

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

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## 1 Define CCDF Leadership and Coordination with Relevant Systems

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

### 1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Mississippi Department of Human Services

Street Address: 750 North State Street

City: Jackson

State: Mississippi

ZIP Code: 39202

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: Robert

Lead Agency Official Last Name: Anderson

Title: Executive Director

Phone Number: (601) 359-4480

Email Address: [Bob.Anderson@mdhs.ms.gov](mailto:Bob.Anderson@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: Chad

CCDF Administrator Last Name: Allgood

Title of the CCDF Administrator: Co-Director, Division of Early Childhood Care & Development

Phone Number: (601) 359-4048

Email Address: Chad.Allgood@mdhs.ms.gov

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

CCDF Co-Administrator First Name: Vicki

CCDF Co-Administrator Last Name: Lowery

Title of the CCDF Co-Administrator: Co-Director, Division of Early Childhood Care & Development

Description of the Role of the Co-Administrator: Serves in the same capacity as Chad Allgood

Phone Number: (601) 968-8309

Email Address: Vicki.Lowery@mdhs.ms.gov

## 1.2 CCDF Policy Decision Authority

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

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

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

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

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

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

- CCDF Lead Agency

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

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

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

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

- CCDF Lead Agency

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

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

The Mississippi Department of Health monitors licensed, unlicensed, and license-exempt providers. Quality improvement activities are also provided by the Mississippi Department of Health, the University of Southern Mississippi, and the City of Durant through contractual agreements with the Lead Agency.

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

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

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency has an MOU with the Mississippi State Department of Health to monitor and inspect child care providers across the state. The scope of that work includes:

1. Promulgate regulatory rules consistent with Mississippi licensure statutes as related to childcare providers.

2. Develop and implement policy and procedure to enforce all regulatory rules.
3. Accept and review child care provider licensure applications.
4. Issue the appropriate childcare license or registration to providers.
5. Monitor all licensed child care providers for compliance with child care regulations:
  - (a) Inspect for compliance with unannounced visits two times annually.
  - (b) May visit to inspect, observe, and/or provide technical assistance additional times annually.
6. Provide or coordinate professional development classes and workshops to target specific child care provider professional development needs, as identified through MSDH monitoring visits.
7. Provide all CCDF licensed/registered child care providers with disaster preparedness training and a disaster plan template that is mutually agreed upon by MDHS and MSDH.
8. Provide the required CCDF Health and Safety Training to child care providers that participate in the Child Care Payment Program (CCPP). Maintain a training record of all child care personnel that complete the CCDF Health and Safety training.
9. Ensure CCDF compliant criminal background checks for all adults working in a child care center.
10. Assign a unique identification number to each staff member following the successful completion of the background check.
11. Accept voluntary registration of all unlicensed providers and license-exempt providers receiving CCDF funds.
12. Monitor registered CCDF providers through at least one inspection annually. Inspection parameters shall be determined by mutual agreement of both parties.
13. Maintain a website, in conjunction with MDHS and the Mississippi Department of Information Technology Services, with a searchable list by county and zip code of all childcare providers and digital copies of inspection reports, licensure status, registration status if applicable, and substantiated complaints.
14. Each provider shall be designated by type, ex. CCDF, slot, registered, license exempt, and standard as applicable.
15. Provide a designated representative with decision-making authority related to child care licensure to serve on a management team that will meet as needed, as often as weekly.
16. Provide for the designated representative to attend one Office of Child Care (OCC) sponsored professional development conference annually.
17. Provide for the designated representative to attend and comply with federal technical assistance, monitoring, and audit functions as needed to meet federal requirements set forth

by federal regulatory agencies.

18. Provide a designated duly authorized licensure representative to assist MDHS with State Plan formulation, and policy making as needed for the CCDF program.

19. Develop all policy and forms necessary to register and monitor all unlicensed or license exempt CCDF providers.

20. Refer any suspected programmatic fraud or misconduct immediately or as soon as practicably possible to MDHS DECCD.

21. Coordinate with MDHS, Division of Budgets and Accounting as well as CCDF leadership, to provide all necessary documentation as to allow MDHS to utilize unmatched state funds expended by MSDH to satisfy the matching funds requirement of the Child Care & Development Block Grant (CCDBG), pursuant to 45 C.F.R. 98.55.

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

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

The Lead Agency has invested CCDF dollars in the development of child care subsidy application, eligibility determination, and payment processing software known as the Child Care Payment System (CCPS) through contract with the Mississippi Department of Information and Technology Services. In the past Mississippi has shared information and coding from CCPS with other states upon request and continues to do so. State Administrators who are interested in knowing more about CCPS may contact either Chad Allgood or Vicki Lowery using the contact information cited previously in this section.

**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 information system holding client information (CCPS) is role-based so that persons working in the system have access to only the information necessary to perform job functions. The Lead Agency also requires information privacy and security training for all of its employees. The Lead Agency ensures that providers are noticed that information collected through the provider information portal may be shared by MDHS with its partners, 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 of 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 efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.**

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

Input on the State Plan for FFY 2022-2024 was sought from membership of the

Mississippi Municipal League and the Mississippi Association of Supervisors. While the Lead Agency did not receive input from these groups at the time of Plan publication, attempts to develop these relationships continue. The Lead Agency sees both of these groups as important to gaining perspective about the needs of communities and will continue to reach out for input and collaboration over the upcoming Plan period.

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

The Lead Agency provided members of the State Early Childhood Advisory Council with multiple opportunities for input on the State Plan. All members were contacted initially to submit information on each State Plan item during the Plan writing phase. Once the final draft was complete, the members were once again solicited for feedback prior to final submission.

**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.**

Representation from the Mississippi Band of Choctaw Indians sits on the Mississippi Early Childhood Advisory Council and was consulted as described above in item 1.3.1.b.

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

NA

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

Reminder:

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

a) Date of the public hearing. 06/28/2021

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

b) Date of notice of public hearing (date for the notice of public hearing identified in a.)  
06/07/2021

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

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

Notice of Public Hearing was made available on the Lead Agency's website: [www.mdhs.ms.gov/early-childhood-care-development](http://www.mdhs.ms.gov/early-childhood-care-development) and emailed to providers and stakeholders.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Due to the Coronavirus this meeting was held virtually; allowing all interested parties to participate.

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 State Plan was made available on the Lead Agency's website.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All written and verbal comments made by the public were reviewed, considered, 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 here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)**

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

The Plan, and any amendments are available on the Lead Agency's website:  
[www.mdhs.ms.gov/early-childhood-care-development](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 State Plan was shared with the State Early Childhood Advisory Council for feedback during both the writing and the revising stages of Plan development.

Working with child care resource and referral agencies.

Describe:

The State Plan was shared with the Resource and Referral staff for feedback during both the writing and the revising stages of Plan development.

Providing translation in other languages.

Describe:

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

Describe:

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

Describe:

Notice of public hearings and a copy of the State Plan was provided to child care providers as well as the heads of child care Director's Networks across the state.

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

Other.

Describe:

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

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

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

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

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

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

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

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

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

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

The Lead Agency communicated with the Mississippi Association of Supervisors and the Mississippi Municipal League to gather input on local county and city needs that could be addressed by the Lead Agency with CCDF dollars. The goal is to help address the supply of care in areas throughout all of Mississippi's 82 counties.

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

The Lead Agency is a voting member of the State Early Childhood Advisory Council (SECAC), which serves primarily to advise the Governor on issues related to early childhood education in Mississippi. The goal of coordination with the SECAC is to gain insights through the work of the Council that can inform the direction of the child care subsidy program, and to ensure a comprehensive system of services is available for families.

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

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

The Mississippi Band of Choctaw Indians (MBCI) is the only tribal entity within the state and is represented as a voting seat of the State Early Childhood Advisory Council. As a part of the work of the Council, the Lead Agency collaborates with the MBCI to address the goal of accessibility for eligible families to a variety of affordable, quality programs.

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

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

Describe the coordination goals, processes, and results:

The Lead Agency meets monthly with the 619 Coordinator from the Mississippi Department of Education to discuss any opportunities or needs for children with disabilities within the state. The Lead Agency meets quarterly with a multidisciplinary committee organized by the Mississippi Department of Health to coordinate goals for early intervention services. The goal of these meetings is to expand accessibility and continuity of care and improve quality within a comprehensive early childhood system.

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

The Lead Agency works closely with the state's Head Start Collaboration Office and the Executive Director of the Mississippi Head Start Association to ensure coordination among private child care providers and Head Start grantees. The goal of this collaboration is to support the development of full-day services to meet the needs of working families.

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

The Lead Agency has regular ongoing meetings with the Director of Child Care Licensure at the Mississippi Department of Health (MSDH). The MSDH is the agency responsible for public health, including immunizations, and is the agency responsible for licensing and monitoring childcare providers within the state. The goal of this coordination is to ensure continuity of care among program types within a system of quality child care providers.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

The Lead Agency's Division of Workforce Development communicates regularly with the State Workforce Investment Board on a variety of issues occurring in the state, including those relevant to the child care sector. The intent of these interactions is to coordinate strategies across state agencies responsible for education, workforce, and health for the benefit of families. The goal is to expand accessibility and continuity of care and improve

quality within the early childhood system.

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

The Lead Agency meets monthly with the Mississippi Department of Education Office of Early Childhood to identify opportunities for collaboration and coordination of services. The goal of these meetings is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

The Lead Agency meets bi-weekly with representatives from the Mississippi Department of Health Division of Child Care Licensure for the purposes of program alignment with all federal regulations and requirements and streamlined processes for child care providers to apply for a license or registration. The goal of these meetings is to support the quality of care offered to families through the monitoring process as well as eliminate duplicative processes required of child care providers.

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

The Mississippi Department of Education (MDE) is responsible for the Child and Adult Care Food Program (CACFP). The Lead Agency and MDE coordinate through the work of the State Early Childhood Advisory Council 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. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

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. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

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. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

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 State Early Childhood Advisory Council and participates in sub-committee work to coordinate goals and processes with the Lead Agency. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

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. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

**xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional**

development. Describe the coordination goals, processes, and results:

The Lead Agency has contracts in place with local government entities, as well as two and four-year institutions of higher learning across the state to provide resource and referral centers to all 82 Mississippi counties. In addition to these entities, the Lead Agency utilizes the Mississippi Department of Health to offer professional development statewide. The Lead Agency meets monthly with all contractors providing professional development and resource and referral services. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

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. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

The Lead Agency employs a full time emergency management coordinator who works closely with Mississippi Emergency Management Association (MEMA), the Federal Emergency Management Agency (FEMA), and DECCD to ensure that the DECCD Emergency Plan meets the needs of parents and providers in an emergency. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

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

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

Describe

NA

- ii. State/territory institutions for higher education, including community colleges

Describe

The Lead Agency contracts with community colleges within the state to provide resource and referral services, training, and professional development. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

- iii. 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 trains child care providers in caring for children with special needs and upon completion offers a professional credential. MECIC offers training, technical assistance, screening and diagnostic evaluations, family research, and information for consumers. In addition, the Lead Agency contracts with the City of Durant to provide a resource and referral center for the community and surrounding counties. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

- iv. 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. The overall goal of coordination is to expand accessibility and continuity of care and improve quality within the early childhood system.

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

Describe

NA

- vi. State/territory agency responsible for child welfare.

Describe

NA

- vii. Provider groups or associations.

Describe

The Lead Agency works with the heads/presidents of child care provider groups/associations across the state through regular meetings. The intent of these meetings is to hear from the providers represented within these organizations to better understand the needs of providers within the state. The goal of this coordination is to ensure comprehensive services are offered by the Lead Agency that result in stable child care providers that families can afford to access.

- viii. Parent groups or organizations.

Describe

NA

- ix. Other.

Describe

NA

### 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 required early childhood program (98.14(a)(3))?**

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

b) Which funds you will combine

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

goals, processes and results describe in 1.4.1.

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

e) How are the funds tracked and method of oversight

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

Note:

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

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

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

Public funding used for this purpose is received through an allocation from the state legislature.

c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

A. Donated directly to the State?

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

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

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

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

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

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

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

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

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

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

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

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

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? 100% of funding used to meet CCDF MOE is also used to meet TANF MOE.

## 1.6 Public-Private Partnerships

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

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

The Lead Agency partners with the city of Durant local government to offer resource and referral services in the community and surrounding counties. As a result of the COVID-19 pandemic, the Lead Agency partnered with local non-profits and other state agencies to assist in the distribution of health and safety materials and training. The Lead Agency partnered with both the North Mississippi Education Consortium and the Mississippi Early Learning Alliance for the distribution of PPE equipment to providers. In addition, the Lead Agency formed a partnership with the Mississippi Extension Service through Mississippi

State University to provide CCAIR training through local extension agents. Note: Childcare Crisis Assistance in Isolation Response (CCAIR) training was required of any provider who wanted to serve as a temporary emergency child care site during the pandemic and was offered to any child care provider as a means of understanding health and safety recommendations for providing care during COVID-19.

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

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

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

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

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

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

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

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

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

The Lead Agency utilizes contracts and partnerships to establish and implement a child care resource and referral network across the state. At the time of submission of this document, there are 13 contracts and 1 local partnership that form the CCR&R network across the state. Services offered through the CCR&R Network include:

- training and professional development
- coaching
- technical assistance
- consumer education
- referral services

## 1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

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

No

Yes

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

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

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

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

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

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

The Child Care Payment Program Emergency Procedures can be located at

<https://www.mdhs.ms.gov/wp-content/uploads/2021/05/Emergency-Procedures-CCPP-2013-1.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. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

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

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

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

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

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

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

Describe:

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

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

Describe:

## 2.2 Parental Complaint Process

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

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

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

The Mississippi Department of Health (MSDH) performs the function of screening, substantiating, and responding to all complaints against a child care facility, and maintains a public record of substantiated complaints on behalf of the Lead Agency for CCDF and non-CCDF providers. MSDH investigates 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; Abuse or neglect allegations are referred out to local authorities and MCPS as necessary - MDHS will respond to complaints against the provider related to improper charges under the child care payment system; - Mississippi Department of Child Protection Services (MCPS) will respond to allegations of abuse or neglect by a parent. Substantiated complaints are posted on the MSDH website and may be searched by provider here: <https://www.msdh.provider.webapps.ms.gov/ccsearch.aspx>. Complaints are received by an MSDH intake coordinator by the following methods: phone, email, online complaint form, fax, and mail. Once a complaint is received it is entered into a database and assigned to an investigator. Each investigator runs reports daily to see what complaints have come in for their assigned area. Investigators have 3 to 10 days depending on the nature of the complaint to conduct an initial investigation. Once all required information is received (i.e. pictures, written statements, video footage if available) the allegations are substantiated or unsubstantiated. Follow-up visits are conducted to ensure that any violations observed have been corrected. Additional follow-ups are conducted as needed to ensure compliance with the regulations. For any complaints received regarding either a CCDF-participating license-

exempt provider or any CCDF-participating provider that could involve a financial penalty as a result of a potential intentional program violation, the Lead Agency engages with monitoring to determine which actions described in 8.1.5 should apply.

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

Records of substantiated parental complaints regarding the operation of CCDF licensed, license-exempt, or registered child care providers and non-CCDF licensed or registered care programs are maintained by the Mississippi State Department of Health (MSDH) on behalf of the Lead Agency. Information regarding substantiated claims collected by the MSDH is included in the provider search function and is available for public view. Complaint files involving open programs are electronically stored for five (5) years after the case has been closed before disposal. If a program closes, complaint files are electronically stored for five (5) years after the program closure date before disposal. Information appearing as a part of the provider search portal will remain in the portal until the program closes and is removed from the searchable list of providers.

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

Information about substantiated parental complaints is made available within the provider search function of the consumer education website. Prior substantiated reports and subsequent investigations history is included with the information presented for each provider through the provider search. There are no differences between CCDF and non-CCDF providers or between license and license-exempt providers in regards to the reporting of substantiated parental complaints.

### **2.2.5 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 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) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

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

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

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

The Lead Agency ensures its consumer education website is consumer-friendly and easily accessible. 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 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.

**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 Lead Agency offers features on the consumer education website to non-English speaking families to translate all information available into Spanish or Vietnamese, the two most common languages in the state after English. The Lead Agency implemented user friendly features on the consumer education website. These features optimize the navigation experience of all site visitors (parents, providers, community), increase the accessibility of English and non-English speakers, and include: a Google plug-in translator for converting website information from English language into Spanish or Vietnamese, the two most common languages in the state after English; dubbing the informational video about the state strategic plan into Spanish and, also, offers the video with subtitles in Vietnamese; and ADA

compliant features, such as tagging images and videos.

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

The Lead Agency utilizes the following agency-wide website accessibility statement: We firmly believe that the internet should be available and accessible to anyone, and are committed to providing a website that is accessible to the widest possible audience, regardless of circumstance and ability. To fulfill this, we aim to adhere as strictly as possible to the World Wide Web Consortium's (W3C) Web Content Accessibility Guidelines 2.1 (WCAG 2.1) at the AA level. These guidelines explain how to make web content accessible to people with a wide array of disabilities. Complying with those guidelines helps us ensure that the website is accessible to all people: blind people, people with motor impairments, visual impairment, cognitive disabilities, and more. This website utilizes various technologies that are meant to make it as accessible as possible at all times. We utilize an accessibility interface that allows persons with specific disabilities to adjust the website's UI (user interface) and design it to their personal needs. Additionally, the website utilizes an AI-based application that runs in the background and optimizes its accessibility level constantly. This application remediates the website's HTML, adapts its functionality and behavior for screen-readers used by blind users, and for keyboard functions used by individuals with motor impairments. If you wish to contact the website's owner please use the following email [vanessa.lowe@mdhs.ms.gov](mailto:vanessa.lowe@mdhs.ms.gov) Screen-reader and keyboard navigation Our website implements the ARIA attributes (Accessible Rich Internet Applications) technique, alongside various different behavioral changes, to ensure blind users visiting with screen-readers are able to read, comprehend, and enjoy the website's functions. As soon as a user with a screen-reader enters your site, they immediately receive a prompt to enter the Screen-Reader Profile so they can browse and operate your site effectively. Here's how our website covers some of the most important screen-reader requirements, alongside console screenshots of code examples: Screen-reader optimization: we run a background process that learns the website's components from top to bottom, to ensure ongoing compliance even when updating the website. In this process, we provide screen-readers with meaningful data using the ARIA set of attributes. For example, we provide accurate form labels; descriptions for actionable icons (social media icons, search icons, cart icons, etc.);

validation guidance for form inputs; element roles such as buttons, menus, modal dialogues (popups), and others. Additionally, the background process scans all of the website's images and provides an accurate and meaningful image-object-recognition-based description as an ALT (alternate text) tag for images that are not described. It will also extract texts that are embedded within the image, using an OCR (optical character recognition) technology. To turn on screen-reader adjustments at any time, users need only to press the Alt+1 keyboard combination. Screen-reader users also get automatic announcements to turn the Screen-reader mode on as soon as they enter the website. These adjustments are compatible with all popular screen readers, including JAWS and NVDA. Keyboard navigation optimization: The background process also adjusts the website's HTML, and adds various behaviors using JavaScript code to make the website operable by the keyboard. This includes the ability to navigate the website using the Tab and Shift+Tab keys, operate dropdowns with the arrow keys, close them with Esc, trigger buttons and links using the Enter key, navigate between radio and checkbox elements using the arrow keys, and fill them in with the Spacebar or Enter key. Additionally, keyboard users will find quick navigation and content-skip menus, available at any time by clicking Alt+1, or as the first element of the site while navigating with the keyboard. The background process also handles triggered popups by moving the keyboard focus towards them as soon as they appear, and not allow the focus to drift outside of it. Users can also use shortcuts such as "M" (menus), "H" (headings), "F" (forms), "B" (buttons), and "G" (graphics) to jump to specific elements. Disability profiles supported on our website Epilepsy Safe Profile: this profile enables people with epilepsy to use the website safely by eliminating the risk of seizures that result from flashing or blinking animations and risky color combinations. Vision Impaired Profile: this profile adjusts the website so that it is accessible to the majority of visual impairments such as Degrading Eyesight, Tunnel Vision, Cataract, Glaucoma, and others. Cognitive Disability Profile: this profile provides various assistive features to help users with cognitive disabilities such as Autism, Dyslexia, CVA, and others, to focus on the essential elements more easily. ADHD Friendly Profile: this profile significantly reduces distractions and noise, to help people with ADHD and Neurodevelopmental disorders browse, read, and focus on the essential elements more easily. Blind Users Profile (Screen-readers): this profile adjusts the website to be compatible with screen-readers such as JAWS, NVDA, VoiceOver, and TalkBack. A screen-reader is installed on the blind user's computer, and this site is compatible with it. Keyboard Navigation Profile (Motor-Impaired): this profile enables motor-impaired persons to operate the website using the keyboard Tab, Shift+Tab, and the Enter keys. Users can also use shortcuts such as "M" (menus), "H" (headings), "F" (forms), "B" (buttons), and "G" (graphics)

to jump to specific elements. Additional UI, design, and readability adjustments

Font adjustments – users can increase and decrease its size, change its family (type), adjust the spacing, alignment, line height, and more. Color adjustments – users can select various color contrast profiles such as light, dark, inverted, and monochrome. Additionally, users can swap color schemes of titles, texts, and backgrounds, with over 7 different coloring options.

Animations – epileptic users can stop all running animations with the click of a button. Animations controlled by the interface include videos, GIFs, and CSS flashing transitions.

Content highlighting – users can choose to emphasize important elements such as links and titles. They can also choose to highlight focused or hovered elements only.

Audio muting – users with hearing devices may experience headaches or other issues due to automatic audio playing. This option lets users mute the entire website instantly.

Cognitive disorders – we utilize a search engine that is linked to Wikipedia and Wiktionary, allowing people with cognitive disorders to decipher meanings of phrases, initials, slang, and others.

Additional functions – we provide users the option to change cursor color and size, use a printing mode, enable a virtual keyboard, and many other functions.

Assistive technology and browser compatibility We aim to support the widest array of browsers and assistive technologies as possible, so our users can choose the best fitting tools for them, with as few limitations as possible. Therefore, we have worked very hard to be able to support all major systems that comprise over 95% of the user market share including Google Chrome, Mozilla Firefox, Apple Safari, Opera and Microsoft Edge, JAWS, and NVDA (screen readers), both for Windows and for MAC users.

Notes, comments, and feedback Despite our very best efforts to allow anybody to adjust the website to their needs, there may still be pages or sections that are not fully accessible, are in the process of becoming accessible, or are lacking an adequate technological solution to make them accessible. Still, we are continually improving our accessibility, adding, updating, and improving its options and features, and developing and adopting new technologies. All this is meant to reach the optimal level of accessibility, following technological advancements. If you wish to contact the website's owner please use the following email [vanessa.lowe@mdhs.ms.gov](mailto:vanessa.lowe@mdhs.ms.gov).

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

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

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

[https://msdh.ms.gov/msdhsite/\\_static/resources/3448.pdf](https://msdh.ms.gov/msdhsite/_static/resources/3448.pdf)

The only licensed-exempt childcare 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 direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf)

(See Regulations Governing Licensure of Child Care Facilities - Rule 1.2.6 and 1.2.7)

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf)

(See Regulations Governing Licensure of Child Care Facilities for 12 or Fewer children in the Operator's Home - Rule 2.2.6 and 2.2.7)

Regulations Governing Licensure of Child Care Facilities Part 11: Bureau of Child Care Facilities. Subpart 55: Child Care Facilities Licensure "Mississippi Child Care Licensing Law" Section 43-20-1 et seq. of the Mississippi Code of 1972.

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

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf)

(See Regulations Governing Licensure of Child Care Facilities - Rule 1.5.2)

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf)

(See Regulations Governing Licensure of Child Care Facilities for 12 or Fewer children in the Operator's Home - Rule 2.5.2)

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

[https://www.mdhs.ms.gov/wp-content/uploads/2021/05/Policy-Manual-2020-effective-3\\_1\\_2020.pdf](https://www.mdhs.ms.gov/wp-content/uploads/2021/05/Policy-Manual-2020-effective-3_1_2020.pdf)

(See Rule 7.3.B)

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

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

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

<https://www.msdh.provider.webapps.ms.gov/ccsearch.aspx>

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

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

Describe

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

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

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver

- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Center-based Providers

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

#### License-Exempt CCDF Family Child Care Home Providers

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

#### License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### Relative CCDF Providers

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

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

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

d. Other information included for:

- i. All Licensed providers.

Describe

Additional information available includes types of services (including full-day, half-day, or after-school activities) and any monetary penalties assessed.

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

Describe

Additional information available includes types of services (including full-day, half-day, or after-school activities) and any monetary penalties assessed.

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

Describe

Additional information available includes types of services (including full-day, half-day, or after-school activities) and any monetary penalties assessed.

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

Describe

- v. Relative CCDF providers.

Describe

Additional information available includes types of services (including full-day, half-day, or after-school activities) and any monetary penalties assessed.

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

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

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

All CCPP approved providers have met the Standard quality designation.

Information regarding the standard designation is provided at the time a certificate is issued to parents and on the Lead Agency's Consumer Education website.

<https://www.mdhs.ms.gov/eccd-child-care-payment-program/>

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

i. Licensed CCDF providers.

Describe the quality information:

The Lead Agency implemented a provider quality identification system in 2019 that required all licensed providers who receive CCDF to enroll and meet the basic level of quality identified under this system. This level is referred to as Standard. A pilot was conducted with PDG-B5 funding to test an advanced level of quality referred to as Comprehensive. The pilot was closed at the end of the PDG-B5 award period, making the Comprehensive designation no longer available. As of Plan submission, all CCDF providers have received the Standard designation. Information regarding this process is available on the Lead Agency's website at, <https://www.mdhs.ms.gov/eccd-child-care-payment-program/>

ii. Licensed non-CCDF providers.

Describe the quality information:

iii. License-exempt center-based CCDF providers.

Describe the quality information:

The Lead Agency implemented a provider quality identification system in 2019 that required all licensed providers who receive CCDF to enroll and meet the basic level of quality identified under this system. This level is referred to as Standard. A pilot was conducted with PDG-B5 funding to test an advanced level of quality referred to as Comprehensive. The pilot was closed at the end of the PDG-B5 award period, making the Comprehensive designation no longer available. As of Plan submission, all CCDF providers have received the Standard designation.

iv. License-exempt FCC CCDF providers.

Describe the quality information:

The Lead Agency implemented a provider quality identification system in 2019 that required all licensed providers who receive CCDF to enroll and meet the basic level of quality identified under this system. This level is referred to as Standard. A pilot was conducted with PDG-B5 funding to test an advanced level of quality referred to as Comprehensive. The pilot was closed at the end of the PDG-B5 award period, making the Comprehensive designation no longer available. As of Plan submission, all CCDF providers have received the Standard designation.

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

**2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).**

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

Certify by responding to the questions below:

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

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

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

At this time, the electronic monitoring and inspection system does not produce a printed copy of a blank monitoring form. The Lead Agency is working with the Department of Health and the system developers to get one extracted from the system in a readable way that can be available online. The Lead Agency will provide the URL for this once it becomes available.

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

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

Describe how these health and safety violations are prominently displayed:

Any violations discovered during monitoring and inspection processes are identified on the report under large bold headings. For example, "Infant Classroom Violations Cited" or "Kitchen Violations Cited".

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

Describe:

If a Plan of Correction is determined necessary at the time of inspection, the report cites the related rule or regulation, describes the corrective action(s) needed, the person responsible for completing the changes at the provider location, and the date of completion.

A minimum of 3 years of results, where available.

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

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

Inspection reports are posted within the child care provider search:

<https://www.mdhs.provider.webapps.ms.gov/ccsearch.aspx>

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

The Lead Agency defines timely posting as within 10 working days of inspection.

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

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

The Lead Agency defines plain language as language that is clear and direct expression in speech and communication which strives to be free from jargon and rarely used words and terms. Copies of reports are located in the online provider search and can be accessed through the following URL:

<https://www.msdh.provider.webapps.ms.gov/PublicViewInspectionDocument.aspx?pdf=PDPuBvirRHsAYPLd2qNHZA%3d%3d>

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

Monitoring and inspection reports are completed electronically with standardized language. Language is brief and does not include extraneous wording, jargon, or unexplained abbreviations of terminology.

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

Alleged inaccuracies should be reported to the investigative team at MSDH. The allegation will be reviewed, and an investigation initiated. If substantiated MSDH will complete an additional encounter form incorporating the correction and will have the

childcare provider sign a new corrected encounter form.

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

-- filing the appeal

-- conducting the investigation

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

If requested in writing within ten calendar days of receipt of findings in an investigation report, a hearing shall be provided in which the provider may show cause why the findings from the investigation are incorrect. If violations are unfounded, the website is updated with an amended report to show the disposition of the appeal.

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

Monitoring and inspection reports are made available via the online provider search beginning with reports beginning with 7/1/2017. Any reports prior to this date may be obtained by making a public records request. A link is available on the site to make requests for these records. Inspection reports are kept for a minimum of seven years on the MSDH website and is available by link from the Lead Agency's website. The seven-year retention requirement is established by the Mississippi State Department of Health.

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

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

provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

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 a monthly report, which is posted on the Lead Agency's website, with aggregated data about child deaths, serious injuries, and substantiated instances of child abuse in child care settings in Mississippi.

ii. 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.

iii. 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.

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

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

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

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

<https://www.mdhs.ms.gov/early-childhood-care-development/>

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

The Lead Agency's website provides a link to contacts for each of the Child Care Resource and Referral sites across the state. The link provides the site name and address, staff name/roll/contact information, and the counties served by the site. This information can be accessed at: <https://www.mdhs.ms.gov/early-childhood-care-development/>

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

Contact information for the Lead Agency includes a toll-free telephone number, email, and address. This information is on the footer of each page of the Lead Agency's website and can be accessed at: <https://www.mdhs.ms.gov/early-childhood-care-development/>

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

The Lead Agency hosts the consumer education content for CCDF. It can be accessed at: <https://www.mdhs.ms.gov/early-childhood-care-development/>

## 2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

The Lead Agency shares information through its website and 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 Lead Agency's website is designed to provide information for specific audiences. The section located at, <https://www.mdhs.ms.gov/early-childhood-care-development/draft-resources-for-parents-providers-and-the-community/> includes information that has been

divided into headings, "For Parents", "For Providers", and "Resources for Child Development Information". The information under these headings was identified as being specific to parents, i.e. IDEA Part B and C and WIC; or to providers, i.e. Child and Adult Care Food Program. The information located in the "Resources for Child Development Information" applies across groups and is varied in topic to ensure anyone who is interested can locate information they need on a variety of topics.

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

a. Temporary Assistance for Needy Families program:

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 Mississippi Department of Human Services (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. Information about TANF is available for all members of the general public as well. A downloadable TANF brochure is also available. Eligible parents and any interested party without access to internet can obtain printed information about TANF services from MDHS county offices, or through child care resource & referral centers.

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.) Additional access points for information are child care resource and referral centers, or public computers at the local public library.

**b. Head Start and Early Head Start programs:**

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. The Lead Agency's consumer education website, provides links to the Head Start/Early Head Start at the Mississippi Head Start Association (MHSA) website and a link for parents and members of the general public to learn about how eligibility is determined within Head Start and Early Head Start programs. 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 and referral or public computers at the local public library.

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

The Lead Agency houses the LIHEAP program through the Division of Community Services and can make internal referrals for eligible parents as a 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/>. Additional access points for information for interested parties are child care resource and referral centers, or public computers at the local public library.

**d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

The Supplemental Nutrition Assistance Program (SNAP) program is housed within the Lead Agency. An online application, 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 and members of the general public with no internet access can obtain printed information about SNAP

services from MDHS county offices or child care resource & referral centers.

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. Additional access points for information are child care resource and referral centers, or public computers at the local public library.

**e. 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 Lead Agency's website. Eligible families and members of the general public without access to internet can obtain this information through child care resource & referral 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. Additional access points for information are child care resource and referral centers, or public computers at the local public library.

**f. Child and Adult Care Food Program(CACFP):**

The CACFP is provided through the Mississippi Department of Education (MDE).

<https://mdek12.org/OCN/CACFP>. After completing the online application for child care

subsidy, eligible parents are informed about CACFP services. This information is available online through the Lead Agency's website. Eligible families and members of the general public without internet access can obtain CACFP information in print form through Child Care Resource Centers. Information available to eligible families and interested parties 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. Local libraries are an additional access point for information regarding CACFP.

**g. 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 Lead Agency's website. 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 child care resource and referral centers. Resources provided to eligible families include information related to the following: Medicaid; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Mississippi CAN; Children's Health Insurance Program (CHIP); Mississippi Health Benefits for Children; Managed Care; Mississippi Medicaid Application Form; and Eligibility Information & Income Limits tables. Service delivery related to the 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 within information related to CHIP. After completing the online application for child care 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.

**h. Programs carried out under IDEA Part B, Section 619 and Part C:**

The Mississippi State Department of Health (MSDH) is the lead agency for Part C of IDEA and implements requirements through the First Steps program. This 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. After completing the online application for child care subsidies, parents are informed of other human service programs for which they maybe 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 and referral centers.

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

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

-- any partners in providing this information

#### Description:

The consumer education website provides information to a variety of audiences including parents, providers and the general public, Consumer Education information is grouped under audience headings. Information is provided through agencies and organizations including the Mississippi Department of Education, the American Academy of Pediatrics, the National Association for the Education of Young Children, and the Center on the Developing Child at Harvard University. The information posted to the website includes the following topics:

-Curriculum Standards, and Instructional Practices in Early Education Classrooms: The links include relevant resources about Developmentally Appropriate Practices, the Mississippi Early Learning Standards and the Mississippi Early Learning Guidelines

-Child Development: The links give information about general child development, developmental, health, or other physical disabilities,

-Executive Function and Other Foundations of Learning: The links include resources about learning and promotion of cognitive skills, such as writing, reading, and calculating. -

Nutrition and Physical Activity: The links provide information about appropriate nourishment and exercise habits for young children.

-Routines and Transitions: The links offer information about daily routines that ensure predictability and safety for young children.

-School Readiness and Kindergarten Transition: The links include resources about what it means for a child to be “ready for school” and the ways to make the transition to school easier for children, families, and teachers.

-Social, Emotional, and Behavioral Skills: The links provide information on supporting healthy development in young children.

-Trauma and Grief: The links provide information about the effects of trauma and other hardships and ways to mitigate the impact of past negative experiences on children.

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

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

**Description:**

The 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. This statement reads, MDHS strongly discourages the use of expulsion, suspension, and other exclusionary discipline practices; these practices should only be used as a last resort. Child care providers are encouraged to access the technical assistance (TA) and resources provided by MDHS through TA partners and the Mississippi Early Childhood Inclusion Center (MECIC) to assist the provider in maintaining therapeutic inclusion of the child if at all possible. The provider should document evidence of appropriate behavioral interventions. Should a situation arise where there is documented evidence that all possible interventions and supports recommended by a qualified professional have been exhausted and it has been determined that transitioning a child to another program is necessary for the well-being of the child or his or her peers, providers are encouraged to take a series of documented steps to ensure a smooth transition into another setting that offers a rich social context and opportunities for interactions with socially competent peers so that the child's learning and social skills practice are optimized in a natural environment. If the child has a disability and is receiving services under the Individuals with Disabilities Education Act (IDEA), the provider and MDHS shall ensure that additional applicable procedural

safeguards and requirements are met. The consumer education website provides a link to Research and Best Practices in Early Childhood Development including Social, Emotional, and Behavioral Skills. Resources, specific to parents and providers, are available at resource and referral sites across the state. Professional development through the Mississippi Department of Health and the University of Southern Mississippi is offered to provide education regarding the social/emotional/behavioral development of children. Social-emotional/behavioral curricula are built into several courses offered to providers including the director's credential.

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

The following statement is included on the Lead Agency's consumer education website at, <https://www.mdhs.ms.gov/eccd-laws-policies-rules-and-regulations/>. In addition, this statement is included in the parent and provider approval letter for new families and providers joining the CCPP: DECCD recommends that child care providers limit the use of expulsion, suspension, and other exclusionary discipline practices; these practices should only be used as a last resort. Should a situation arise where there is documented evidence that all possible interventions and supports recommended by a qualified professional have been exhausted and it has been determined that transitioning a child to another program is necessary for the well-being of the child or his or her peers, providers are encouraged to take a series of documented steps to ensure a smooth transition into another setting that offers a rich social context and opportunities for interactions with socially competent peers so that the child's learning and social skills practice are optimized in a natural environment. If the child has a disability and is receiving services under the Individuals with Disabilities Education Act (IDEA), the provider and DECCD shall ensure that additional applicable procedural safeguards and requirements are met.

## 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### **2.5.1 Certify by describing:**

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

The Lead Agency collects and disseminates information through the work of the State Early Childhood Advisory Council, Mississippi Department of Education, Centers for Disease Control, and the Mississippi State Department of Health to provide resources for developmental screenings and providing intervention services as needed. The Lead Agency website is updated to include this information as new information and resources becomes available. (<https://www.mdhs.ms.gov/early-childhood-care-development/draft-resources-for-parents-providers-and-the-community/>) Also, child care resource and referral sites and the Mississippi Early Childhood Inclusion Center work to educate providers through professional development to recognize the need for developmental screenings and to provide resources for referrals. The consumer education website

contains information for parents regarding developmental screenings. This information includes 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 Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). The Lead Agency includes information related to EPSDT on their Consumer Education website. Information related to this screening is also available at each child care resource & referral site. In addition, home visitors discuss information related to EPSDT with families directly during both prenatal and postnatal visits. In addition to the information available at CCR&R locations child care providers receive information on referring children for screening through professional development and on-site technical assistance visits with the Mississippi Early Childhood Inclusion Center. This information can be viewed at, <https://www.mdhs.ms.gov/early-childhood-care-development/draft-resources-for-parents-providers-and-the-community/>.

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 resource and referral staff offers providers 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.

The Consumer Education website provides information on developmental screening and monitoring for parents, providers, and the general public. If the child is Medicaid-eligible, that child will be able to see an approved provider to perform Early and Periodic Screening, Diagnosis and Treatment (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. This information can be viewed at, <https://www.mdhs.ms.gov/early-childhood-care-development/draft-resources-for-parents-providers-and-the-community/>.

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

Providers receive this information through the Lead Agency's Consumer Education website in addition to training and technical assistance provided through the CCR&R sites and Lead Agency's partnership with the Mississippi Early Childhood Inclusion Center. This information can be viewed at, <https://www.mdhs.ms.gov/early-childhood-care-development/draft-resources-for-parents-providers-and-the-community/>.

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

MDHS will collect and disseminate information through the State Early Childhood Advisory Council on an ongoing basis, continuously updating existing resources and services for conducting developmental screenings and providing intervention services as needed. Also, resource and referral sites and MECIC work to educate providers through professional development to recognize the need for developmental screenings and to provide resources for referrals.

Citation: Mississippi Child Care Payment Program Policy Manual, Rule 10.2  
<https://www.mdhs.ms.gov/early-childhood-care-development/draft-resources-for-parents-providers-and-the-community/>

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

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

### **2.6.1 Certify by describing:**

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

When parents receive notification that a certificate has been issued for their child, the consumer statement is included in that notification. <https://www.mdhs.ms.gov/eccd-find-a-child-care-provider/>

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

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

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

Greetings parents and guardians! DECCD welcomes you to the Mississippi Child Care Payment Program (CCPP). This program is designed to support parents in making the best choice of care for their child. You have a choice of any CCPP approved provider, including the type of provider setting that works best for you and your child. We would like to share the location where you can find information related to the provider you have selected to provide care for your child(ren). By using the provider search located at this link: [Child Care Provider Search \(ms.gov\)](#) you can view historic information on licensing and regulatory requirements, health and safety requirements covered during monitoring inspections of your chosen provider, the date the provider was last inspected, and any violations of regulations committed by your chosen provider. Before becoming approved to participate in the Mississippi Child Care Payment Program your provider completed a quality assessment and holds the Standard provider designation at this time. For more information about what that means, please visit [www.mdhs.ms.gov](http://www.mdhs.ms.gov). If at any point in the future you need to submit a complaint regarding your child care provider, you may do so through this link: [Complaints - Mississippi State Department of Health \(ms.gov\)](#). DECCD encourages you to utilize the services of the resource and referral sites in your area. These centers can provide you with education and family resources and a lending library of learning materials available to you free of charge. To locate your closest resource and referral site, please use this link: [RR-Contact-List.pdf \(ms.gov\)](#).

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

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

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

in foster care.

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

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

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

## 3.1 Eligible Children and Families

### 3.1 Eligible Children and Families

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

#### **3.1.1 Eligibility criteria: Age of children served**

a) The CCDF program serves children

from six weeks

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is the end of the child's 18th year

(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 age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is

(may not equal or exceed age 19)

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

i. "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.

ii. "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: Reason for care

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

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

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).

ii. Define what is accepted as "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.

iii. Define what is accepted as "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.

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

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.

### 3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

### 3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

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. Additionally, the Lead Agency defines "protective service" to include families of essential workers living and working in areas during federal, state, and/or local emergencies or disasters. The Lead Agency will determine need for emergency services based on the scope of the disaster/emergency and any direction received from the Office of the Governor. Applicants qualifying during disaster or emergency conditions will be defined by the Lead Agency either through executive order or by areas identified in State of Emergency declarations.

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care

to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

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

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	NA	NA	NA	NA
2	3,776.00	3,210.00	NA	NA
3	4,665.00	3,965.00	NA	NA
4	5,553.00	4,720.00	NA	NA
5	6,442.00	5,475.00	NA	NA

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)).

NA

d. **SMI source and year.** The SMI calculations entered above were collected from the State Median Income (SMI) by Household Size for Mandatory Use in FY 2021 document developed by the Office of the Administration for Children & Families.

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

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

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

The information in chart 3.1.3b applies to all areas of the state.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? The limits reported above will be effective October 1, 2021.

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 on or before 10/01/2021 here: <https://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).

Families certify assets do not exceed \$1,000,000 through a self-attestation check box on 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 rules, which are applied by the Lead Agency (98.20(b)) during:**

[a. eligibility determination.](#)

Priority to receive certificates will be based on whether or not a child falls into a priority population. Priority populations include:

- Temporary Assistance for Needy Families (TANF) recipients
- Transitional Child Care (TCC) recipients
- Homeless children, as defined by McKinney-Vento Act -Children meeting the definition of Protective Service
- Children served by the Healthy Families Mississippi (HFM) home-visitation program
- Teen Parents
- Special-needs populations, these clients include:
  1. Children with documented special needs, and
  2. Parent(s) with a documented disability
- Children of parent(s) deployed by a branch of the U.S. Armed Services
- Children of very low-income parents
- Children of qualifying parents whose income is between 50-85% of SMI.

Unmarried parents must be in cooperation with child support enforcement on behalf of each child for which they are applying for subsidy.

NOTE: The term "qualifying" is used to represent when an applicant (parent) meets all other eligibility requirements.

[b. eligibility redetermination.](#)

Priority to receive certificates will be based on whether or not a child falls into a priority population. Priority populations include:

- Temporary Assistance for Needy Families (TANF) recipients
- Transitional Child Care (TCC) recipients
- Homeless children, as defined by McKinney-Vento Act -Children meeting the definition of Protective Service
- Children served by the Healthy Families Mississippi (HFM) home-visitation program
- Teen Parents
- Special-needs populations, these clients include:
  1. Children with documented special needs, and
  2. Parent(s) with a documented disability
- Children of parent(s) deployed by a branch of the U.S. Armed Services

-Children of very low-income parents

-Children of qualifying parents whose income is between 50-85% of SMI.

Parents who have experienced a non-temporary loss of job must notify the Lead Agency within 10 days of the occurrence and will then receive a 90-day job search period. The Lead Agency allows for parents who have notified the Lead Agency of loss of job within 10 days to be engaged in job search at the time of redetermination.

Unmarried parents must be in cooperation with child support enforcement on behalf of each child for which they are applying for subsidy.

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

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

sensory, physical, or other disabilities

i. Other.

Describe:

### 3.1.7 Fluctuation in earnings.

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

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

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

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

Other.

Describe:

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

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Government-issued photo ID or two other forms of identity verification, required at initial eligibility determination.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

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).

Required at Initial Determination

Required at Redetermination

Describe:

Long Form Birth Certificate is required at initial eligibility determination. The child's Social Security Number is requested but disclosure of the Social Security Number is voluntary (optional) and is not required for child care eligibility. Eligibility will not be denied due to a failure of an applicant to provide the child's Social Security Number. Applicants are notified twice on the application that the provision of child SSN is not required for eligibility. The following statement is on the application when requesting the SSN, "The absence of this information cannot be a basis to deny eligibility ". The following statement is on the application when describing required documentation, "Copies of social security cards are use to correctly identify applicants. Eligibility for services is not dependent on the receipt of this information."

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Documents verifying that the parent works the minimum required number of hours per week, required at initial eligibility determination and subsequent redeterminations. The Lead Agency may waive the requirement for parents to show proof of work and/or hours worked during disaster and emergency conditions for the duration of the emergency certificate, or for a period of 12 months. In the event that those emergency

and disaster conditions require quarantine procedures to be observed, the Lead Agency may waive the requirement to provide proof of hours worked for those individuals defined as essential by the Lead Agency in response to that specific emergency and disaster condition for the duration of the emergency certificate. These individuals would be required to provide documentation that they are employed in a capacity defined as essential by the Lead Agency without regard to the number of hours worked.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Documents verifying required enrollment in an approved educational or job training program, required at initial eligibility determination and subsequent redeterminations. During emergency and disaster conditions, such as COVID-19 or other emergency situations, the Lead Agency may waive the requirement for parents to show proof of job training or participation in an educational program for the duration of the emergency certificate.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Documents verifying the household income is no more than 85% of SMI, required at initial eligibility determination and subsequent redeterminations.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Parents certify their household composition in a self-attestation process, required at initial eligibility determination and subsequent redeterminations. During emergency and disaster conditions, such as COVID-19 or other emergency situations, the Lead Agency may waive the requirement for parents to attest to household composition for

the duration of the emergency certificate.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Parent must provide documentation establishing a current Mississippi address in the parent's name, required at initial eligibility determination and subsequent redeterminations.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

If applicable, parents must show documentation verifying cooperation with child support services, required at initial eligibility determination and subsequent redeterminations. Full child support compliance must be established for the parent(s) by documenting compliance for each child in which the parent(s) is applying for subsidy. Furthermore, documents verifying disability (if applicable), required at initial eligibility determination, and if necessary, at subsequent redeterminations. During emergency and disaster conditions, such as COVID-19 or other emergency situations, the Lead Agency may waive the requirement for parents to show proof cooperation with child support for the duration of the emergency certificate.

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

Time limit for making eligibility determinations

Describe length of time:

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: MDHS Division of Economic Assistance

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

i. "Appropriate child care":

Suitable and affordable child care that is available within a reasonable distance from the individual's home or work site.

ii. "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.

iii. "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.

iv. "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.

Note: OCY is the former name for the Lead Agency's Division of Early Childhood Care & Development, however; the Division of Economic Assistance has not updated it's language to reflect the current name.

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

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

Describe:

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

MDHS Economic Assistance Policy, Volume III.

## 3.2 Family Contribution to Payments

### 3.2 Family Contribution to Payments

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (a)?</b>	<b>What percentage of income is this co-payment in (b)?</b>	<b>Highest initial or First Tier Income Level before a family is no longer eligible.</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (d)?</b>	<b>What percentage of income is this co-payment in (d)?</b>
1	NA	NA	NA	NA	NA	NA
2	\$18,000	\$87.08	5.8%	\$38,999	\$211.24	6.5%
3	\$22,000	\$95.83	5.2%	\$48,999	\$245.00	6%
4	\$27,000	\$105.00	4.7%	\$56,999	\$261.25	5.5%

	(a)	(b)	(c)	(d)	(e)	(f)
5	\$31,000	\$106.66	4.1%	\$65,999	\$275.00	5%

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

i. N/A. Sliding fee scale is statewide

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

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

c. What is the effective date of the sliding-fee scale(s)? 10/01/2021

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

This will be available here on or before October 1: <https://www.mdhs.ms.gov/early-childhood-care-development/child-care-certificate-program/>

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

Check all that apply under a. or b.

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

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

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

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

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

v. The fee is per family.

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

Describe:

Â

vii. Other.

Describe:

Â

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

Describe:

Â

- vii. Other.

Describe:

Â

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

- No.
- Yes, check and describe those additional factors below.
- a. Number of hours the child is in care.

Describe:

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

Describe:

c. Other.

Describe:

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

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

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

Describe the policy and provide the policy citation.

The Lead Agency will be waiving co-payments for families whose income is at or below the federal poverty line as of October 1, 2021. This is reflected in the updated sliding fee scale document that will be available on the Lead Agency website on or before October 1, 2021. [www.mdhs.ms.gov](http://www.mdhs.ms.gov)

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

Describe the policy and provide the policy citation.

Per the Mississippi Child Care Payment Program Manual Chapter 2, essential workers are included in the definition of protective service. The Lead Agency may waive co-payments for this group during times of disaster or emergency. In response to COVID-19 co-payment fees will be covered by relief funding issued to the state under the Coronavirus Response and Relief Supplemental Appropriations Act until such time as they expire. [www.mdhs.ms.gov](http://www.mdhs.ms.gov)

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

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

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

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

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

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

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

additional reporting requirements do not constitute an undue burden on families.

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

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

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

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

A. Describe the policies and procedures.

B. 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.

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

B. Describe how the second eligibility threshold:

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

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

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

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

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

No

Yes

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

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

No.

Yes.

Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

#### 3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

### 3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child 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).

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

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

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

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

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

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

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

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

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

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

Check all that apply:

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

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

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

Priority to receive certificates will be based on whether or not a child falls into a priority population. Priority populations include:

- Temporary Assistance for Needy Families (TANF) recipients
- Transitional Child Care (TCC) recipients
- Homeless children, as defined by McKinney-Vento Act -Children meeting the definition of Protective Service
- Children served by the Healthy Families Mississippi (HFM) home-visitation program
- Teen Parents

-Special-needs populations, these clients include:

1. Children with documented special needs, and
2. Parent(s) with a documented disability

-Children of parent(s) deployed by a branch of the U.S. Armed Services

-Children of very low-income parents

-Children of qualifying parents whose income is between 50-85% of SMI.

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

NA

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

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

Homeless children may be self-referred or referred by an agency and are a priority population receiving priority status in the event a pending funding list is in effect. If agency-referred, eligibility is determined by the Referring Agency. If the family has no countable income, income requirements are waived if eligibility is verified by the Lead Agency. If self-referred, eligibility is determined by the Lead Agency and income requirements are waived if the family has no countable income. Families experiencing homelessness are allowed a grace period to supply documentation. Children in this group are allowed a 24-hour grace period to supply immunization records. Once eligibility determination is complete, a family has a 24 grace period to supply immunization record

after attendance with a provider has begun.

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

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

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

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

Note:

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

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

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

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.](#)

This is available in the current Child Care Payment Program Policy Manual. (Chapter 3: Eligibility Guidelines for Priority Group).

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

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.](#)

This is available in the current Child Care Payment Program Policy Manual. (Chapter 3: Eligibility Guidelines for Priority Group).

[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:

### 3.4 Continuity for Working Families

#### **3.4.1 Minimum 12-month eligibility.**

##### 3.4.1 Minimum 12-month eligibility.

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

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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

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

Once a child is determined eligible for CCDF, a certificate is issued for no less than 12 months. The certificate will remain in effect unless the certificate holder experiences:

- a non-temporary change in income, with income exceeding 85% SMI, or
- a non-temporary change in work or education status, no longer meeting any work or education requirement, or
- a non-temporary move out of state.

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.

Mississippi Child Care Payment Program Policy Manual Rule 5.15, Eligibility Requirements.

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

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

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

Describe or define your Lead Agency's policy:

A temporary change occurs when a parent experiences temporary job loss, medical leave, change in work schedule, or if a parent is temporarily not attending classes. 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. Assistance will not be terminated due to a temporary change.

Citation:

Child Care Payment Program Policy Manual Chapter 2: Definitions

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

Describe or define your Lead Agency's policy:

A temporary change occurs when a parent experiences temporary job loss, medical

leave, change in work schedule, or if a parent is temporarily not attending classes. 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. Assistance will not be terminated due to a temporary change.

**Citation:**

Child Care Payment Program Policy Manual Chapter 2: Definitions

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

**Describe or define your Lead Agency's policy:**

A temporary change occurs when a parent experiences temporary job loss, medical leave, change in work schedule, or if a parent is temporarily not attending classes. 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. Assistance will not be terminated due to a temporary change.

**Citation:**

Child Care Payment Program Policy Manual Chapter 2: Definitions

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

**Describe or define your Lead Agency's policy:**

Parents are required to report any changes in work hours or education hours to the Lead Agency, however; the Lead Agency will only act on the information during the 12-month eligibility period if it reduces the family co-payment amount.

**Citation:**

Child Care Payment Program Policy Manual Chapter 5

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

Describe or define your Lead Agency's policy:

Parents are granted a 3-month job search period. If by the end of this period the parent has not provided the Lead Agency with proof of new employment or enrollment in an educational/job training program, child care payment program services may be terminated.

Citation:

Child Care Payment Program Policy Manual Chapter 5

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

Describe or define your Lead Agency's policy:

If a child is under the age of 13 years at the time of initial eligibility determination or redetermination, 12-months of coverage is issued for the child regardless of when the child turns 13 years of age during the eligibility period.

Citation:

Child Care Payment Program Policy Manual Chapter 5

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

Describe or define your Lead Agency's policy:

Parents must report change of address to the Lead Agency within 10 days.

Citation:

Child Care Payment Program Policy Manual Chapter 5

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

NA

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

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

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

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

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

No.

Yes.

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

The Lead Agency allows for a 3-month job search period during redetermination only.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a

minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
  - i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Families who are determined eligible to participate in the CCPP shall be afforded a minimum of twelve (12) months of eligibility for assistance provided the family income does not exceed 85% SMI on a non-temporary basis, or the parents do not experience a non-temporary change in meeting the work/education requirement. The 12-month eligibility period begins on the date the client is determined eligible and a child care certificate is issued. At the end of the 12-month eligibility period, a redetermination of eligibility for families who receive assistance from CCPP will occur.

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

Parents must report non-temporary changes in work or participation in an educational program. When reported to the Lead Agency, a three month job search period is issued.

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

Parents are granted a 3-month job search period. If by the end of this period the parent has not provided MDHS with proof of new employment or enrollment in an educational/job training program, child care payment program services may be terminated. If the parent provides the requisite verification, the certificate will remain active until it expires by its own terms or is renewed for another year through redetermination.

iv. Provide the citation for this policy or procedure.

Mississippi Child Care Payment Program Policy Manual Chapter 5.

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

i. Not applicable.

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

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

A child absent from the child care provider for sixty (60) consecutive calendar days or more without contact with the child care provider.

B. Provide the citation for this policy or procedure:

Mississippi Child Care Payment Program Policy Manual Chapter 8: Allowable Leave Time for Parents.

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

Provide the citation for this policy or procedure:

Mississippi Child Care Payment Program Policy Manual Chapter 5: Reasons for Termination

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

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

Mississippi Child Care Payment Program Policy Manual Chapter 9: Improper Payment

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

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

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

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

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

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

No

Yes

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

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

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

Describe:

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.

ii. 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.

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

Describe:

Any changes in designation of child care provider.

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

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

Describe:

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

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

Changes that families are able to report include:

- Change of contact information (i.e., address, email, phone)
- Change in residency
- Change of household size
- Change of employment or educational/training program
- Change in household income
- Change work hours
- Change of parent name
- Change of marital status
- Provider change
- Voluntarily withdrawing from the program

ii. Provide the citation for this policy or procedure.

Mississippi Child Care Payment Program Policy Manual Chapter 5

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

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

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

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

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that

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

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

**Describe:**

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 non temporary 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 application online. Parents are not required to complete any portion of the redetermination application in person or during standard work hours.

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

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

for CCDF eligible children to the priced child care market.

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

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

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

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

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

All licensed and registered providers are included on the provider search available to parents online, with the exclusion of providers who only provide care to relatives.

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

At the time of State Plan preparation, the Mississippi State Department of Health, Division of Child Care Licensure reported 1,063 licensed and registered child care programs in the state. When surveyed, 80.6% of providers were found to be participating in the Mississippi Child Care Payment Program.

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

Currently, the Lead Agency is exploring this question through the Market Rate Survey expected to be completed by June 30, 2021. This Plan document will be updated with that information once it is received.

**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 and in-home 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.

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

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

Describe:

The provider must be 18 years of age.

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

Describe:

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

Describe:

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

Describe:

Restricted to children that meet the Lead Agency's definition for special needs.

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

Describe:

Providers must complete specialized training in how to care for children with special needs offered through the Mississippi Early Childhood Inclusion Center.

- g. Other.

Describe:

#### 4.1.6 Child care services available through grants or contracts.

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

- No. If no, skip to 4.1.7.

- Yes, in some jurisdictions but not statewide.

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

- 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:

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

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

#### 4.1.6 Child care services available through grants or contracts.

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

No

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

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

Describe

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

a. In child care centers.

The Lead Agency will be using funding received under Coronavirus Response and Relief

Supplemental Appropriations Act of 2021 to collect data on availability of care in Mississippi's 82 counties and parental preferences towards type of care. This data will be used by the Lead Agency to determine what efforts are needed in order to recruit provider types or help expand the numbers of children cared for in certain age groups. The Lead Agency uses the following definition of access, "Parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs." [Defining and Measuring Access to High-Quality Early Care and Education \(ECE\): A Guidebook for Policymakers and Researchers \(hhs.gov\)](#) This definition is the guideline for Lead Agency decision making about efforts to ensure parents are supported in their ability to locate and utilize care arrangements in their communities. All subsidy-approved providers are required to participate in the Lead Agency's quality assessment process and 100% have obtained the Standard provider designation.

**b. In child care homes.**

The Lead Agency will be using funding received under Coronavirus Response and Relief Supplemental Appropriations Act of 2021 to collect data on availability of care in Mississippi's 82 counties and parental preferences towards type of care. This data will be used by the Lead Agency to determine what efforts are needed in order to recruit provider types or help expand the numbers of children cared for in certain age groups. The Lead Agency uses the following definition of access, "Parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs." [Defining and Measuring Access to High-Quality Early Care and Education \(ECE\): A Guidebook for Policymakers and Researchers \(hhs.gov\)](#) This definition is the guideline for Lead Agency decision making about efforts to ensure parents are supported in their ability to locate and utilize care arrangements in their communities. All subsidy-approved providers are required to participate in the Lead Agency's quality assessment process and 100% have obtained the Standard provider designation.

**c. Other.**

NA

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

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

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

Describe:

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

Describe:

In FFY 2022 the Lead Agency will use funding to launch a Family Child Care Network that will increase the supply and skill of family child care providers. This Family Child Care Network will be operated directly by the Lead Agency in cooperation with community-based resource and referral sites across the state.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Lead Agency is increasing the number of resource and referral sites from 13 to at least 18 so that more technical assistance support is available to providers across the state. Technical assistance support has also become varied in method to support health and safety protocols as a result of the COVID-19 pandemic and allow for greater expansion of coverage in rural areas where resource and referral sites are not within 30 miles.

- v. Recruitment of providers.

Describe:

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

Describe:

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

Describe:

The Lead Agency has included business advisors in their provider support services. These advisors provide group training and individualized supports to providers on child care business practices.

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

During the Plan period, the Lead Agency will be offering mental health training to child care providers that will align with the supports offered by school districts so that a comprehensive approach that will support child care providers in self-care and also supporting the health of children in their care. In addition, the Lead Agency will be offering supports to families with infants and toddlers through Family Navigators who will offer outreach and supports to families through the resources and referral sites.

- xi. Other.

Describe:

#### 4.1.8 Lead Agencies are required to develop and implement strategies to increase the

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

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

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

Describe:

ii. Family Child Care Networks.

Describe:

In FFY 2022 the Lead Agency will use funding to launch a Family Child Care Network that will increase the supply and skill of family child care providers. This Family Child Care Network will be operated directly by the Lead Agency in cooperation with community-based resource and referral sites across the state.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Lead Agency is increasing the number of resource and referral sites from 13 to at least 18 so that more technical assistance support is available to providers across the state. Technical assistance support has also become varied in method to support health and safety protocols as a result of the COVID-19 pandemic and allow for greater expansion of coverage in rural areas where resource and referral sites are not within 30 miles.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

The Lead Agency has included business advisors in their provider support services. These advisors provide group training and individualized supports to providers on child care business practices.

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

The Lead Agency will be offering mental health training to child care providers that will align with the supports offered by school districts so that a comprehensive approach that will support child care providers in self-care and also supporting the health of children in their care. In addition, the Lead Agency will be offering supports to families with infants and toddlers through Family Navigators who will offer outreach and supports to families through the resources and referral sites.

- xi. Other.

Describe:

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

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

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

Describe:

- ii. Family Child Care Networks.

Describe:

In FFY 2022 the Lead Agency will use funding to launch a Family Child Care Network that will increase the supply and skill of family child care providers. This Family Child Care Network will be operated directly by the Lead Agency in cooperation with community-based resource and referral sites across the state.

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

The Lead Agency is increasing the number of resource and referral sites from 13 to at least 18 so that more technical assistance support is available to providers across the state. Technical assistance support has also become varied in method to support health and safety protocols as a result of the COVID-19 pandemic and allow for greater expansion of coverage in rural areas where resource and referral sites are not within 30 miles.

- v. Recruitment of providers.

Describe:

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

Describe:

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

Describe:

The Lead Agency has included business advisors in their provider support services. These advisors provide group training and individualized supports to providers on child care business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The Lead Agency will be offering mental health training to child care providers that will align with the supports offered by school districts so that a comprehensive approach that will support child care providers in self-care and also supporting the health of children in their care. In addition, the Lead Agency will be offering supports to families with infants and toddlers through Family Navigators who will offer outreach and supports to families through the resources and referral sites.

xi. Other.

Describe:

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

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

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

Describe:

ii. Family Child Care Networks.

Describe:

The Lead Agency is increasing the number of resource and referral sites from 13 to

at least 18 so that more technical assistance support is available to providers across the state. Technical assistance support has also become varied in method to support health and safety protocols as a result of the COVID-19 pandemic and allow for greater expansion of coverage in rural areas where resource and referral sites are not within 30 miles.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

The Lead Agency has included business advisors in their provider support services. These advisors provide group training and individualized supports to providers on child care business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The Lead Agency will be offering mental health training to child care providers that

will align with the supports offered by school districts so that a comprehensive approach that will support child care providers in self-care and also supporting the health of children in their care. In addition, the Lead Agency will be offering supports to families with infants and toddlers through Family Navigators who will offer outreach and supports to families through the resources and referral sites.

xi. Other.

Describe:

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

e. Other. Check and describe all that apply.

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

Describe:

The Lead Agency will be utilizing American Rescue Plan Act stabilization funds to ensure supply of child care for all child populations across all provider types throughout the state. The Lead Agency will be advertising and holding Information Sharing sessions for providers prior to the release of the application for funding. Providers in family child care homes will have priority processing of applications for the first three (3) weeks of the open application period. Business Advisors will be available for providers at all resource and referral locations to support providers in completing the application. The Lead Agency will utilize the Provider Cost of Quality calculator to calculate average operating expenses for providers in determining award amounts, however; providers will have the option to submit additional documentation related to their operating expenses if the PCQC estimate is too low. The projected start date of the stabilization funds project is October 1, 2021.

ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

- v. Recruitment of providers.

Describe:

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

Describe:

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

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

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

The Lead Agency utilizes information from the U. C. Census Bureau and Mississippi Kids Count to identify and define areas with high levels of poverty and unemployment in the state.

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

In order to be approved to participate in the Mississippi Child Care Payment program all providers, regardless of provider type must participate in a quality assessment. This assessment includes topics related to providing care for young children such as staffing, policies, family engagement, and curriculum. The Lead Agency then uses the assessment information to implement professional development and training and technical assistance supports that meet the needs of that program, thereby supporting advances in quality. This ensures that providers in areas of concentrated poverty and unemployment receive supports that address areas where resources are needed most.

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a

statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### **4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.**

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

A current Market Rate Survey is underway and began collecting data in February 2021. Expected completion of survey is June 30, 2021. Once this MRS is completed, this Plan document will be updated to reflect current data.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 10/01/2017

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow**

## cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

A draft of the Market Rate Survey Instrument was shared with SECAC members for review and comment.

b) Local child care program administrators:

The Lead Agency conducted two focus groups with statewide child care program administrators in order to obtain feedback about the Market Rate Survey Instrument. The first focus group helped to provide ideas for questions and topic areas for the supplement survey questions. The second focus group helped to review draft surveys and provide comments for revisions.

c) Local child care resource and referral agencies:

Local resource and referral agencies were involved in the process of the development and construction of the questions for the Market Rate Survey Instrument.

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:

NA

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The survey was conducted of all providers in the state that were licensed or registered with the Mississippi State Department of Health. This included all provider types approved for CCDF.

ii. Provide complete and current data:

Over 1,400 providers were included in survey efforts. This survey was conducted between 2016-2017 and was used to set rates for the CCDF 2019-2021 State Plan.

iii. Use rigorous data collection procedures:

The survey was collected in four steps, with providers being contacted up to 10 times to encourage participation. Data was collected via online or telephonic submissions.

iv. Reflect geographic variations:

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>).

v. Analyze data in a manner that captures other relevant differences:

Data was used to examine differences in rates for child age and program type.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

NA

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

a) Geographic area (e.g., statewide or local markets). Describe:

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 ACF pre-approved 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 75th- 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

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:
  - a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).
  - b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).
  - c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

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

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. May 14, 2018

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report was made widely available through the Lead Agency's website. In addition, a notification was emailed to all providers, heads of state child care organizations, the State Early Childhood Council, and other stakeholders. The report was available at

<https://www.mdhs.ms.gov/early-childhood-care-development/>

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The report was available for review and public comment as a component of the State Plan. Comments from stakeholders was reviewed and considered and incorporated in the resulting market rate setting process as practicable.

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$480.00/mo

Full-time weekly base payment rate: \$110.77

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$480.00/mo

Full-time weekly base payment rate: \$110.77

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$440.00/mo

Full-time weekly base payment rate: \$101.54

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$400.00/mo

Full-time weekly base payment rate: \$92.31

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$348.57/mo

Full-time weekly base payment rate: \$80.44

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$348.00/mo

Full-time weekly base payment rate: \$80.31

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$318.42/mo

Full-time weekly base payment rate: \$73.48

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$400.00/mo

Full-time weekly base payment rate: \$92.31

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Weekly rates were calculated by multiplying the monthly rate by 12 and dividing the total

by 52.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

The Lead Agency defines part-time care as care that is fewer than six hours per day. Full-time care is defined as six or more hours per day.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). May 14, 2018.

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

NA

f. Provide the citation, or link, if available, to the payment rates

<https://www.mdhs.ms.gov/wp-content/uploads/2018/05/Existing-and-New-Market-Rates-Table.pdf>.

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA

#### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

b. Type of provider.

Describe:

Payment rates are set by provider type for Center based care vs Family Child Care.

c. Age of child.

Describe:

Payment rates are set by age group for Infants/Toddlers, Preschoolers, and School Age children.

d. Quality level.

Describe:

e. Other.

Describe:

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

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

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

c. Differential rate for children with special needs, as defined by the state/territory.

**Describe:**

The Lead Agency established a separate base market rate for children with special needs. The market rate for children with special needs was estimated using data collected from the MRS. The MRS included questions specific to the cost of care for providers to offer services to children with special needs. Following federal guidelines for determining equal access to child care services for providers receiving child care subsidies, the 75th-percentile of the distribution was used to estimate the full time and part time monthly market rates for children with special needs (see <http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>). The base monthly market rates for special needs children are: (1) \$394 for full-time licensed center-based licensed care, (2) \$260 for part-time licensed center-based licensed care, (3) \$367 for full-time licensed FCC care, and (4) \$187 for part-time licensed FCC care.

- d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

**Describe:**

- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

**Describe:**

- f. 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>).

g. Other differential rates or tiered rates.

Describe:

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Licensed care payment rates are sufficient to ensure equal access based on most recent (October 2016) MRS. Payment rates are set at the 75th-percentile of the most recent MRS.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency is requesting a waiver for the MRS and NCA at this time. The information in this section represents information related to the prior Plan's submission. The market rates were established to account for enabling all providers to meet health, safety, quality and staffing requirements under CCDF. The market rate survey was specifically designed to collect information on the current rates charged by child care providers that meet the requirements to receive a standard designation under Mississippi's Family-Based Unified and Integrated Early Childhood System([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)). To be classified as a standard center, a child care center must meet minimum federal and state standards. Standard centers must meet the following requirements. First, all staff are required to go through mandatory training as required by the Child Care and Development Block Grant (CCDBG) Act of 2014. Second, all staff are required to have 15 hours of continuing professional development each year as prescribed by the act. The professional-development areas include health and safety; educational standards and best practices; recognizing signs, symptoms, or behaviors of child abuse and neglect; professional development that addresses social-emotional and behavioral development, mental health, expulsion, and exclusionary discipline practices in child care settings; and developmental and behavioral screenings. The curriculum implemented in these centers must align with the state early learning guidelines for infants and toddlers and the state early learning standards for three- and four-year-olds. These centers must also engage in an annual self-assessment process. Health and safety training, continuous professional development, and the self-assessment, along with any required technical assistance, are all provided at no cost to child care providers. The market rate survey collected information from licensed, center-based standard providers on the cost of providing care, and specifically included questions about curriculum, a key element of ensuring quality under the standard designation. The survey also gauged the cost of quality by collecting information on health, mental health, nutrition, and family support services offered by providers. The data collected from the MRS were used to develop a baseline rate for monthly full-time standard center-based child care at 75 percent of the distribution by age group. Further analysis of the market rate survey data showed that the 75th-percentile market rate accounts for the cost of quality and accounts for variation in cost across geographic regions (see Appendix F of Market Rate Survey Detailed Report:<http://www.mdhs.ms.gov/wp-content/uploads/2018/05/Market-Rate-Survey-FINAL-1.pdf>).

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

The Lead Agency is requesting a waiver for the MRS and NCA at this time. The information in this section represents information related to the prior Plan's submission. Under Mississippi's Family-Based Unified and Integrated Early Childhood System, level of quality is defined based on two designations: Standard and Comprehensive. The Comprehensive designation embodies higher quality of care and is aimed at ensuring 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). At this time, the rate for comprehensive center-based child care is based on 125 percent of the standard center-based child care market rate. To fully assess the market rate for comprehensive center-based child care and ensure that the payment rates covers the cost of quality, the state will conduct a pilot with volunteer providers to learn how such an approach can be implemented without significantly impacting provider operations. The state plans to complete the pilot in 2019- 2020 and have the comprehensive designation fully operational by the beginning of 2021. In this process, the state will validate the market rates necessary to operate as a comprehensive provider.

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

NA

## 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

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

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. 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 are submitted through an electronic ledger. Providers submit their ledger by the 5th or the 15th 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):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

During times when emergency or disaster conditions exist, such as COVID-19 or other emergency situations, the Lead Agency may elect to pay providers based on enrollment rather than on attendance as funding allows. This practice may continue until such time as normal community functions are able to resume by order of the MSDH and/or the Office of the Governor. Effective November 1, 2021 the Lead Agency policy Rule 8.6.B will indicate that enrollment-based payment will be a permanent practice.

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

The provider receives full payment for the month, provided the child does not have more than five absences within the month.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

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 or at redetermination.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

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: 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. 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. 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:

NA

#### **4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?**

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

#### **4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.**

The Lead Agency pays all child care providers through widely accepted payment practices across industries and employment settings. The Lead Agency pays providers through either a paper check or direct deposit and allows for two payment cycles per month to ensure that all providers have an opportunity to submit a claim for payment.

#### **4.5 Establish Affordable Co-Payments**

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

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

a. Limit the maximum co-payment per family.

Describe: .

The co-payment chart indicates a percentage of income that is assessed per family. This amount is not to be exceeded, regardless of the number of children served.

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

The Lead Agency limits the percentage of family income that can be applied for co-payment. The percentage is applied to the family and distributed across all children eligible for subsidy receipt.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

d. Other.

Describe:

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

The 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 75th-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.

Providers are required to submit their published tuition rates to the Lead Agency annually at renewal, although they may be updated at any time.

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.

Data collected on tuition rates vs subsidy reimbursement rates is evaluated by the Lead Agency and considered during rate setting in an effort to support affordability of a range of 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 all child

care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

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

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

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

## 5.1 Licensing Requirements

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

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

a. Center-based child care.

i. Identify the providers subject to licensing:

Child Care Center

ii. Describe the licensing requirements:

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 passing 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 of 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

**iii. Provide the 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.

**b. Family child care. Describe and provide the citation:**

**i. Identify the providers subject to licensing:**

Persons providing care for more than five (5) children in the provider's home.

**ii. Describe the licensing requirements:**

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

**iii. Provide the 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.

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

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. Mississippi Code Annotated 43-20-5(a)  
[https://msdh.ms.gov/msdhsite/\\_static/resources/7117.pdf](https://msdh.ms.gov/msdhsite/_static/resources/7117.pdf)

ii. Provide the citation to this policy:

Mississippi Code Annotated 43-20-5(a)  
[https://msdh.ms.gov/msdhsite/\\_static/resources/7117.pdf](https://msdh.ms.gov/msdhsite/_static/resources/7117.pdf)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

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.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

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 to the Mississippi Statute but must register with the Mississippi

State Department of Health and be in compliance with all health and safety training requirements as well as background check requirements in order to receive payment in the CCDF subsidy program.

ii. Provide the citation to this policy:

Mississippi Code Annotated 43-20-5(a)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

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.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Providers who provide care for children in the child's home are exempt from licensing.

ii. Provide the citation to this policy:

Mississippi Code Annotated 43-20-53(a)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These providers are ineligible for licensure according to the Mississippi Statute but must register with the Mississippi State Department of Health and be in compliance with all health and safety training requirements as well as background check

requirements in order to receive payment in the CCDF subsidy program.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### **5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

a. Infant. Describe:

Under 12 months of age.

b. Toddler. Describe:

12-24 months of age.

c. Preschool. Describe:

2-4 years of age

d. School-Age. Describe:

5 years of age or older

### **5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

5:1

B. Group size:

10

ii. Toddler

A. Ratio:

9:1

B. Group size:

10

iii. Preschool

A. Ratio:

12:1 for children who are two years of age; 14:1 for children who are three years of age; 16:1 for children who are four years of age.

B. Group size:

14 (2 years); 14 (3 years); 20 (4 years)

iv. School-age

A. Ratio:

20:1 for children who are between five and nine years of age; 25:1 for children who are between ten and twelve years of age.

B. Group size:

20 (5-9 years); 25 (10-12 years)

v. Mixed-Age Groups (if applicable)

A. Ratio:

In mixed-age groupings, the ratio applies for the age of the youngest child in the classroom.

B. Group size:

In mixed-age groupings, the group size applies for the age of the youngest child in the classroom.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

NA

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

In mixed-age groupings, the ratio applies for the age of the youngest child in the classroom.

B. Group size:

In mixed-age groupings, the group size applies for the age of the youngest child in the classroom.

ii. Infant

A. Ratio:

4:1

B. Group size:

10

iii. Toddler

A. Ratio:

8:1

B. Group size:

10

iv. Preschool

A. Ratio:

12:1 for children who are two years of age; 14:1 for children who are three years of age; 16:1 for children who are four years of age.

B. Group size:

14 (2 years); 14 (3 years); 20 (4 years)

v. School-age

A. Ratio:

20:1 for children who are between five and nine years of age; 25:1 for children who are between ten and twelve years of age.

B. Group size:

20 (5-9 years); 25 (10-12 years)

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

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.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

NA

B. Group size:

NA

ii. Infant (if applicable)

A. Ratio:

NA

B. Group size:

NA

iii. Toddler (if applicable)

A. Ratio:

NA

B. Group size:

NA

iv. Preschool (if applicable)

A. Ratio:

NA

B. Group size:

NA

v. School-age (if applicable)

A. Ratio:

NA

B. Group size:

NA

vi. Describe the ratio and group size requirements for license-exempt in-home care.

Ratio: 3:1

Group Size: 3

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Per language published by the Mississippi Department of Health, Division of Child Care Licensure, "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."

Note: OCY is the former name for the Lead Agency's Division of Early Childhood Care

& Development. Because some providers still hold a credential with that name, the MSDH has included that in the list of allowable qualifications.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Per the Mississippi Department of Health, Division of Child Care Licensure, "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 1/1/2000 in the State of Mississippi.

Note: OCY is the former name for the Lead Agency's Division of Early Childhood Care & Development. Because some providers still hold a credential with that name, the MSDH has included that in the list of allowable qualifications.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

NA

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf)

#### b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Per the Mississippi Department of Health, Division of Child Care Licensure, "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."

Note: OCY is the former name for the Lead Agency's Division of Early Childhood Care & Development. Because some providers still hold a credential with that name, the MSDH has included that in the list of allowable qualifications

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

An individual at least eighteen (18) years of age with at least a high school diploma or equivalent GED who provides direct child care, supervision, and guidance to an eligible child.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) (Licensed)

[ECCD- Child Care Payment Program - Mississippi Department of Human Service \(ms.gov\)](#) (Exempt)

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

NA

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

The following requirements for family child care homes and in-home providers apply:

1. The owner/operator must be at least 18 years of age and have a high school diploma or equivalent (GED);
2. The owner/operator must provide evidence that they, other adults providing child care services in the home, and anyone residing in the home are current on required immunizations as documented by issued by the Mississippi State Department of Health;
3. The owner/operator must satisfactorily complete an inspection of the home by child care monitoring agents prior to approval for CCPP reimbursement;
4. The owner/operator must agree to a criminal background check for themselves, other adults residing in the home, and any adult not residing in the home but providing child care services;
5. The owner/operator must have a valid email address that is checked on a regular basis and have a working landline telephone or cell phone.

[ECCD- Child Care Payment Program - Mississippi Department of Human Service \(ms.gov\)](#)

### 5.3 Health and Safety Standards and Training for CCDF Providers

#### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation

training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Effective from and after 1/1/2008, 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 8/01/2002, 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, Head Start Center, or being provided child care services by any provider receiving CCDF funds, including unlicensed and license exempt providers, 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

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. Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual. Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program policy manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Requirements do not vary by provider type or age of children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

### **5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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. The use of safe sleep practices for children is required as follows:

1. Individual beds, cots, mattresses, pads, or other acceptable equipment shall be used for rest periods, and children shall not be placed directly on the floor for rest periods. Bed linens, such as blankets or sheets, cannot be used in place of a bed, cot, mattress, or pad. These shall be kept in a sanitary condition. Once a sheet or blanket has been used by a child, it shall not be used by another child until it has been laundered
2. Rest period equipment shall be clean and covered with a waterproof cover.
3. Nap pads/cots are designed for use by one child only at a time.
4. Nap pads utilized by more than one child shall be sanitized after each child's use. Nap pads utilized by only one child shall be sanitized immediately when soiled or at least weekly.
5. Nap pads and nap cots without mattresses are not acceptable for use in 24 hour programs. Beds, cribs, or rollaway cots are the only acceptable bedding for 24 hour centers.
6. The facility shall provide a crib or other similarly commercially purchased bed unit, approved and designated for the purpose of sleeping. Mobile infants, at a minimum of eight months, may be placed on a mat during the transition period of crawling to walking. If such mat is used, it shall be a flame retardant, minimum of two (2) inch commercially purchased sleep mat, especially designated for the purpose of sleeping. All cribs, sleep units, and mats must be maintained clean, in sanitary condition and without chips, holes, fraying, tears, or stains. Cribs, cots, and mats are to be a minimum of 24" apart or separated by a solid barrier. A minimum of 36 inches is recommended.
7. Children are not allowed to sleep in shared places, such as infant seats, strollers, swings, cozy areas, or on tables. If a child falls asleep in such shared place, he or she should be moved immediately to a sanitary individual sleeping place.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in

care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Rule 1.9.4 and Rule 1.10.9) .

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program policy manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Child Care Payment Program Policy Manual Chapter 7

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

### **5.3.3 Administration of medication, consistent with standards for parental consent.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

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).

Requirements for unlicensed Family Child Care providers are provided for in Chapter

7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

### 5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Appendix C).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

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

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Rules vary according to whether the facility is a family home or a commercial building for licensed providers, family care providers (caring for five or fewer children or caring for 6 to 12 children), and in-home care providers. Family child care providers in a residential home are not held to the same standards as commercial licensed centers and are only cited for noncompliance for open and obvious imminent safety issues. Licensed providers are center based providers and family care providers caring for 6 to 12 children. Registered providers are license-exempt providers and unlicensed providers (unlicensed providers include in-home care providers, and family care providers caring for five or fewer children). Licensed, unlicensed, and license-exempt providers are held to the same standard. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Subchapter 11).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

## b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

### **5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCDF Health and Safety Standards Information Session and the Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health.

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

In accordance with the Child Care Payment Program Policy Manual, Rule 7.6, and the Regulations Governing Licensure of Child Care Facilities, Rules 1.2.2 and 1.4.1, child care providers are required to have written plans and procedures in the event that a natural disaster or other emergency occurs. To help providers develop these plans the Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement. All licensed and registered child care providers, including CCDF-participating license exempt 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. Providers Plans must describe procedures for relocation and reunification with families, communication procedures during an event, evacuation, continuation of services for all populations served within the program, and shelter in place, and lockdown procedures. This plan must be used to train staff for implementation when needed. Information regarding emergency procedures including but not limited to relocation sites must be provided to parents upon enrollment. In addition, child care providers are required to perform monthly fire and severe weather drills with staff and children. These drills are recorded on the Child Care Facility Fire & Severe Weather Drills Monthly Report ( [https://msdh.ms.gov/msdhsite/\\_static/resources/8468.pdf](https://msdh.ms.gov/msdhsite/_static/resources/8468.pdf)) and inspected during regular monitoring visits. It is recommended that emergency procedure information be provided to parents seasonally when natural disasters are likely to occur, i.e. the start of hurricane season. MSDH also has an agency- wide emergency preparedness plan which describes agency procedures for relocation, evacuation, shelter in place, continuation of services, and lockdown procedures.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

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).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

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

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**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.

Staff shall use universal precautions when handling and storing bio-contaminants including blood, bodily fluids or excretions that may spread infection or disease. Staff shall wash their hands after changing diapers and after contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, or vomit. Subchapter 16 of MSDH Regulations outlines staff responsibilities regarding diapering and toileting. Disposable diapers are sealed in a plastic bag, rolled up and taped securely, then placed in a plastic-lined covered garbage receptacle. Soiled non-disposable diaper or training pants shall then be placed into a plastic bag, sealed, and placed in the child's individual container. Procedures for diapering a child are outlined in Appendix G of the MSDH Regulations. The procedures include how to dispose of soiled diapers, removal of disposal covering, and cleaning and disinfecting the diapering surface. Cleaning and disinfection procedures for staff are outlined in Appendix H of MSDH Regulations. Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Some items and surfaces should receive an additional step, disinfection, to kill germs after cleaning with soap and rinsing with clear water. Appendix H also outlines how to clean up bodily fluid spills, including blood, feces, nasal and eye discharges, saliva, urine, and vomit.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed providers are held to the standard of care as defined. Family child care providers (caring for five or fewer children or caring for 6 to 12 children), in-home providers, and license-exempt providers standard of care is as follows: 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. There are no variations based on category of care for handling and storage of biocontaminants including blood, bodily fluids or excretions that may spread infection or disease. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Rule 1.11.2,1.11.3, 1.12.1-1.12.3, 1.16.1-1.16.3, Appendix G, and Appendix H).

Requirements for unlicensed Family Child Care and in-home providers are provided for in Chapter 8 of the revised Child Care Payment Program policy manual.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

### 5.3.9 Precautions in transporting children (if applicable).

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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 airbags.

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 at 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations in caregiver/staff to child ratio based on the age of the children being transported.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Rule 1.15.3).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations in caregiver/staff to child ratio based on the age of the children being transported.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

### **5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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 pediatric 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 pediatric CPR and first aid. All caregivers in summer day camps are required to have current pediatric 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. Licensed providers are center based providers and family care providers caring for 6 to 12 children. Registered providers are license-exempt providers and unlicensed providers (unlicensed providers include in-home care providers, and family care providers caring for five or fewer children). There are no variations by licensing status. Licensed, unlicensed, and license-exempt providers are held to the same standard. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health. (Rule 1.12.5).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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. In accordance with the Child Abuse Prevention and Treatment Act and Mississippi Code Annotated 43-21-353, all persons working in a licensed or registered child care facility are mandated reporters of suspected child abuse or neglect. In order to equip them with the knowledge to comply.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

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).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Child Care Payment Program Policy Manual, Chapter 7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations by category of care. Licensed and registered providers are held to the same standard. There are no variations based on the age of the children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this

requirement.

**5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Topics related to child development include developmentally appropriate practices and activities, nutrition, physical activity, and caring for typically and atypically developing children. All child development related trainings are rooted in best practice and aligned with the state standards and guidelines for the age group being served which are developed around growth in cognition, social/emotional development, physical development, and approaches to learning.

Citations: Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Subchapters 1, 9, 10, and 20).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training is provided that is specific to child age groups including infants & toddlers, preschoolers, and school-age children. There are no variations by category of care. Licensed and registered providers are held to the same standard.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

The Mississippi State Department of Health offers this training and communicates through its provider database when changes in content or format occur. Tracking of provider completion occurs to ensure that providers stay in compliance with this requirement.

**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

a. Licensed child care centers:

15

b. License-exempt child care centers:

15

c. Licensed family child care homes:

15

d. License-exempt family child care homes:

15

e. Regulated or registered In-home child care:

15

f. Non-regulated or registered in-home child care:

15

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

a. Nutrition:

Describe:

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.

Citation: Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health.

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

**b. Access to physical activity:**

**Describe:**

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 (½) the time as stated above.

Citation: Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Rule 1.9.7) .

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7

of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

c. Caring for children with special needs:

Describe:

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 childcare 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.

Citation: Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Subchapter 20) .

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program Policy Manual.

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Information includes developmentally appropriate activities, literacy in early childhood, and sun safety.

Citation: Regulations Governing Licensure of Child Care Facilities published by the Mississippi State Department of Health (Subchapter 9 and 10).

Requirements for unlicensed Family Child Care providers are provided for in Chapter 7 of the Child Care Payment Program policy manual.

Requirements for in-home care providers are provided for in Chapter 7 of the Child Care Payment Program policy manual.

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

### **5.4.1 Enforcement of licensing and health and safety requirements.**

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

The Lead Agency requires that all CCDF providers receive inspections annually. These inspections include items related to health and safety standards. These inspections/monitoring visits are included in public records available online.

- b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

The Lead Agency requires all CCDF providers to complete Health and Safety training

prior to becoming a CCDF-approved provider. Training is tracked at both the center and staff levels and is monitored to ensure that training stays current.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

CCDF approved providers must maintain documentation of completed orientation training, including health safety requirements, for caregivers, staff and volunteers who engage in childcare. This information is reviewed during annual inspection/monitoring visits.

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

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

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

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

MSDH, on behalf of the Lead Agency, performs pre-licensure inspections of licensed child care centers, family child care homes, and in-home 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. After being licensed or registered, 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. Information for providers can be viewed online at: [https://msdh.ms.gov/msdhsite/\\_static/resources/3448.pdf](https://msdh.ms.gov/msdhsite/_static/resources/3448.pdf). Results of pre-licensure visits can be viewed in the online child care provider search located at: <https://www.msdh.provider.webapps.ms.gov/PublicViewInspectionDocument.aspx?pdf=%2bLIJHIheVedwPFgE6gsf5SkX%2bfocJBB4qKQEa0b6KpY%3d>.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

The Lead Agency through a contract with the Mississippi State Department of Health monitors licensed center-based CCDF providers. The monitoring includes, at a minimum, one unannounced visit per year to ensure health and safety standards, fire safety standards, and criminal background checks are in compliance.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Miss Code Ann. § 43-20-5(a)

#### 5.4.2 Inspections for licensed CCDF providers.

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

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

#### **b. Licensed CCDF family child care home**

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

MSDH, on behalf of the Lead Agency, performs pre-licensure inspections of licensed family child care homes, family child care homes, and in-home providers in accordance with state requirements for health, safety, and fire standards. Family child care providers are required to obtain a zoning letter from their local government, city

or county. Family child care providers are required to have a marshal from their local territory perform a fire inspection. Two full inspections of a family child care 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, family child center schedules, outdoor time schedules and appropriate square footage. A final full inspection is conducted before the family child care center is allowed to open for operation. After being licensed or registered, the monitoring procedures and inspections performed by MSDH on behalf of the Lead Agency ensure that family child care center providers comply with applicable licensing standards, including health, safety, and fire standards. Family 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 family child care 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.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

The Lead Agency through a contract with the Mississippi State Department of Health monitors licensed center-based CCDF providers. The monitoring includes, at a minimum, one unannounced visit per year to ensure health and safety standards, fire safety standards, and criminal background checks are in compliance.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Miss Code Ann. § 43-20-5(a)

#### 5.4.2 Inspections for licensed CCDF providers.

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

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

#### c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

#### 5.4.2 Inspections for licensed CCDF providers.

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

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

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

NA

### 5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

MSDH, on behalf of the Lead Agency, performs pre-licensure inspections of license-exempt child care centers, family child care homes, and in-home 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. After being licensed or registered, 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.

i. Provide the citation(s) for this policy or procedure

Miss. Code Ann. 43-20-1

[http://www.msdh.state.ms.us/msdhsite/\\_static/resources/7117.pdf](http://www.msdh.state.ms.us/msdhsite/_static/resources/7117.pdf)

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.

License-exempt CCDF approved providers receive at least one unannounced monitoring visit per year. Differential monitoring is not used.

i. 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 10/1/2018, 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. Family child care providers that care for five or fewer children are not license-exempt but unlicensed and must register with the Mississippi State Department of Health.

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Mississippi State Department of Health (MSDH) through an agreement with the Lead Agency performs unannounced health and safety and fire inspections annually and more frequently as needed. Differential monitoring is not used.

b. Provide the citation(s) for this policy or procedure.

Child Care Payment Program Policy Manual, Chapter 7

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

Mississippi State Department of Health

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

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

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The licensing inspector must have the following:

1. Bachelor's Degree with a total of 16 hours directly related to Early Childhood Development and Care courses.
2. Minimum of 25 site inspections accompanied and evaluated by supervisor.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the

type of provider setting (98.42(b)(1-2)).

The licensing inspector must have the following:

1. Certification in Tummy Safe food preparation and food service practices & complete 40 hours of food safety training.
2. Certification in National Playground Safety.
3. Basic and Advanced Certification in National Certified Investigator and Training (NCIT,CLEAR).
4. Certified in Infant/Child CPR and First Aid.

c. Provide the citation(s) for this policy or procedure.

The requirements identified in 5.4.5a and 5.4.5b can be located in the Job Description for a Childcare Facility Inspector I on the Mississippi State Personnel Website at <https://agency.governmentjobs.com/mississippi/default.cfm?action=viewclassspec&classSpecID=872376&agency=2153&viewOnly=yes> and in the Mississippi State Department of Health Division of Licensure Child Care Facility Child Care Licensing Official Training Requirements checklist.

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

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

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.

Mississippi State Department of Health Child Care Licensing Program Policies and

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

### a. Components of In-State Background Checks

#### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

The Mississippi Department of Health has proposed language to ensure that both

regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. While the existing rules currently allow for employees to start work without a completed fingerprint check, they will be completing this check prior to working starting October 1, 2021. Proposed emergency language for Rule 1.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Proposed emergency language for Rule 2.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit.

[All other providers eligible to deliver CCDF Services](#)

Citation:

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

ii. [Sex offender registry or repository check in the current state of residency](#)

[Licensed, regulated, or registered child care providers](#)

Citation:

The Mississippi Department of Health has proposed language to ensure that both regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed

policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. While the existing rules currently allow for employees to start work without a completed sex offender registry check, they will be completing this check prior to working starting October 1, 2021. Proposed emergency language for Rule 1.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Proposed emergency language for Rule 2.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit.

[All other providers eligible to deliver CCDF Services](#)

Citation:

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

iii. [Child abuse and neglect registry and database check in the current state of residency](#)

[Licensed, regulated, or registered child care providers](#)

Citation:

The Mississippi Department of Health has proposed language to ensure that both regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all

requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations - [https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer - [https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. While the existing rules currently allow for employees to start work without a completed child abuse and neglect central registry and database check, they will be completing this check prior to working starting October 1, 2021. Proposed emergency language for Rule 1.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Proposed emergency language for Rule 2.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit.

All other providers eligible to deliver CCDF Services

Citation:

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

**Citation:**

The Mississippi Department of Health has proposed language to ensure that both regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. While the existing rules currently allow for employees to start work without a completed fingerprint check, they will be completing this check prior to working starting October 1, 2021. Proposed emergency language for Rule 1.5.2 and 2.5.5 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Proposed emergency language for Rule 2.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Both rules will also include the following language: Pursuant to Section 43-20-1 et seq., of the Mississippi Code of 1972, Section 658(d) of the CCDBG Act of 2014, and Federal Rules and Regulations 45 CFR 98.43 Criminal Background Checks all operators, employees, and prospective employees of a child care facility and any individual residing in a residence licensed as a child care facility shall have an FBI national criminal history records check (fingerprint), State criminal history records check (fingerprint), State child abuse registry check, NCIC NSOR sex offender registry check, and State sex offender registry check. Further, such checks must be completed at least every five years on the owner and staff of a child care facility.

**All other providers eligible to deliver CCDF Services**

**Citation:**

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

The Mississippi Department of Health has proposed language to ensure that both regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. While the existing rules currently allow for employees to start work without a completed NCIC NSOR check, they will be completing this check prior to working starting October 1, 2021. Proposed emergency language for Rule 1.5.2 and 2.5.5 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Proposed emergency language for Rule 2.5.2 is: Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. Both rules will also include the following language: Pursuant to Section 43-20-1 et seq., of the Mississippi Code of 1972, Section 658(d) of the CCDBG Act of 2014, and Federal Rules and Regulations 45 CFR 98.43 Criminal Background Checks all operators, employees, and prospective employees of a child care facility and any individual residing in a residence licensed as a child care facility shall have an FBI national criminal history records check (fingerprint), State criminal history records check

(fingerprint), State child abuse registry check, NCIC NSOR sex offender registry check, and State sex offender registry check. Further, such checks must be completed at least every five years on the owner and staff of a child care facility.

All other providers eligible to deliver CCDF Services

Citation:

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

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

Licensed, regulated, or registered child care providers

Citation:

The Mississippi Department of Health has proposed language to ensure that both regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency

status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. Proposed emergency language for Rule 1.5.2 and 2.5.5 is: Child care providers shall require each applicant that lives outside of Mississippi and/or has lived outside of Mississippi within the last 5 years to complete an interstate background check for the previous state(s) of residence, which includes at a minimum a state criminal history record check, state sex offender registry check, and state child abuse and neglect registry check. The interstate background check must be completed within 45 days of the submission of the prospective employee's child care employment application. Beginning October 1, 2021 MSDH will work with all providers to ensure that current and future staff complete interstate background checks when warranted by current or prior out-of-state residency.

[All other providers eligible to deliver CCDF Services](#)

Citation:

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

ii. [Sex offender registry or repository in any other state where the individual has resided in the past 5 years.](#)

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

[Licensed, regulated, or registered child care providers](#)

Citation:

The Mississippi Department of Health has proposed language to ensure that both

regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. Proposed emergency language for Rule 1.5.2 and 2.5.5 is: Child care providers shall require each applicant that lives outside of Mississippi and/or has lived outside of Mississippi within the last 5 years to complete an interstate background check for the previous state(s) of residence, which includes at a minimum a state criminal history record check, state sex offender registry check, and state child abuse and neglect registry check. The interstate background check must be completed within 45 days of the submission of the prospective employee's child care employment application. Beginning October 1, 2021 MSDH will work with all providers to ensure that current and future staff complete interstate background checks when warranted by current or prior out-of-state residency.

[All other providers eligible to deliver CCDF Services](#)

Citation:

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

iii. [Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years](#)

Note: This is a name-based search

[Licensed, regulated, or registered child care providers](#)

**Citation:**

The Mississippi Department of Health has proposed language to ensure that both regulation documents meet all federal requirements. To ensure that the updates to the rules cited below meet these requirements, staff at the Region IV office and federal technical assistance providers are conducting a review of the proposed policies. Currently, the MSDH is preparing policies to file under an emergency status to be effective October 1, 2021. At the time that these rules become effective, the MSDH will be ensuring all current and prospective employees meet all requirements for In-State Background Checks. Current rules that are in place for can be viewed at: Child Care Regulations -

[https://msdh.ms.gov/msdhsite/\\_static/resources/78.pdf](https://msdh.ms.gov/msdhsite/_static/resources/78.pdf) Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks, and Child Care Regulation for 12 or fewer -

[https://msdh.ms.gov/msdhsite/\\_static/resources/799.pdf](https://msdh.ms.gov/msdhsite/_static/resources/799.pdf) Rule 2.5.2. Proposed emergency language for Rule 1.5.2 and 2.5.5 is: Child care providers shall require each applicant that lives outside of Mississippi and/or has lived outside of Mississippi within the last 5 years to complete an interstate background check for the previous state(s) of residence, which includes at a minimum a state criminal history record check, state sex offender registry check, and state child abuse and neglect registry check. The interstate background check must be completed within 45 days of the submission of the prospective employee's child care employment application. Beginning October 1, 2021 MSDH will work with all providers to ensure that current and future staff complete interstate background checks when warranted by current or prior out-of-state residency.

[All other providers eligible to deliver CCDF Services](#)

**Citation:**

Child Care Payment Program Policy Manual, Chapter 7

<https://www.mdhs.ms.gov/early-childhood-care-development/>

## 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Before a prospective staff member may begin work in a child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. 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 in-state criminal record, child abuse and neglect registry, and sex offender registry checks or provide proof that the check has already been completed to be qualified to work in a child care facility. There are no exemptions to this requirement.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

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.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Per the Mississippi Department of Health, Division of Child Care Licensure, the following language is included in an emergency policy filing process to be effective October 1, 2021. This language will amend the current policy manual, which will be available once the emergency policy filing process is complete. B. For DHS approved subsidy providers: Pursuant to Section 43-20-1 et seq., of the Mississippi Code of 1972 and Federal requirement 45 CFR 98.43 Criminal Background checks all operators, employees, and prospective employees of a child care facility and any individual residing in a residence licensed as a child care facility shall have an FBI national criminal history records check

(fingerprint), State criminal history records check (fingerprint), State child abuse registry check, NCIC NSOR sex offender registry check, and State sex offender registry check.

1. Before a prospective staff member may begin work in an approved subsidy provider child care facility a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit. 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 Department of Human Services for processing. A copy of the submitted form and evidence of mailing shall be maintained in the employee's personnel file until the facility receives notification from the Department (MSDH) of the employee's suitability for employment.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Per the Mississippi Department of Health, Division of Child Care Licensure, the following language is included in an emergency policy filing process to be effective October 1, 2021. This language will amend the current policy manual, which will be available once the emergency policy filing process is complete. Applicants will complete the state's request form for an out-of-state check in accordance with that state's policies. The applicant will supply the MSDH with a copy of this request form for monitoring of the 45-day timeframe for completion of criminal background checks.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back

program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Pursuant to Section 43-20-1 et seq., of the Mississippi Code of 1972, Section 658(d) of the CCDBG Act of 2014, and Federal Rules and Regulations 45 CFR 98.43 Criminal Background Checks all operators, employees, and prospective employees of a child care facility and any individual residing in a residence licensed as a child care facility shall have an FBI national criminal history records check (fingerprint), State criminal history records check (fingerprint), State child abuse registry check, NCIC NSOR sex offender registry check, and State sex offender registry check. Further, such checks must be completed at least every five years on the owner and staff of a child care facility. The MSDH Child Care Licensure Bureau conducts the surveys to annually monitor compliance of providers to ensure that they are completed at least once every five (5) years. Monitoring of staff hiring records and suitability letters issued as a result of completed criminal background check requirements ensures compliance with this criteria.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

The MSDH has proposed the following language to be effective 10/01/21: If an individual has been separated from employment (break in service) in a child care facility for more than 180 consecutive days a new criminal history records check must be submitted and approved before the individual may begin work in a child care facility.

All Suitability letters for child care workers are checked at annual and mid-year inspections. These checks would catch any workers who had been separated from employment for more that 180 consecutive days prompting a new background check to be run by the facility.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

[https://msdh.ms.gov/msdhsite/\\_static/30,0,206.html](https://msdh.ms.gov/msdhsite/_static/30,0,206.html)

### 5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Providers scan fingerprints or send in fingerprint cards for new employee/applicants and include the Child Abuse Registry form. The fingerprints will be submitted to the MS Department of Public Safety where they go through the MS Criminal Information Center and the FBI. Results are sent back to MSDH. Child Protective Services does the Child Abuse Registry check. If the applicant has a clear background check a letter is sent to the facility and the applicant/employee. If the quality of the fingerprints is poor, we will request another fingerprint card. If the quality of the fingerprints is rejected by the FBI two times, a name-based search is initiated through the FBI. If there is something on the applicant/employee's background or legal counsel reviews that information and makes a

determination of suitability, non-suitability or asks for more information. The applicant/employee's criminal information is mailed to them and a letter is sent to the provider saying there may be a possible disqualifying event. If the applicant/employee sends in the requested information, legal counsel will again make a determination of suitability or non-suitability and the appropriate letter will be mailed. If the applicant/employee does not send in the requested information within 60 days, a final disposition letter will be sent out.

b. [If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

The procedure for this is not different.

c. [Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state\(s\) within the previous five years\).](#)

The information will be on the Mississippi Department of Health website (with a link from the Lead Agency website) for inter-state applicants to request a fingerprint packet. This packet will provide them with two fingerprint cards, a child abuse registry form, and instructions for payment. The eligibility determination will be made in the same manner as intra-state checks.

d. [Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.](#)

Per the Mississippi Department of Health, Division of Child Care Licensure, the following process is utilized when an applicant's background check from a former state of residence is not completed within the required 45-day timeframe: Pursuant to Section 43-20-1 et seq., of the MS Code of 1972 and Federal Requirement 45 CFR 98.43, all applicants who wish to be employed by a child care provider and have lived out of state at any time within the past 5 years will be required to request proof of suitability from the previous state of residence, clearing them of all CCDF required elements of the criminal background check process. After monitoring for 45 days and not receiving the requested information, the applicant will be issued a letter of suitability provided all Mississippi and federal checks have been returned without a disqualifying event. If the information is

received after 45 days, a review will be determined as to the continued suitability of the applicant. If the provider is found unsuitable, they will be notified immediately and the employer will be notified only that the person is no longer clear to work.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Per the Mississippi Department of Health, Division of Child Care Licensure, the following process is utilized when a provider is a resident in a state other than Mississippi while working in Mississippi: Pursuant to Section 43-21-1 et seq., of the MS Code of 1972 and Federal requirements 45 CR 98.43, all applicants who wish to be employed by a child care provider while residing in another state must submit clearance from the state of residence in order to receive a Letter of Suitability.

#### 5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an

NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

### **5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:**

#### **a. Interstate Criminal History Registry Check Procedures**

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

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.

#### **b. Interstate Sex Offender Registry Check Procedures**

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

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.

#### **c. Interstate Child Abuse and Neglect Registry Check Procedures**

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

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.

### 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

**a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

This information is currently being added to the Mississippi Department of Health website. Information will be available on October 1, 2021. Once completed, the information will be available at [www.healthy.ms.gov](http://www.healthy.ms.gov)

**b. Interstate Sex Offender Registry (SOR) Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email

- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

This information is currently being added to the Mississippi Department of Health website. Information will be available on October 1, 2021. Once completed, the information will be available at [www.healthy.ms.gov](http://www.healthy.ms.gov)

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect

accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

This information is currently being added to the Mississippi Department of Health website. Information will be available on October 1, 2021. Once completed, the information will be available at [www.healthy.ms.gov](http://www.healthy.ms.gov)

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

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

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

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

Citation: Miss. Code Ann. 43-20-8

[https://msdh.ms.gov/msdhsite/\\_static/resources/7117.pdf](https://msdh.ms.gov/msdhsite/_static/resources/7117.pdf)

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The Mississippi State Department of Health conducts all elements of the criminal background checks. Upon completion of the background check, a letter of suitability is provided to the employing child care provider if no exclusory information is detected. If the background check identifies information that excludes the applicant from working with children, a statement is provided to the employing child care provider that indicates the applicant is unsuitable. No specific information is provided to the employing child care provider regarding the reason for unsuitability. In these instances, a notice is also provided to the applicant describing the information that excludes them from eligibility and provides information on how to appeal, if necessary.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

For individuals with felony drug offenses 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.

### 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide

that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

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 additional 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 MSDH and a final decision on employment eligibility is determined. A letter is then issued to the individual based upon the eligibility determination.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The appeals process is not different.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The appeals process is not different.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### **5.6.1 Licensing Requirements (as described in Section 5.1)**

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

### **5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)**

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency

- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

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

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

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

(658G(b)(1)).

## 6.1 Professional Development Framework

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

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Lead Agency has adopted the Professional Standards and Competencies for Early Childhood Educators published in a position statement by the NAEYC. The professional standards and competencies include:

Standard 1: Child Development and Learning in Context Early childhood educators (a) are grounded in an understanding of the developmental period of early childhood from birth through age 8 across developmental domains. They (b) understand each child as an individual with unique developmental variations. Early childhood educators (c) understand that children learn and develop within relationships and within multiple contexts, including families, cultures, languages, communities, and society. They (d) use this multidimensional knowledge to make evidence-based decisions about how to carry out their responsibilities.

1a: Understand the developmental period of early childhood from birth through age 8 across physical, cognitive, social and emotional, and linguistic domains, including bilingual/multilingual development.

1b: Understand and value each child as an individual with unique developmental variations, experiences, strengths, interests, abilities, challenges, approaches to learning, and with the capacity to make choices.

1c: Understand the ways that child development and the learning process occur in multiple contexts, including family, culture, language, community, and early learning setting, as well as in a larger societal context that includes structural inequities.

1d: Use this multidimensional knowledge-that is, knowledge about the developmental period of early childhood, about individual children, and about development and learning in cultural contexts-to make evidence based decisions that support each child.

Standard 2: Family-Teacher Partnerships and Community Connections Early childhood educators understand that successful early childhood education depends upon educators' partnerships with the families of the young children they serve. They (a) know about, understand, and value the diversity in family characteristics. Early childhood educators (b) use this understanding to create respectful, responsive, reciprocal relationships with families and to engage with them as partners in their young children's development and learning. They (c) use community resources to support young children's learning and development and to support children's families, and they build connections between early learning settings, schools, and community organizations and agencies.

2a: Know about, understand, and value the diversity of families.

2b: Collaborate as partners with families in young children's development and learning through respectful, reciprocal relationships and engagement.

2c: Use community resources to support young children's learning and development and to support families, and build partnerships between early learning settings, schools, and community organizations and agencies.

Standard 3: Child Observation, Documentation, and Assessment Early childhood educators (a) understand that the primary purpose of assessments is to inform instruction and planning in early learning settings. They (b) know how to use observation, documentation, and other appropriate assessment approaches and tools. Early childhood educators (c) use screening and assessment tools in ways that are ethically grounded and developmentally, culturally, ability, and linguistically appropriate to document developmental progress and promote positive outcomes for each child. In partnership with families and professional colleagues, early childhood educators (d) use assessments to document individual children's progress and, based on the findings, to plan learning experiences.

3a: Understand that assessments (formal and informal, formative and summative) are

conducted to make informed choices about instruction and for planning in early learning settings.

3b: Know a wide range of types of assessments, their purposes, and their associated methods and tools.

3c: Use screening and assessment tools in ways that are ethically grounded and developmentally, ability, culturally, and linguistically appropriate in order to document developmental progress and promote positive outcomes for each child.

3d: Build assessment partnerships with families and professional colleagues.

#### Standard 4: Developmentally, Culturally, and Linguistically Appropriate Teaching

Practices Early childhood educators understand that teaching and learning with young children is a complex enterprise, and its details vary depending on children's ages and characteristics and on the settings in which teaching and learning occur. They (a) understand and demonstrate positive, caring, supportive relationships and interactions as the foundation for their work with young children. They (b) understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child. Early childhood educators (c) use a broad repertoire of developmentally appropriate and culturally and linguistically relevant, anti-bias, and evidence-based teaching approaches that reflect the principles of universal design for learning.

4a: Understand and demonstrate positive, caring, supportive relationships and interactions as the foundation of early childhood educators' work with young children.

4b: Understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child, recognizing that differentiating instruction, incorporating play as a core teaching practice, and supporting the development of executive function skills are critical for young children.

4c: Use a broad repertoire of developmentally appropriate, culturally and linguistically relevant, anti-bias, evidence-based teaching skills and strategies that reflect the principles of universal design for learning.

#### Standard 5: Knowledge, Application, and Integration of Academic Content in the Early

Childhood Curriculum Early childhood educators have knowledge of the content of the academic disciplines (e.g., language and literacy, the arts, mathematics, social studies, science, technology and engineering, physical education) and of the pedagogical methods for teaching each discipline. They (a) understand the central concepts, the methods and tools of inquiry, and the structures in each academic discipline. Educators

(b) understand pedagogy, including how young children learn and process information in each discipline, the learning trajectories for each discipline, and how teachers use this knowledge to inform their practice They (c) apply this knowledge using early learning standards and other resources to make decisions about spontaneous and planned learning experiences and about curriculum development, implementation, and evaluation to ensure that learning will be stimulating, challenging, and meaningful to each child.

5a: Understand content knowledge- the central concepts, methods and tools of inquiry, and structure-and resources for the academic disciplines in an early childhood curriculum.

5b: Understand pedagogical content knowledge-how young children learn in each discipline-and how to use the teacher knowledge and practices described in Standards 1 through 4 to support young children's learning in each content area.

5c: Modify teaching practices by applying, expanding, integrating, and updating their content knowledge in the disciplines, their knowledge of curriculum content resources, and their pedagogical content knowledge.

Standard 6: Professionalism as an Early Childhood Educator Early childhood educators (a) identify and participate as members of the early childhood profession. They serve as informed advocates for young children, for the families of the children in their care, and for the early childhood profession. They (b) know and use ethical guidelines and other early childhood professional guidelines. They (c) have professional communication skills that effectively support their relationships and work young children, families, and colleagues. Early childhood educators (d) are continuous, collaborative learners who (e) develop and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.

6a: Identify and involve themselves with the early childhood field and serve as informed advocates for young children, families, and the profession.

6b: Know about and uphold ethical and other early childhood professional guidelines.

6c: Use professional communication skills, including technology-mediated strategies, to effectively support young children's learning and development and to work with families and colleagues.

6d: Engage in continuous, collaborative learning to inform practice.

6e: Develop and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.

Citation: [standards and competencies ps.pdf \(naeyc.org\)](#)

## ii. Career pathways. Describe:

The career lattice consists of five accomplishment levels: 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. 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. 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. 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. 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 requires a bachelor's degree and 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 are accepted. Master teachers, teachers, or assistant teachers in participating Pre-K programs must meet the guidelines in Mississippi Code Section 37-21-3

The Non-Traditional Professional Pathway: State requirements for the non-traditional professional pathway include: 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. 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. 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.

### iii. Advisory structure. Describe:

The Lead Agency will facilitate regular meetings of the CCDF Management team that consists of representatives of those agencies that the lead agency contracts with to perform a required function in the CCDF program including the Directors of: the Division of Early Childhood Care & Development (DECCD), Mississippi Department of Health (MSDH), and Mississippi Early Childhood Inclusion Center (MECIC). This team will have oversight responsibility of the program and will manage all functions of the program to include professional development activities. The Lead Agency retains the final decision making authority for all functions of the program. The Lead Agency has liaisons from the Mississippi Department of Education (MDE) and a college faculty representative that serve in an advisory capacity in quarterly advisory meetings or as needed to review all program systems and outcomes. The CCDF Management Team will consult with additional ECE experts as needed. 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. SECAC sub-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.

**iv. Articulation. Describe:**

The Lead Agency will facilitate regular meetings of the CCDF Management team that consists of representatives of those agencies that the lead agency contracts with to perform a required function in the CCDF program including the Directors of: the Division of Early Childhood Care & Development (DECCD), Mississippi Department of Health (MSDH), and Mississippi Early Childhood Inclusion Center (MECIC). This team will have oversight responsibility of the program and will manage all functions of the program to include professional development activities. The Lead Agency retains the final decision making authority for all functions of the program. The CCDF Management Team will consult with additional ECE experts as needed. 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.

**v. Workforce information. Describe:**

The Traditional Academic and Non-Traditional Professional Pathways: The state maintains a longitudinal data systems (SLDS), Mississippi Life Tracks. 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 Life Tracks provides P-20W linkages (early learning through workforce). In addition, credential 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 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.

**vi. Financing. Describe:**

The Lead Agency has contracted quality improvement services to be implemented by local entities and community colleges to provide services to early childhood professionals through resource & referral sites, 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 MECIC housed at the University of Southern Mississippi (USM) to provide specialized training to childcare providers for topics regarding special needs populations at no cost to the provider.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

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. This is a statewide system for professional development delivery and includes classes and workshops that charge a fee. It also includes classes taught by staff at resource & referral sites which are provided at no charge to CCDF providers.

iii. 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 development of the framework that was in place as of October 1, 2019, the State Early Childhood Advisory Council (SECAC) and its Committees communicated 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 system to a system that raises the expectation of quality, aspires to alignment with other components of the early care and learning system, and provides significant professional development and technical assistance support to childcare providers. This concept led to the creation of the Standard Child Care quality designations to meet the early care and learning needs of children, families, and providers in the state. Currently, the Lead Agency is a voting member on the State Early Childhood Advisory Council (SECAC). The Governor appointed a representative of the State Workforce Investment Board (SWIB) to also serve as a voting member 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 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 periodic 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 pathways (i.e., the traditional academic and the non-traditional professional) 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*” to “*develop people on purpose*” (Doyle, 1999, p.4), will include the 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 several 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 into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The training and professional development offered through the resource & referral sites is grounded in the State's early learning and developmental guidelines. The Lead Agency through the R&R sites continuously assesses and revises the professional development system to incorporate heightened Health & Safety standards and social-emotional/behavioral expectations. Additionally, the resource & referral network builds professional development content that aligns with Department of Health child care 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 the Institute for Disability Studies (IDS), Mississippi's University Center for Excellence in Developmental Disabilities, 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 child care 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. All trainings are aligned with best practices and early childhood learning standards to promote inclusive environments that work to keep children in learning environments and avoid expulsions.

**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 childcare provider in the state including providers supported through tribal organizations receiving CCDF funds has access to the services that are provided through resource & referral sites and the Mississippi Early Childhood Inclusion Center 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 in the subsidy system:**

**a) with limited English proficiency**

The Lead Agency is in the process of translating the standard application and other literature related to child care programs into Spanish and Vietnamese and incorporating the translated materials into the consumer education website. The Lead Agency with participation from the CCDF management team will develop protocols for providing limited English providers with assistance from Mississippi Department of Human Services (MDHS) county offices that would include scheduling appointments with translators to be involved in the initial intake process for providing technical assistance.

**b) who have disabilities**

Most resource & referral (R&R) sites 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 R&R. Resource and referral sites will provide on-site training to providers with disabilities. MDHS contracts with the Institute of Disabilities Studies (IDS) 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.

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

The resource and referral sites and the Mississippi Department of Health (MSDH) provide professional development through workshops on a variety of rotating topics. In the upcoming cycle, several 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. Training coaches will receive certification to be sensitive to children of all backgrounds and cultures represented in the state including families identifying with Native American, Hispanic, and Asian cultures. Resource & referral

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 child care 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 (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 the CCDF management team will develop specific professional development and technical assistance targeted to Family Child Care over the next plan cycle through the development of a Family Child Care Network within the state. The Lead Agency is also consulting with the Mississippi Department of Education to expand the offering of the specialized early childhood training currently offered by this agency. This training results in professional development hours and/or a specialization on a teaching license to allow for teaching in public PreK classrooms.

**6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The resource and referral sites offer topics to support providers caring for families experiencing homelessness. These resources 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. In October 2021, the Lead Agency will begin to use the course titled, Supporting Children and

Families Experiencing Homelessness offered by the Office of Head Start Early Childhood Learning & Knowledge Center to train child care providers. This course is designed for a variety of roles including child care providers. This course offers 9 modules that include how to identify families experiencing homelessness, conduct community outreach, etc. This course can be accessed at: <https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/supporting-children-families-experiencing-homelessness>

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

In October 2021, the Lead Agency will begin to use the course titled, Supporting Children and Families Experiencing Homelessness offered by the Office of Head Start Early Childhood Learning & Knowledge Center to train eligibility and call center staff. This course is designed for a variety of roles including Lead Agency staff. This course offers 9 modules that include how to identify families experiencing homelessness, conduct community outreach, etc. This course can be accessed at: <https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/supporting-children-families-experiencing-homelessness>

**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Technical assistance, which focuses on financial management practice, is also offered through resource and referral sites. Business Advisors provide training in successful business practices to childcare business owners, directors, and assistant directors. 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 clients in the basis or 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.
- Develop and maintain skills in business diagnosis financial management, marketing, business start-up, franchising, and other areas of operation.
- Develop 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.
- 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 for strengthening child care providersâ business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

## 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

Training on topics including promoting social, emotional, physical, and cognitive development of children, nutrition and physical activity, and the implementation of developmentally and age appropriate practices is included in the required training course for CCDF approved providers and is funded with CCDF Discretionary funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Training is available to all provider types related to social-emotional health and well-being of children, including the role of the classroom/learning environment, strategies for individualized instruction, child assessment, and behavior management techniques. These sessions are funded with CCDF Discretionary Funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

Training is currently being developed that will support the role of the parent/guardian in the child's learning process. These sessions will be implemented during the Plan period beginning October 1, 2022 and will be funded with Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Training under this topic is based on the Mississippi Early Learning Guidelines for Classrooms Serving Three-and Four-Year-Old Children and the Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children. This information is embedded in trainings related to instruction, regardless of provider setting. Funding for this training is provided through CCDF Discretionary funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

Training is currently being developed that will support the needs of families through community efforts. These sessions will be implemented during the Plan period beginning October 1, 2022 and will be funded with Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funding.

Which type of providers are included in these training and professional

development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

Training is currently being developed that will support providers in utilizing the Developmental Checklist for the Mississippi Early Learning Standards to evaluate teaching and learning withing the environment. These sessions will be implemented during the Plan period beginning October 1, 2022 and will be funded with CCDF Discretionary funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

The Lead Agency is currently seeking a vendor to support teaching and learning in areas with significant concentrations of poverty and unemployment. It is anticipated that these sessions will be implemented during the Plan period beginning October 1, 2022 and will be funded with Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

In addition to the training referred to in response to item ii of this section, the Mississippi Early Childhood Inclusion Center currently offers training for providers who are working with children who have an identified disability and developmental delay. This training offers classroom-specific strategies to support the individual needs of the child(ren) within that classroom. This training is funded with CCDF Discretionary funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

The Lead Agency is currently developing training sessions that are designed to support the development of school-age children and help address COVID-related learning loss that has occurred since March of 2020. This training will occur during the Plan period, but will begin prior to October 1, 2022. This training will be funding with Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funding.

Which type of providers are included in these training and professional

development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**

i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iv. Other.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)

Describe:

**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

All CCDF approved child care providers must complete an annual self-assessment as required to maintain a designation of Standard child care provider. 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. Of these five sections, four directly relate to the operation of a child care program. 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. Childcare providers are required to submit a Standard application no more than once a year, after the date the designation is received. The Lead Agency uses information gathered through this renewal self-assessment to track training and professional development that is needed by provide type. Information is analyzed for trends in what is requested and what is identified as an accomplishment for the provider to determine where the Lead Agency's efforts are being effective in supporting the four programmatic areas included in this response.

## [6.4 Early Learning and Developmental Guidelines](#)

**6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward**

**learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children, provide early learning directives and checklists to child care providers serving children from birth to five years old. The standards provide early learning activities to help children from birth to five 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 standards and checklists have been researched, written, and reviewed by Mississippi state agency officials, educators and scholars competent in early childhood education and research. The standards correspond to the 1-36 months developmental checklist of the First Steps Program of the State Department of Health.

ii. Developmentally appropriate.

The Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children, provide early learning directives and checklists to child care providers serving children from birth to five years old. The standards provide early learning activities to help children from birth to five 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 standards and checklists have been researched, written, and reviewed by Mississippi state agency officials, educators and scholars competent in early childhood education and research. The standards correspond to the 1-36 months developmental checklist of the First Steps Program of the State Department of Health.

iii. Culturally and linguistically appropriate.

The Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children, provide early learning directives and checklists to child care providers serving children from birth to five years old. The standards provide early

learning activities to help children from birth to five 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 standards and checklists have been researched, written, and reviewed by Mississippi state agency officials, educators and scholars competent in early childhood education and research. The standards correspond to the 1-36 months developmental checklist of the First Steps Program of the State Department of Health.

#### [iv. Aligned with kindergarten entry.](#)

The Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children was revised in 2018 and was led by the Mississippi Department of Education. During this revision, the former standards for Infants and Toddlers (2010) and Three- and Four-Year-Olds (2013) were vertically aligned with kindergarten standards. This alignment ensures that there is a clear developmental path outlined for children from infancy through kindergarten entry and beyond.

#### [v. 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.

vi. 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 2018 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.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

For infants and toddlers, the Mississippi Early Learning Standards document contain standards related to cognition and language and communication. For three-and four-year-olds, the document contains standards for Language Arts, Reading, Writing, Speaking and Listening, Language, and Mathematics.

ii. Social development.

Mississippi Early Learning Standards document contains standards for social and emotional development for all ages.

iii. Emotional development.

Mississippi Early Learning Standards document contains standards for social and emotional development for all ages.

iv. Physical development.

For infants and toddlers, the Mississippi Early Learning Standards document contain standards related to perceptual, motor, and physical development. For three-and four-year-olds, the document contains physical development standards.

v. Approaches toward learning.

For infants and toddlers, the Mississippi Early Learning Standards document contain standards related to perceptual, motor, and physical development. For three-and four-

year-olds, the document contains physical development standards.

vi. Describe how other optional domains are included, if any:

The Mississippi Early Learning Standards document also contains standards for science, social studies, and creative expression for three- and four-year-old children.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The first standards document for infants and toddlers was produced by the Mississippi Head Start Collaboration Office in 2010. The first standards document for three- and four-year-old children was produced by the Early Childhood Institute at Mississippi State University in 2009. In 2015 the Mississippi Department of Education (MDE) took over production of standards for three- and four-year-old children. In 2018, the Mississippi Department of Education combined standards for all ages into a single document that is reviewed annually and updated as needed. Per MDE, early learning standards are updated as needed or as other age groups are updated and alignment needs to take place to ensure vertical alignment. This typically occurs every two to six years.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

NA

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<https://www.mdek12.org/EC/Guidelines-and-Standards>

**6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual

provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

**Describe how the state/territory's early learning and developmental guidelines are used.**

The Lead Agency uses the state approved Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children 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. 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 data will not be used as a reason to exclude providers from the CCDF program.

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

The Lead Agency uses quality funding to implement early learning guidelines and standards. Providers will describe successes and areas for improvement during their annual self-assessment. The Lead Agency tracks this information to determine provider needs related to guidelines. In addition, the resource and referral sites conduct evaluations of professional development sessions and technical assistance encounters to determine the efficacy of information taught/demonstrated. Evaluation data coupled with notes from technical assistance staff will determine the success of early learning guidelines and standards implementation.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring,

training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

The Lead Agency conducts annual assessments of both CCDF and non-CCDF child care providers to determine their satisfaction with services offered through quality-funded partners and to determine what changes will be needed for the coming year. In FFY21, this was accomplished during virtual listening sessions with providers. Going forward, the Lead Agency will use a combination of anonymous survey and listening sessions to gather as much feedback as possible to determine changes to quality funding.

**7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

The Lead Agency conducted several listening sessions in March and April 2021. The goal of these listening sessions was to hear from providers about the services offered through the quality-funded partners. The sessions asked providers to give input on nine (9) areas including, equity & access to services, impact of services, accessibility of services, lending library, referral services, service supports, professional development services, hours of operation, and marketing of services. Based on feedback from providers in these areas, the Lead Agency identified the following goals for quality improvement:

1. Due to the rural nature of the state, reinstate mobile resource & referral services.
2. Increase presence in the service areas among CCDF and non-CCDF providers.
3. Increase promotion of community-based services available through referrals.
4. Increase the provision of technical assistance.

5. Deepen professional development trainer skill through cross-agency training with Mississippi Department of Education and Mississippi Department of Health.

## 7.2 Use of Quality Funds

### 7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

- i CCDF funds
- ii. State general funds

Other funds. Describe:

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

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

#### **7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?**

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

Instead of using a QRIS, the Lead Agency has a quality system that involves a provider self-assessment. CCDF Providers must apply to become a Standard childcare center which means meeting basic quality standard for health, safety, nutrition, care, and learning. Measurable indicators of the Standard quality designation contain the following five key elements:

1. Program standards-- including health, safety, nutrition, care, and learning. The application is aligned with early learning standards promulgated by the MDE and requires that curriculum and activities align with those standards.
2. Supports to programs to improve quality-- The Lead Agency provides support to all providers who seek to provide care as a Standard designated CCDF provider through resource and referral sites and the Mississippi Department of Health in the form of professional development, technical assistance, on-site coaching, and provision of materials from resource centers.
3. Financial incentives and supports-- The recently approved and applied payment rates were intended to offset quality costs to child care providers currently receiving the Standard designation. The payment rates are set at the 75th percentile of the most recent Market Rate Survey (MRS). The payment rates were based on market value to achieve licensed care that accounts for the costs of meeting health, safety, nutrition, care, and learning standards.
4. Quality assurance and monitoring-- Resource & referral sites will use data from the Standard application to guide the technical assistance, coaching process and professional development opportunities offered. The technical assistance process offers three different levels of support to childcare providers: primary, secondary, and tertiary. An action plan informs the level of support offered to childcare providers. Additionally, the Lead Agency will use data from the State Longitudinal Data System (SLDS) to monitor kindergarten readiness for groups of children as they enter kindergarten, comparing non-CCDF children to CCDF children who were cared for in a Standard center, and who were either part-time or full-time in each. The outcomes will

be monitored to track outcomes of the Lead Agency's quality investments. Kindergarten readiness is measured by the Mississippi Department of Education and results are housed in the SLDS.

5. Outreach and consumer education/messaging and communication of the program - The Lead Agency in collaboration with its partners will engage in a communication campaign regarding professional development opportunities and resources available to families and providers. This communication plan will be a coordinated part of a greater communication campaign aimed to heighten awareness of all early childhood efforts in the state. The communication plan will include monthly newsletters, updates in social media, emails to providers, and information sessions with stakeholders throughout the state.

### 7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

Participation is voluntary

Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is mandatory for all providers serving children receiving subsidy.

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

i. Licensed child care centers

- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

Participation is mandatory for all CCDF-approved providers who are not required to be licensed, but are registered with the Mississippi Department of Health.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The current Standard quality designation self assessment is focused on how providers meet the needs of children in their environment. The application and self-assessment review allows for differences in provider type with an overall requirement for health and safety standards for all providers.

### **7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.**

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system

of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - d. Programs that meet all or part of state/territory school-age quality standards.
  - e. Other.  
Describe:

**7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?**

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

- b. Embeds licensing into the QRIS
- c. State/territory license is a "rated" license
- d. Other.

Describe:

The Standard designation builds 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. All CCDF providers must either be licensed or registered by the MSDH.

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

NA

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Achieving the Standard designation represents attainment of a heightened minimum level of quality for child care providers in Mississippi. Additionally, the Lead Agency has targeted an increase in kindergarten readiness for children who were in a CCDF Standard designated center prior to entering kindergarten. The Lead Agency through its Management Team will add targeted outcomes as progress of the program is evaluated.

**7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

The Lead Agency intends to launch a Family Child Care Network during the Plan period to support the needs of families across the state. In addition, the Lead Agency will be working with providers to identify ways to expand their service of infants and toddlers in areas where there is need.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Resource and referral sites and the Mississippi Department of Health (MSDH) provide professional development through workshops on a variety of rotating topics. Training topics offered will focus on the developmental and individual differences of children including individualized training by 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 infants and toddlers with special needs.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

**Describe:**

Resource and referral sites provide coaching and technical assistance with curriculum requirements aimed at addressing the needs of infants and toddlers. Additionally, MECIC offers technical assistance for providers serving infants and toddlers with special needs. During the Plan period, resource and referral staff will achieve specializations in teaching based on the age groups of children, thereby building a supply of infant/toddler specialists within the state.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review

and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

The 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, resource & referral sites 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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the

infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The Lead Agency is working to update the information on the consumer education website. Current information available is 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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

The Lead Agency contracts with MECIC to provide mental health and behavioral screenings and provider training as needed. Additionally, representatives from the Mississippi Department of Mental Health sit on the SECAC and assist in advising the Lead Agency on matters related to mental health.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

The Lead Agency has identified the following measurable indicators of progress for the items included in response to 7.4.1:

- The Lead Agency will assess the number of providers who elect to engage in the newly developed technical assistance for infant/toddler expansion. Provider participation and increase in care capacity will be considered progress during initial rollout of this service. - The Lead Agency will assess the number of participants in the upcoming Family Child Care Network. Provider participation will be considered progress during the initial rollout of this service.
- The Lead Agency will monitor the number of providers participating in the certificate program offered by the MECIC and will aim for 100% completion rates for participants.
- The Lead Agency will monitor evaluation results of training sessions offered around infant and toddler-specific topics and aim for 90% satisfaction rate.
  
- The Lead Agency will be launching a professional credentialing process for resource and referral staff to help specialize trainers and technical assistance providers by age group. The Lead Agency intends to identify staff suited for infant/toddler specialization and have 50% of those identified having completed the professional credential by the end of the Plan period.
- The Lead Agency tracks referrals for services made through resource and referral sites. The number of referrals to the Center for the Advancement of Youth (CAY) will be reviewed monthly. The Lead Agency will consider continued referrals that result in

appointments progress for this item.

-The Lead Agency is updating information found on the consumer education website with the assistance of federal TA partners. The Lead Agency will have a website that is easily navigated and provides relevant information that supports parents and child care providers in their care of children. The Lead Agency will consider progress in this area to be the completion of the website updates prior to the end of the Plan period.

-The Lead

Agency receives monthly reports on the number of mental health/developmental screenings provided by the MECIC. The Lead Agency will aim for 100% screenings of children referred to MECIC.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Resource and referral sites provide professional development, coaching, technical assistance, referrals to community/state services, parenting education and advocacy, and business advising based on research and best practices to communities in 15 sites across the state. Resource and referral sites also offer parents and providers access to lending libraries and subject matter experts.

### 7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency receives monthly reports from resource and referral sites regarding the services offered. The Lead Agency reviews these reports to determine how services are being offered and utilization rates of those services. The Lead Agency uses this data to ensure progress is being made through the implementation of resource and referral services at each location. During the upcoming Plan period, the Lead Agency will be utilizing service evaluations to determine what benefit the services are providing. In addition, the Lead Agency reviews information from provider renewals of the Standard designation to determine the lasting impacts of training and technical assistance in learning environments.

## 7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

Describe:

The Lead Agency has a contract with the Mississippi 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. This contract also includes providing the CCDF-required health and safety training workshops and professional development opportunities that align with department of licensure requirements.

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The Lead Agency requires 100% completion of monitoring and inspection visits per year. The Lead Agency will measure progress towards this requirement by collecting data from the Department of Health, Division of Child Care Licensure on the number of visits that were due and the number of visits that were completed each month. Progress will be viewed as either full completion or growth towards full completion. Success will be viewed as 100% completion each program year. In addition, the Lead Agency requires that 100% of all CCDF-approved provider staff complete the required Health and Safety trainings. The Lead Agency will use data from the Mississippi Department of Health Division of Child Care Licensure to determine the number of reported staff among programs and compare that with the number of staff who have completed the required Health and Safety Training each month. Progress will be viewed as either full completion or growth towards full completion. Success will be viewed as 100% completion of Health and Safety Training by all CCDF-participating staff each program year.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### **7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Lead Agency will use data from the State Longitudinal Data System (SLDS) to monitor kindergarten readiness for groups of children as they enter kindergarten, comparing non-CCDF children to CCDF children who were cared for in a Standard center and who were either in part-time or full-time care. The outcomes will be monitored to track outcomes of the Lead Agency's quality investments. Kindergarten readiness is measured by the Mississippi Department of Education and results are housed in the SLDS.

### **7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

The 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 self-reflection. Data from the Standard application will be used to:

(1) determine provider status as a Standard child care center, and

(2) inform the resource and referral sites of potential professional development, coaching, and technical support topic that will effectively assist child care providers. Data from the Standard application will guide the technical assistance offered, coaching processes, and professional development opportunities offered. Additionally, the Lead Agency will use data from the State Longitudinal Data System (SLDS) to monitor kindergarten readiness for groups of children as they enter kindergarten, comparing non-CCDF children to CCDF children who were cared for in a Standard center and who were either in part-time or full-time care. The outcomes will be monitored track outcomes of the Lead Agency's quality investments.

Progress will be determined by the number of providers that complete their Action Plans as a result of the Standard Application Self-Assessment. Growth is considered to be continuous engagement in training and technical assistance. The Lead Agency will monitor the number of providers who are engaging in completion of their Action Plans vs. the number who are not on a monthly basis. As Self-Assessments are renewable, the Lead Agency views this as an on-going process designed to engage providers in learning and growth. The state will use monthly data related to progress as a measure of growth among providers.

## 7.8 Accreditation Support

### **7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?  
Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

**7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

NA

## 7.9 Program Standards

### 7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

#### a. Infants and toddlers

The state has adopted the Standard Child Care designation 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. 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. Childcare 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. Family-Child Care providers register through the Mississippi Department of Health (MSDH) and must apply to become a Standard Family Child Care Center through the Mississippi Department of Human Services.

#### b. Preschoolers

The state has adopted the Standard Child Care designation 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. 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. Childcare 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. Family-Child Care providers register through the Mississippi Department of Health (MSDH) and must apply to become a Standard Family

Child Care Center through the Mississippi Department of Human Services.

**c. and/or School-age children.**

The state has adopted the Standard Child Care designation 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. 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. Childcare 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. Family-Child Care providers register through the Mississippi Department of Health (MSDH) and must apply to become a Standard Family Child Care Center through the Mississippi Department of Human Services.

**7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The resource and referral sites will use data from the Standard application to guide the technical assistance, coaching process and professional development opportunities offered. Additionally, the Lead Agency will use data from the State Longitudinal Data System (SLDS) to monitor kindergarten readiness for groups of children as they enter kindergarten, comparing non-CCDF children to CCDF children who were cared for in a Standard center and who were in part-time or full-time care. The outcomes will be monitored to track outcomes of the Lead Agency's quality investments.

## 7.10 Other Quality Improvement Activities

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

The Lead Agency is using Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funding for the following projects:

1. Support to combat pandemic-related learning loss among school age children: Address learning loss specifically caused by pandemic-related disruption in educational program delivery in kindergarten through early elementary grades. The Lead Agency is currently partnering with the Mississippi Department of Education to develop training for child care providers with summer programming that can help reduce losses or, at a minimum, prevent further learning loss. Training will be offered in multiple training formats, and providers who complete the training will be provided with school-age classroom materials to support summer learning through STEM projects. This training and additional materials will be available to all licensed providers within the state-including those who do not currently participate in the Mississippi Child Care Payment Program.
2. Support to address social/emotional development and mental health and wellbeing: the Lead Agency wishes to address this topic for child care providers and children through training on social/emotional development and self-regulation best practices. Supporting materials and technical assistance will also be provided to providers who agree to enroll in this more intensive level of supports. All licensed providers in the state will be eligible for all components of this plan--even if they do not currently participate in the Mississippi Child Care Payment Program.
3. The Lead Agency is aware of the increase in the demand for family child care homes as an option for larger care settings. To address this option for families, the Lead Agency will be launching programming for family child care homes so that they can support safe care

environments with providers who have knowledge of best practice.

4. The Lead Agency will be expanding services through the Mississippi Child Care Resource & Referral sites to offer a variety of supports for families that will include information, training, child development support, mental health supports, financial training, etc. to families as needed.

5. The Lead Agency plans to use funding to install electronic fingerprint scanning machines for criminal background checks at multiple locations across the state. Locations will be selected because of their low likelihood of COVID-related closure or public use restrictions that existing locations have experienced during the pandemic.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

## 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Providers 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. On-going meetings are conducted to review payment reports on a regular basis.

- b. Fiscal oversight of grants and contracts

Describe:

All funding issued through grants and contracts is tracked by internal order and grant number through the state accounting system MAGIC, Mississippi's Accountability System for Government Information and Collaboration. Grants issued under the CARES Act, CRRSA, and ARP Act will be tracked through the Lead Agency's information system for CCDF and the state accounting system, MAGIC, as required by agency regulation.

- c. 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.

d. Other

Describe:

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

a. Conduct a risk assessment of policies and procedures

Describe:

The Chief Counsel for Programs and the Assistant Special District Attorney reviews all program policies and policy changes to evaluate potential for risk and complete a risk assessment as a part of their review. Policies and policy amendments must be approved by the Office of the Attorney General before they can be proposed for filing or considered effective by the Lead Agency.

b. 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. This report shows the number of payment requests that exceed the prior month request. These are reviewed by Lead Agency staff to ensure requests for payment are within policy and allowable.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Lead Agency, through its Office of Inspector General reviews a random sample of 125 cases per month to ensure eligibility policies were correctly applied.

d. Other

Describe:

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

The Lead Agency files policy changes with the Secretary of State. As such, a public hearing is required for filing. The Lead Agency uses this hearing to determine if public input indicates a need for changes being filed. If this process reveals needed training, or when provider calls and emails indicate a need, the Lead Agency prepares written instructions for compliance with policy changes. This written guidance is also shared in virtual provider training sessions. Recorded training videos are available on the Lead Agency's website.

ii. Issue policy manual.

Describe:

The Lead Agency files policy manuals with the Secretary of State. As such, a public hearing is required for filing. The Lead Agency uses this hearing to determine if public input indicates a need for changes being filed. If this process reveals needed training, or when provider calls and emails indicate a need, the Lead Agency prepares written instructions for compliance with policies. This written guidance is also shared in virtual provider training sessions. Recorded training videos are available on the Lead Agency's website.

iii. Provide orientations.

Describe:

The Lead Agency requires new providers to complete an online orientation as a condition of approval to serve CCDF-eligible children.

- iv. Provide training.

Describe:

Beginning FFY 2022, the Lead Agency will offer quarterly trainings to providers on policy implementation and any changes that have occurred within the quarter.

- v. Monitor and assess policy implementation on an ongoing basis.

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.

- vi. Meet regularly regarding the implementation of policies.

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. Any resulting changes to policy are determined necessary through regular monthly meetings with DECCD staff.

- vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

The Lead Agency staff are sent bulletins and trained when new policy and procedures are implemented regarding program requirements and integrity.

- ii. Train on policy change notices.

**Describe:**

The Lead Agency provides training to staff when policy changes occur prior to their effective date.

**iii. Issue policy manuals.**

**Describe:**

The Lead Agency provides staff with new policy manuals upon filing with the Secretary of State's Office.

**iv. 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.

**v. Monitor and assess policy implementation on an ongoing basis.**

**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.

**vi. Meet regularly regarding the implementation of policies.**

**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.

**vii. Other.**

**Describe:**

The Lead Agency uses the training modules from the National Center on Parent, Family, and Community Engagement titled, Promoting Informed Child Care Choices: A Training Guide for Child Care Subsidy Staff. These ten training modules have been completed by all current eligibility and call center staff and have been incorporated into the on-boarding process for all newly hired staff.

**8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

The Lead Agency works with other agency divisions such as the Office of Inspector General, various legal counsel, and the Office of the Attorney General regarding internal control activities and how to identify and mitigate weaknesses. In addition, the Lead Agency participates in annual audits from the Mississippi State Auditor. Any changes that are identified through this work is implemented immediately.

**8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.**

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

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 applicants from approval for the program. or tap here to enter text. The result of this practice is that information is verified across programs which reduces the potential for intentional program violation or fraud.

**ii. Run system reports that flag errors (include types).**

**Describe the activities and the results of these activities:**

Transactional child care activity is monitored and analyzed through the Lead Agency's Child Care Payment Program system (CCPP). Through CCPP, the Lead Agency runs error reports that flag inaccuracies including duplicate certificates, duplicate children at a provider, comments from providers that need to be addressed, children over 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. This results in the Lead Agency being able to avoid issuing duplicate/erroneous payments, therefore reducing the need to recoup funding because an improper payment occurred.

**iii. Review enrollment documents and attendance or billing records**

**Describe the activities and the results of these activities:**

The Lead Agency reviews ledgers for enrollment, attendance, or billing misrepresentations. The Lead Agency may refer any persons or providers believed to be in violation of our policy 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 Division of Program Integrity department can pull random samples and refer for investigation if warranted. This practice results in the Lead Agency being able to assess staff knowledge and identify where additional training is needed. Training occurs with the Deputy Director on a monthly basis, or as needed whichever is more frequent.

**iv. Conduct supervisory staff reviews or quality assurance reviews.**

**Describe the activities and the results of these activities:**

Lead Agency supervisors perform a yearly Performance Review 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. This practice deepens staff knowledge through the peer-review process and helps ensure that staff are able to participate in the identification of skill areas they would like to focus improvement efforts on.

v. Audit provider records.

Describe the activities and the results of these activities:

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. This practice results in recoupment when necessary, but more importantly allows the Lead Agency to identify areas where additional provider training is needed.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency trains staff on policy and audit procedures during the staff's new hire orientation. Staff is notified of any policy or audit changes by official notification. Any additional training necessary for implementation of the changes is provided in staff meetings. This practice results in staff remaining current on all policies and implementation strategies.

vii. Other

Describe the activities and the results of these activities:

The Lead Agency through the Office of the Inspector General implements one telephonic and email hotline for reporting of waste, fraud, and abuse tips in all agency programs. This practice results in efficient routing of tips to all potentially impacted divisions to ensure a comprehensive response and data/program integrity.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

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 applicants from approval for the program. or tap here to enter text. The result of this practice is that information is verified across programs which reduces the potential for intentional program violation or fraud.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Transactional child care activity is monitored and analyzed through the Lead Agency's Child Care Payment Program system (CCPP). Through CCPP, the Lead Agency runs error reports that flag inaccuracies including duplicate certificates, duplicate children at a provider, comments from providers that need to be addressed, children over 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. This results in the Lead Agency being able to avoid issuing duplicate/erroneous payments, therefore reducing the need to recoup funding because an improper payment occurred.

**iii. Review enrollment documents and attendance or billing records**

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**iv. Conduct supervisory staff reviews or quality assurance reviews.**

**Describe the activities and the results of these activities:**

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**v. Audit provider records.**

**Describe the activities and the results of these activities:**

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. This practice results in recoupment when necessary, but more importantly allows the Lead Agency to identify areas where additional provider training is needed.

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency trains staff on policy and audit procedures during the staff's new hire orientation. Staff is notified of any policy or audit changes by official notification. Any additional training necessary for implementation of the changes is provided in staff meetings. This practice results in staff remaining current on all policies and implementation strategies.

- vii. Other

Describe the activities and the results of these activities:

The Lead Agency through the Office of the Inspector General implements one telephonic and email hotline for reporting of waste, fraud, and abuse tips in all agency programs. This practice results in efficient routing of tips to all potentially impacted divisions to ensure a comprehensive response and data/program integrity.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

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 applicants from approval for the program. or tap here to enter text. The result of this practice is that information is verified across programs which reduces the potential for intentional program violation or fraud.

[ii. Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

Transactional child care activity is monitored and analyzed through the Lead Agency's Child Care Payment Program system (CCPP). Through CCPP, the Lead Agency runs error reports that flag inaccuracies including duplicate certificates, duplicate children at a provider, comments from providers that need to be addressed, children over 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. This results in the Lead Agency being able to avoid issuing duplicate/erroneous payments, therefore reducing the need to recoup funding because an improper payment occurred.

[iii. Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

The Lead Agency reviews ledgers for enrollment, attendance, or billing misrepresentations. The Lead Agency may refer any persons or providers believed to be in violation of our policy 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 Division of Program Integrity department can pull random samples and refer for investigation if warranted. This practice results in the Lead Agency being able to assess staff knowledge and identify where additional training is needed. Training occurs with the Deputy Director on a monthly basis, or as needed whichever is more frequent.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

Lead Agency supervisors perform a yearly Performance Review 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. This practice deepens staff knowledge through the peer-review process and helps ensure that staff are able to participate in the identification of skill areas they would like to focus improvement efforts on.

v. Audit provider records.

Describe the activities and the results of these activities:

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. This practice results in recoupment when necessary, but more importantly allows the Lead Agency to identify areas where additional provider training is needed.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency trains staff on policy and audit procedures during the staff's new hire orientation. Staff is notified of any policy or audit changes by official notification. Any additional training necessary for implementation of the changes is provided in staff meetings. This practice results in staff remaining current on all policies and implementation strategies.

vii. Other

Describe the activities and the results of these activities:

The Lead Agency through the Office of the Inspector General implements one telephonic and email hotline for reporting of waste, fraud, and abuse tips in all agency programs. This practice results in efficient routing of tips to all potentially impacted divisions to ensure a comprehensive response and data/program integrity.

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Mississippi Department of Human Services

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Intentional program violations may be repaid under a repayment plan if the improper payment reaches the threshold amount of \$1,000.00. Amounts identified through record review or other notification under \$1,000 may be recovered through a one-time deduction from the next payment due. This practice results in the Lead Agency being able to hold providers accountable for incorrect funds received without placing undue financial burdens on providers.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency will coordinate with and refer to the appropriate prosecutorial or collections authority. This process allows for a fair application of policies and avoids any opportunity of targeting providers when improper payments occur.

- iii. Recover through repayment plans.

[Describe the activities and the results of these activities:](#)

The Lead Agency will provide notice of any alleged violations and an opportunity to dispute the allegations through the administrative hearing and appeals process. After the appeals process is exhausted or waived, the Lead Agency may enter a repayment plan in which the overpayment shall be repaid on a graduated (based of number of occurrences) monthly percentage rate. This practice results in allowing providers to still function as CCDF providers during a repayment process, maintaining the supply of CCDF providers available to parents.

[iv. Reduce payments in subsequent months.](#)

[Describe the activities and the results of these activities:](#)

Depending on the amount to be recouped and the circumstances included in the case, the Lead Agency may reduce payments made through the Child Care Payment Program to recover any improper payments. This practice results in allowing providers to still function as CCDF providers during a recoupment process, maintaining the supply of CCDF providers available to parents.

[v. Recover through state/territory tax intercepts.](#)

[Describe the activities and the results of these activities:](#)

[vi. Recover through other means.](#)

[Describe the activities and the results of these activities:](#)

[vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.](#)

[Describe the activities and the results of these activities:](#)

The Lead Agency through its Office of the Inspector General (OIG) monitors and collects improper payments. The OIG consists of Internal Audit and Program Integrity, which is made up of investigations and monitoring and claims and benefit recovery unit. This practice results in an impartial investigative process designed to apply policies uniformly and the Lead Agency recouping funding associated with improper payment, fraud, unintentional program violations, and intentional program violations.

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Unintentional program violations may be repaid under a repayment plan if the improper payment reaches the threshold amount of \$1,000.00. Amounts identified through record review or other notification under \$1,000 may be recovered through a one-time deduction from the next payment due. This practice results in the Lead Agency being able to hold providers accountable for incorrect funds received without placing undue financial burdens on providers.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency will coordinate with and refer to the appropriate prosecutorial or collections authority. This process allows for a fair application of policies and avoids any opportunity of targeting providers when improper payments occur.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency will provide notice of any alleged violations and an opportunity to dispute the allegations through the administrative hearing and appeals process. After the appeals process is exhausted or waived, the Lead Agency may enter a repayment

plan in which the overpayment shall be repaid on a graduated (based of number of occurrences) monthly percentage rate. This practice results in allowing providers to still function as CCDF providers during a repayment process, maintaining the supply of CCDF providers available to parents.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Depending on the amount to be recouped and the circumstances included in the case, the Lead Agency may reduce payments made through the Child Care Payment Program to recover any improper payments. This practice results in allowing providers to still function as CCDF providers during a recoupment process, maintaining the supply of CCDF providers available to parents.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency through its Office of the Inspector General (OIG) monitors and collects improper payments. The OIG consists of Internal Audit and Program Integrity, which is made up of investigations and monitoring and claims and benefit recovery unit. This practice results in an impartial investigative process designed to apply policies uniformly and the Lead Agency recouping funding associated with improper payment, fraud, unintentional program violations, and intentional program violations.

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Improper payments due to agency error may be recouped under a repayment plan if the improper payment reaches the threshold amount of \$1,000.00. Amounts identified through record review or other notification under \$1,000 may be recovered through a one-time deduction from the next payment due. This practice results in the Lead Agency being able to be accountable for incorrect funds received without placing undue financial burdens on providers.

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency may enter a repayment plan in which the overpayment shall be repaid on a graduated (based of number of occurrences) monthly percentage rate. This practice results in allowing providers to still function as CCDF providers during a repayment process, maintaining the supply of CCDF providers available to parents.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The Lead Agency will provide notice of any agency errors and correct the error as

deemed necessary and appropriate. If correcting the error results in an adverse decision for a provider, the provider may appeal the correction through the administrative hearing and appeals process. After the appeals process is exhausted or waived, the Lead Agency may reduce payments made through the Child Care Payment Program. This practice results in allowing providers to still function as CCDF providers during a repayment process, maintaining the supply of CCDF providers available to parents.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency through its Office of the Inspector General (OIG) will monitor and collect improper payments. The OIG consists of Internal Audit and Program Integrity, which is made up of investigations and monitoring and claims and benefit recovery unit. This practice results in an impartial investigative process designed to apply policies uniformly and the Lead Agency recouping funding associated with improper payment, fraud, unintentional program violations, and intentional program violations.

ix. Other

Describe the activities and the results of these activities:

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

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

Describe the activities and the results of these activities:

The Lead Agency may disqualify a client (through suspension or permanent disbarment) or place a client on probation for program violations. Any adverse decision may be appealed through the Lead Agency Administrative Review Process.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

The Lead Agency may disqualify a provider (through suspension or permanent disbarment) or place a provider on probation for program violations. Any adverse decision may be appealed through the Lead Agency Administrative Review Process.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

If the Lead Agency finds: 1) that a client or provider has committed an intentional program violation, and 2) the improper payments due to the intentional program violation exceeds the threshold amount of \$50,000, and 3) the accused fails to enter into a settlement agreement with the Lead Agency, the case may be referred for criminal prosecution.

- d. Other.

Describe the activities and the results of these activities:

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

**Appendix A.1:** The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The Lead Agency is seeking a temporary waiver for the submission of the Market Rate Survey. The Lead Agency has had a contractor in place to conduct and analyze market rate information since February 2021. This contractor was completing surveys through phone interviews. At this time of submission of this Plan, the survey remains unfinished. The contractor reports a challenge in getting a response from providers. Providers are making appointments to complete the interview, but COVID-related conditions such as a lack of adequate staffing and irregular child attendance are making it challenging to keep interview appointments. The contractor believes that an additional 90 days will ensure an adequate response rate for the survey.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

The Lead Agency wants to ensure that rates are set in such a way as to allow access for all families. Without the data from the MRS, the Lead Agency cannot do so. The Lead Agency intends to amend this Plan document with new Market Rates once the information is received.

3. 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.

No health, safety, or child well-being requirements are being suspended as a result of the request of this waiver. All monitoring and inspections processes with continue.

**Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)**

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

The Lead Agency is seeking a temporary waiver for the submission of the Narrow Cost Analysis. The Lead Agency has had a contractor in place to conduct and analyze cost information since February 2021. This contractor was completing surveys through phone interviews. At this time of submission of this Plan, the survey remains unfinished. The contractor reports a challenge in getting a response from providers. Providers are making appointments to complete the interview, but COVID-related conditions such as a lack of adequate staffing and irregular child attendance are making it challenging to keep interview appointments. The contractor believes that an additional 90 days will ensure an adequate response rate for the survey.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

The Lead Agency wants to ensure that rates are set in such a way as to allow access for all families. Without the data from the narrow cost analysis, the Lead Agency cannot do so. The Lead Agency intends to amend this Plan document with new Market Rates once the information is received.

3. 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.

No health, safety, or child well-being requirements are being suspended as a result of the request of this waiver. All monitoring and inspections processes with continue.