippi's University Center for Excellence in Developmental Disabilities, the Institute for Disability Studies (IDS) housed at the University of Southern Mississippi (USM) to ensure that childcare providers who serve children, including infants and toddlers, with special needs have access to quality early childhood professional development and technical assistance. The Mississippi Early Childhood Inclusion Center (MECIC) at IDS conducts training and technical assistance for childcare providers who serve special needs children. Additionally, the Early Childhood Academy (ECA) will refer to the Center for the Advancement of Youth (CAY), a comprehensive behavioral and developmental diagnostic and treatment center at the University of Mississippi Medical Center, for developmental screenings.
- Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: \_\_\_\_\_
- Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: \_\_\_\_\_
- Developing infant and toddler components within the early learning and developmental guidelines. Describe: In the required curriculum for Standard child care centers, there are early learning and developmental guidelines that are

broken up into age groups for 0-12 months, 13-24 months, and 25-36 months addressing developmental domains such as:

- Language, vocabulary, & literacy development
- Mathematical development
- Scientific development
- Socioemotional development
- Physical development
- Self-help development

The developmental domains for infants/toddlers comply with state early learning guidelines for infants and toddlers.

- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: The consumer education website contains information related to research and best practices in early childhood development, including infants and toddlers. This information addresses practices in assessment and testing, curriculum and instruction, developmental disabilities, diversity and inclusion, executive function, nutrition and physical activity, daily routines, safety, social-emotional-behavioral skills, and services to children experiencing trauma, abuse, or hardship. The information to parents can be viewed here <https://secac.ms.gov/community-member/research-and-best-practices-for-community/>
- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: \_\_\_\_\_
- Coordinating with child care health consultants. Describe: The Lead Agency maintains a contract with the Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA). As part of the commitment to offer health resources to children and families, the ECA will refer to the Center for the Advancement of Youth (CAY), a comprehensive behavioral and developmental diagnostic and treatment center at the University of Mississippi Medical Center, devoted to promoting the healthy development of all Mississippi children and youth.
- Coordinating with mental health consultants. Describe: The Lead Agency maintains a contract with the Mississippi Community College Board (MCCB) to operate the Early Childhood Academy (ECA). As part of the commitment to offer mental health resources to children and families, the ECA will refer to the Center for the Advancement of Youth (CAY), a

comprehensive behavioral and developmental diagnostic and treatment center at the University of Mississippi Medical Center, devoted to promoting the healthy development of all Mississippi children and youth.

Other. Describe: \_\_\_\_\_

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. During the course of the state plan, the state (Lead Agency and partners) will launch statewide screening assessments for children that fall into the infant/toddler age group. Child assessments will address (a) learning, (b) emotional development, and (c) physical development. In addition, feedback reports based on the Standard application (and later on the Comprehensive application and child assessments) to families and child care providers will facilitate the communication of assessment results. Data reporting will encompass executive summary reports at a child-, center-, and state-level. Data reports will serve four main purposes: (a) to boost professional development and technical assistance opportunities, (b) to enhance instruction practices, (c) to facilitate family engagement, and (d) to be used as a tool for referrals.

## **7.6 Child Care Resource and Referral**

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. All functions traditionally provided through Resource & Referral organizations are coordinated by the Lead Agency through partnerships with the Early Childhood Academy (ECA). In that regard, the Lead Agency has a contractual agreement with the Mississippi Community College Board to operate the Early Childhood Academies (ECA) in locations on community college campuses across the state. ECAs provide professional development, coaching, technical assistance, outreach, and services based on research and best practices to child care providers in 13 resource sites across the state. The ECA Child Care Resource network gives parents and providers access to lending

libraries and early child care professionals. In addition, the ECA is in the process of developing a standardized measure related to environmental, operational, and educational quality processes. The measure will rely on identifiers listed in the Standard application, e.g., instructional and center practices, business operations, and others and will involve a pre- and post-assessment. This additional piece of evaluation will enable ECA coaches to develop and implement an individual action plan for the child care center. The coaching process will conclude with a fidelity measure to gauge the degree to which child care teachers implement coaching practices to improve teachers' knowledge and skills. Data from the coaching evaluation process and fidelity measures, along with the individualized action plan will be entered and stored in the electronic database through the Provider Integrated Portal (PIP).

## **7.7 Facilitating Compliance with State Standards**

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: The Lead Agency has a contract with the State Department of Health (MSDH), Child Care Licensure Division to facilitate child care providers' compliance with requirements for inspection, monitoring, training, health and safety standards. Furthermore, the Lead Agency ensures, through its contract with the Mississippi Community College Board (MCCB), that the Early Childhood Academy (ECA) offers Health and Safety training workshops and professional development opportunities that align with department of licensure requirements.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt CCDF providers
  - Other. Describe: \_\_\_\_\_

7.7.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Trainings are offered face-to-face at ECA locations and online. Providers register online. Furthermore, the Standard application contains

a self-assessment section, which will be analyzed for future professional development offerings from the Early Childhood Academy (ECA).

## **7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. . The Standard application assesses the following indicators of child care centers: Licensed Provider Information; Professional Development; Curriculum Information; and Self-Assessment. The Lead Agency reviews each section of the application to ensure standards of quality are met before approving a child care center, including Health and Safety training compliance and acceptable curriculum activities. Child care centers deemed eligible to receive technical assistance and coaching are referred to the Early Childhood Academy (ECA). ECA coaches visit each center. The ECA is in the process of developing a standardized measure for the coaching process. The measure will rely on identifiers listed in the Standard application, e.g., instructional and center practices, business operations, and others and will involve a pre- and post-assessment. This additional piece of evaluation will enable ECA coaches to develop and implement an individual action plan for the child care center. The coaching process will conclude with a fidelity measure to gauge the degree to which child care teachers implement coaching practices to improve teachers' knowledge and skills. Data from the coaching evaluation process and fidelity measures, along with the individualized action plan will be entered and stored in the electronic database through the Provider Integrated Portal (PIP).

7.8.2 Describe the measurable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures. The quality and effectiveness of child care programs and services will be assessed, first, through the Standard application. The Standard application is designed so that child care centers demonstrate compliance in four key areas: licensing, health and safety, curriculum and early learning activities, and continuous quality improvement via a self-reflection segment. Data from the Standard application enable the Lead Agency to: (1) determine provider status as a Standard child care center, and (2) inform the Early Childhood Academy (ECA) of potential professional development, coaching, and technical support topic that will effectively assist child care providers. During the implementation of the current state plan, the

Comprehensive application will be piloted and come into effect. The Comprehensive application will cover ten (10) goal areas in a self-directed process on behalf of child care providers. Planning guides will allow the center director to work through each goal area and then upload materials into the electronic portfolio that address the goal. The evidence-driven data will allow the Lead Agency to determine that services are being offered and that continuity and quality of care and education is maintained at the Comprehensive level.

### **7.9 Accreditation Support**

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. \_\_\_\_\_
- Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:
- Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:
- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
  - Focused on child care centers. Describe:
  - Focused on family child care homes. Describe:
- No, but the state/territory is in the accreditation development phase.
  - Focused on child care centers. Describe:
  - Focused on family child care homes. Describe:
- No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Non applicable

### **7.10 Program Standards**

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children. The state has adopted the Standard and Comprehensive

.Child Care designations to measure high-quality programs. The Standard designation indicates that a child care center is in a position to meet the basic quality standards for health, safety, nutrition, care, and learning. The Comprehensive designation places a child care center in the position to partner with other entities for expanding resources and experiences that help facilitate continuity of care and learning for all children. The Standard and Comprehensive designations qualify a center as eligible for receiving and redeeming vouchers for children and families who participate in the Child Care Development Fund (CCDF) program. However, the Standard and Comprehensive designations are representation of quality services provided for children and families, not only for those participating in the CCDF program, but for all children and families seeking quality care in the state. Quality care is defined as the degree to which child care services for children and families increase the likelihood of desired educational outcomes for children and help to prepare them for the next level of educational learning, while ensuring that the health and safety of each child is maintained to maximum level. Child care providers, who do not meet the minimum requirements for quality care and learning, will receive customized technical assistance, coaching, and targeted professional development to address the needs of their center. This approach will enable child care providers to achieve minimum requirements and level the playing field.

In regards to Family-Child Care providers, they will be able to become a Registered Child Care Center through the Mississippi Department of Health (MSDH), and will still be able to apply to become a Standard Family Child Care Center through the Mississippi Department of Human Services.

7.10.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The assessment starts with the application process for the Standard and (later in the program year) the Comprehensive Child Care designation. The measurable indicators for the Standard designation revolve around curriculum alignment with the state's early learning guidelines and standards and data from the self-assessment portion of the application that cover from instructional and center practices to human resources management, and the learning environment. Later in the program, measures of progress from the Comprehensive application will derive from each goal area, namely (1) continuous quality improvement, (2) professional development trainings, (3) curriculum standards, (4) child assessments, (5) family engagement, (6) community partnerships, (7) kindergarten transition practices, (8) business management operations, (9) technology infrastructure, and (10) program evaluation.

## **7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities**

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). The Standard and Comprehensive child care quality designations implement state's early learning guidelines and standards for infants/toddlers and three- and four-year-old children. Application data serve as basis of demonstrating alignment and developmental appropriateness of curriculum activities with state's early learning guidelines and standards.

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe: Non applicable

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

- Train on policy manual. Describe: The Lead Agency provides information regarding program requirements and integrity during the new hire orientation training and periodically as new policy and procedures are implemented.
- Train on policy change notices. Describe: The Lead Agency staff are sent bulletins and trained when new policy and procedures are implemented regarding program requirements and integrity.
- Ongoing monitoring and assessment of policy implementation. Describe: The Lead Agency continuously monitors and assesses the need to update policy through analysis of monthly reports, feedback from providers, and recommendations from program partners and stakeholders.
- Other. Describe: [REDACTED]

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- Verifying and processing billing records to ensure timely payments to providers.  
Describe: Providers complete an online ledger for submission to the Lead Agency for payment of the prior month's services. Ledgers must be completed by the fifth and fifteenth of each month. Provider payments are sent by the fifteenth and the last day of each month. The Lead Agency reviews ledger submissions periodically and upon request by a provider. Ongoing meetings are conducted to review payment reports on a regular basis.
- Fiscal oversight of grants and contracts. Describe: The funds are tracked by internal order and grant number through the state accounting system MAGIC, Mississippi's Accountability System for Government Information and Collaboration.
- Tracking systems to ensure reasonable and allowable costs. Describe: The Lead Agency tracks funds through the afore stated processes. Additionally, reports are generated through the tracking process and serve as the basis for interdepartmental meetings and coordination with the Lead Agency's Office of the Inspector General of the Lead Agency.
- Other. Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

- Conduct a risk assessment of policies and procedures. Describe: The Attorney General's office reviews all policy changes for legal sufficiency and the Chief Counsel conducts a risk assessment for all policy changes.
- Establish checks and balances to ensure program integrity. Describe: Checks and balances to ensure program integrity are conducted through regular reports produced by the Lead Agency's Child Care Payment Program system. The Lead Agency's Office of the Inspector General will monitor subgrantees for performance.
- Use supervisory reviews to ensure accuracy in eligibility determination. Describe: The Lead Agency, through the OIG Quality Control Division perform monthly quality control reviews. Additionally, the Lead Agency conducts supervisory reviews and peer reviews of random cases to ensure accuracy in the eligibility process.
- Other. Describe:

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe: The Lead Agency, the SNAP program, and the TANF program share data regarding recipients to assist in validating facts submitted by the recipient for review and to assist in identification and prevention of fraud and intentional program violations. Data sharing is also used to acquire information, including any missing information, during the application process to prevent ineligible recipients from approval for the program.
- Run system reports that flag errors (include types). Describe: Transactional child care activity is monitored and analyzed through the Lead Agency's Child Care Payment Program system (CCPP). Through CCPP, the Lead Agency may run error reports that flag inaccuracies including duplicate certificates, duplicate children at a provider, comments from providers that need to be addressed, children under the age of six (6) who are receiving full-time certificates, referral errors for TANF clients, and clients with active certificates who are coded as TANF or TCC, but who do not exist in the TANF database.
- Review enrollment documents and attendance or billing records. Describe: The Lead Agency reviews ledgers for fraud and intentional program violations that may result in enrollment, attendance, or billing misrepresentations. The Lead Agency may refer any persons or providers believed to be in violation to the Division of Program Integrity for investigation. Investigations include, but are not limited to, reviewing enrollment and other documentation, reviewing sign in and sign out sheets, and conducting an on-site visitation. Further, the Lead Agency's Office of the Inspector General – Program Integrity department can pull random samples and refer for investigation if warranted.
- Conduct supervisory staff reviews or quality assurance reviews. Describe: Lead Agency supervisors perform a yearly Professional Development Assessment that includes reviews of the staff by the supervisor and self-evaluation reviews by all staff. In addition, all staff perform peer reviews periodically. Peer reviews include reviewing completed applications worked by co-workers.

- Audit provider records. Describe: The Lead Agency may randomly select providers for audit of records or may base audits on findings in reports run on a regular basis. Program Integrity conducts the audit on behalf of the Lead Agency. Audits may include, but are not limited to, reviewing enrollment and other documentation, reviewing sign in and sign out sheets, and conducting an on-site visitation.
- Train staff on policy and/or audits. Describe: The Lead Agency trains staff on policy and audit procedures during the staff's new hire orientation. Staff are notified of any policy or audit changes by official bulletin. Any additional training necessary for implementation of the changes is provided in staff meetings.
- Other. Describe: \_\_\_\_\_ The Lead Agency through the Office of the Inspector General plans to implement one telephonic and email hotline for reporting of waste, fraud, and abuse tips in all agency programs.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS). Describe: The Lead Agency, the SNAP program, and the TANF program share data regarding recipients to assist in validating facts submitted by the recipient for review and to assist in identification and prevention of fraud and intentional program violations. Data sharing is also used to acquire information, including any missing information, during the application process to prevent ineligible recipients from approval for the program.
- Run system reports that flag errors (include types). Describe: Transactional child care activity is monitored and analyzed through the Lead Agency's Child Care Payment Program system (CCPP). Through CCPP, the Lead Agency may run error reports that flag inaccuracies including duplicate certificates, duplicate children at a provider, comments from providers that need to be addressed, children under the age of six (6) who are receiving full-time certificates, referral errors for TANF clients, and clients with active certificates who are coded as TANF or TCC, but who do not exist in the TANF database.
- Review enrollment documents and attendance or billing records. Describe: The Lead Agency reviews ledgers for fraud and intentional program violations that may result in enrollment, attendance, or billing misrepresentations. The Lead Agency may refer any persons or

providers believed to be in violation to the Division of Program Integrity for investigation. Investigations include, but are not limited to, reviewing enrollment and other documentation, reviewing sign in and sign out sheets, and conducting an on-site visitation. Further, the Lead Agency's Office of the Inspector General – Program Integrity department can pull random samples and refer for investigation if warranted.

- Conduct supervisory staff reviews or quality assurance reviews. Describe: Lead Agency supervisors perform a yearly Professional Development Assessment that includes reviews of the staff by the supervisor and self-evaluation reviews by all staff. In addition, all staff perform peer reviews periodically. Peer reviews include reviewing completed applications worked by co-workers.
- Audit provider records. Describe: The Lead Agency may randomly select providers for audit of records or may base audits on findings in reports run on a regular basis. Program Integrity conducts the audit on behalf of the Lead Agency. Audits may include, but are not limited to, reviewing enrollment and other documentation, reviewing sign in and sign out sheets, and conducting an on-site visitation.
- Train staff on policy and/or audits. Describe: The Lead Agency trains staff on policy and audit procedures during the staff's new hire orientation. Staff are notified of any policy or audit changes by official bulletin. Any additional training necessary for implementation of the changes is provided in staff meetings.
- Other. Describe: The Lead Agency through the Office of the Inspector General plans to implement one telephonic and email hotline for reporting of waste, fraud, and abuse tips in all agency programs.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS). Describe: The Lead Agency, the SNAP program, and the TANF program share data regarding recipients to assist in validating facts submitted by the recipient for review and to assist in identification and prevention of fraud and intentional program violations. Data sharing is also used to acquire information, including any missing information, during the application process to prevent ineligible recipients from approval for the program.

- Run system reports that flag errors (include types). Describe: Transactional child care activity is monitored and analyzed through the Lead Agency's Child Care Payment Program system (CCPP). Through CCPP, the Lead Agency may run error reports that flag inaccuracies including duplicate certificates, duplicate children at a provider, comments from providers that need to be addressed, children under the age of six (6) who are receiving full-time certificates, referral errors for TANF clients, and clients with active certificates who are coded as TANF or TCC, but who do not exist in the TANF database.
- Review enrollment documents and attendance or billing records. Describe: The Lead Agency reviews ledgers for fraud and intentional program violations that may result in enrollment, attendance, or billing misrepresentations. The Lead Agency may refer any persons or providers believed to be in violation to the Division of Program Integrity for investigation. Investigations include, but are not limited to, reviewing enrollment and other documentation, reviewing sign in and sign out sheets, and conducting an on-site visitation. Further, the Lead Agency's Office of the Inspector General – Program Integrity department can pull random samples and refer for investigation if warranted.
- Conduct supervisory staff reviews or quality assurance reviews. Describe: Lead Agency supervisors perform a yearly Professional Development Assessment that includes reviews of the staff by the supervisor and self-evaluation reviews by all staff. In addition, all staff perform peer reviews periodically. Peer reviews include reviewing completed applications worked by co-workers.
- Audit provider records. Describe: The Lead Agency may randomly select providers for audit of records or may base audits on findings in reports run on a regular basis. Program Integrity conducts the audit on behalf of the Lead Agency. Audits may include, but are not limited to, reviewing enrollment and other documentation, reviewing sign in and sign out sheets, and conducting an on-site visitation.
- Train staff on policy and/or audits. Describe: The Lead Agency trains staff on policy and audit procedures during the staff's new hire orientation. Staff are notified of any policy or audit changes by official bulletin. Any additional training necessary for implementation of the changes is provided in staff meetings.
- Other. Describe: \_\_\_\_\_ The Lead Agency through the Office of the Inspector General plans to implement one telephonic and email hotline for reporting of waste, fraud, and abuse tips in all agency programs.

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
  - Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: Minimum dollar amount of \$1000.00
  - Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe: The Lead Agency will coordinate with and refer to the appropriate prosecutorial authority.
  - Recover through repayment plans. Describe: The Lead Agency will provide notice of any alleged violations and an opportunity to dispute the allegations through the administrative appeals process. After the appeals process is exhausted or waived, the Lead Agency may enter a repayment plan wherein a negotiated amount will be paid to the Lead Agency.
  - Reduce payments in subsequent months. Describe: The Lead Agency will provide notice of any alleged violations and an opportunity to dispute the allegations through the administrative appeals process. After the appeals process is exhausted or waived, the Lead Agency may reduce payments made through the Child Care Payment Program.
  - Recover through state/territory tax intercepts. Describe: \_\_\_\_\_
  - Recover through other means. Describe: \_\_\_\_\_
  - Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe: The Lead Agency through its Office of the Inspector General (OIG) will monitor and collect improper payments. The OIG consists of a monitoring and audit unit as well as an investigation unit.
  - Other. Describe: \_\_\_\_\_
- b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
  - Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe: \_\_\_\_\_
- Recover through repayment plans. Describe: The Lead Agency will provide notice of any alleged violations and an opportunity to dispute the allegations through the administrative appeals process. After the appeals process is exhausted or waived, the Lead Agency may enter a repayment plan wherein a negotiated amount will be paid to the Lead Agency.
- Reduce payments in subsequent months. Describe: The Lead Agency will provide notice of any alleged violations and an opportunity to dispute the allegations through the administrative appeals process. After the appeals process is exhausted or waived, the Lead Agency may reduce payments made through the Child Care Payment Program.
- Recover through state/territory tax intercepts. Describe: \_\_\_\_\_
- Recover through other means. Describe: \_\_\_\_\_
- Establish a unit to investigate and collect improper payments. Describe: The Lead Agency through its Office of the Inspector General (OIG) will monitor and collect improper payments. The OIG consists of a monitoring and audit unit as well as an investigation unit.
- Other. Describe: \_\_\_\_\_

c) 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.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_
- Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency). Describe: \_\_\_\_\_
- Recover through repayment plans. Describe: The Lead Agency will provide notice of any agency errors and correct the error as appropriate. If correcting the error results in an adverse decision for a provider, the provider may appeal the correction through the administrative appeals process. After the appeals process is exhausted or waived, the Lead Agency may enter a repayment plan wherein a negotiated amount will be paid to the Lead Agency.
- Reduce payments in subsequent months. Describe: The Lead Agency will provide notice of any agency errors and correct the error as appropriate. If correcting the error results in an adverse decision for a provider, the provider may appeal the correction through the administrative appeals process. After the appeals process is exhausted or waived, the Lead Agency may reduce payments made through the Child Care Payment Program.
- Recover through state/territory tax intercepts. Describe: \_\_\_\_\_

- Recover through other means. Describe: \_\_\_\_\_
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe:
- Other. Describe:

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe: The Lead Agency may disqualify a client (through suspension or permanent disbarment) for program violations. Any adverse decision may be appealed through the DECCD Administrative Review Process.
- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe: The Lead Agency may disqualify a provider (through suspension or permanent disbarment) for program violations. Any adverse decision may be appealed through the DECCD Administrative Review Process.
- Prosecute criminally. Describe: If the Lead Agency finds that a client or provider has committed an intentional program violation and that the improper payment due to the intentional program violation exceeds the threshold amount of \$50,000, and the accused fails to enter into a settlement agreement with the Lead Agency. The Lead Agency will refer the case for criminal prosecution.
- Other. Describe:

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## Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered “transitional and legislative waivers” to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)). These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 – 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019.

If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

### Overview of Background Check Implementation deadlines

|   |                    |
|---|--------------------|
| Original deadline for implementation (658H(j)(1) of CCDBG Act): | September 30, 2017 |
| Initial one-year extension deadline (658H(j)(2) of CCDBG Act):  | September 30, 2018 |
| One-year waiver deadline (45 CFR 98.19(b)(1)(i)):               | September 30, 2019 |
| Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)):      | September 30, 2020 |

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

**Appendix A.1:** In-state criminal registry or repository checks with fingerprint requirements for existing staff. (See related question at 5.4.1 (b).)

- Describe the provision from which the state/territory seeks relief.
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

**Appendix A.2:** In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_

**Appendix A.3:** In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_

**Appendix A.4:** National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_

**Appendix A.5:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_

**Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_

- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_

☒ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_ Interstate criminal registry or repository check for new or prospective staff
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_ The waiver of the provision will allow time for the Lead Agency to continue to operate the program and serve children until such time that a national system and policies are available to support full compliance with federal regulations.
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks

☒ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_ Interstate criminal registry or repository check for existing staff
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_ The waiver of the provision will allow time for the Lead Agency to continue to operate the program and serve children until such time that a national system and policies are available to support full compliance with federal regulations.
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks.

☒ **Appendix A.9:** Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_ Interstate sex offender registry or repository check for new or prospective staff.
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_ The waiver of the provision will allow time for the Lead Agency to continue to operate the program and serve children until such time

that a national system and policies are available to support full compliance with federal regulations.

- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_ The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks.

**Appendix A.10:** Interstate sex offender registry or repository check for existing staff.

(See related question at 5.4.7 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_ Interstate sex offender registry or repository check for existing staff
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_ The waiver of the provision will allow time for the Lead Agency to continue to operate the program and serve children until such time that a national system and policies are available to support full compliance with federal regulations.
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_ The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks.

**Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_ Interstate child abuse and neglect registry check for new or prospective staff
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_ The waiver of the provision will allow time for the Lead Agency to continue to operate the program and serve children until such time that a national system and policies are available to support full compliance with federal regulations.
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_ The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks.
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**Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b).)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_ Interstate child abuse and neglect registry check for existing staff
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_ The waiver of the provision will allow time for the Lead Agency to continue to operate the program and serve children until such time that a national system and policies are available to support full compliance with federal regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_ The Lead Agency plans to continue to monitor and conduct required background checks on the existing and prospective child care providers and employees until a more uniform system is in place which allows for efficient and timely inter-state background checks.

**Appendix A. 13:** New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9.)

- Describe the provision from which the state/territory seeks relief. \_\_\_\_\_
- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. \_\_\_\_\_
- Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. \_\_\_\_\_