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The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

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Child Care and Development Fund (CCDF) Plan

for

State/Territory *Mississippi*

FFY 2025 – 2027

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

1. CCDF Program Administration

2. Child and Family Eligibility and Enrollment and Continuity of Care

3. Child Care Affordability

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

5. Health and Safety of Child Care Settings

6. Support for a Skilled, Qualified, and Compensated Child Care Workforce

7. Quality Improvement Activities

8. Lead Agency Coordination and Partnerships to Support Service Delivery

9. Family Outreach and Consumer Education

10. Program Integrity and Accountability

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1   CCDF Program Administration

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

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

1.1   CCDF Leadership

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

1.1.1   Designated Lead Agency

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

a.   Lead Agency or Joint Interagency Office Information:

    i.   Name of Lead Agency: Mississippi Department of Human Services
    ii.   Street Address: 200 South Lamar Street
    iii.   City: Jackson
    iv.   State: Mississippi
    v.   ZIP Code: 39201
    vi.   Web Address for Lead Agency: www.mdhs.ms.gov

b.   Lead Agency or Joint Interagency Official contact information:

    i.   Lead Agency Official First Name: Robert G.
    ii.   Lead Agency Official Last Name: Anderson
    iii.   Title: Executive Director
    iv.   Phone Number: 601-359-4500
    v.   Email Address: bob.anderson@mdhs.ms.gov

1.1.2   CCDF Administrator

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

identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: Chad

   ii. CCDF Administrator Last Name: Allgood

   iii. Title of the CCDF Administrator: Director, Division of Early Childhood Care & Development

   iv. Phone Number: 601-359-4048

   v. Email Address: chad.allgood@mdhs.ms.gov

b. CCDF Co-Administrator contact information (if applicable):

   i. CCDF Co-Administrator First Name: Angela

   ii. CCDF Co-Administrator Last Name: Crockett

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

   iv. Phone Number: 601-359-4048

   v. Email Address: angela.crockett@mdhs.ms.gov

   vi. Description of the Role of the Co-Administrator: Assumes responsibility of CCDF State Administrator in absence of CCDF Administrator.

1.2   CCDF Policy Decision Authority

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

1.2.1   Entity establishing CCDF program rules

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

Check one of the following:

☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

      ii.   Sliding-fee scale is set by the:

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

      iv.   Licensing standards and processes are set by the:

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

vii.   Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: *Click or tap here to enter text.*

1.2.2   Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R
Who conducts eligibility determinations?	☒	☐	☐	☐
Who assists parents in locating child care (consumer education)?	☒	☐	☐	☒
Who issues payments?	☒	☐	☐	☐
Who monitors licensed providers?	☒	☐	☒	☐
Who monitors license-exempt providers?	☒	☐	☒	☐
Who operates the quality improvement activities?	☒	☐	☐	☒

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 State Department of Health is responsible for monitoring licensed and license-exempt providers that participate in the CCDF program. The Lead Agency partners with multiple organizations and agencies, which include Delta Health Alliance (a non-profit), Mississippi State University Extension Service, Mississippi State University, University of Southern Mississippi, University of Mississippi, North Mississippi Education Consortium, and the City of Durant to implement quality improvement activities (i.e., training and technical assistance).

1.2.3   Written agreements and oversight

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

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

    i. ☒ Tasks to be performed. Describe: The Lead Agency utilizes interagency agreements, contracts, and subgrant awards to oversee and ensure all CCDF activities are being implemented in compliance with all CCDF requirements. Each agreement, contract, and subgrant identifies the specific tasks to be completed and includes the parties responsible for each activity or deliverable in the scope of work.

    ii. ☒ Schedule for completing tasks. Describe: The Lead Agency utilizes interagency agreements, contracts, and subgrant awards to oversee and ensure all CCDF activities are being implemented in compliance with all CCDF requirements. Each agreement, contract, and subgrant has a timeframe outlined with specific dates for completion of the tasks included in each agreement, contract, and/or subgrant award and identifies the specific tasks to be completed and includes the time frame that these tasks must completed.

    iii. ☒ Budget which itemizes categorical expenditures in accordance with CCDF Requirements. Describe: The Lead Agency utilizes interagency agreements, contracts, and subgrant awards to oversee and ensure all CCDF activities are being implemented in compliance with all CCDF requirements. A budget narrative is included with each agreement, contract, and/or subgrant award that outlines the expense categories for completing all tasks. These categorical expenses include salaries, fringe benefits, contractual expenses, commodity expenses, travel (state and out-of-state), equipment, and administrative expenses.

    iv. ☒ Indicators or measures to assess performance of those agencies. Describe: The Lead Agency utilizes interagency agreements, contracts, and subgrant awards to oversee and ensure all CCDF activities are being implemented in compliance with all CCDF requirements. Each agency is required to submit programmatic and budget reports to the Lead Agency so that the Lead Agency may monitor the progress of each agency toward meeting the tasks included in each agreement, contract, and/or subgrant award.

b. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration.

☒ Yes. If yes, describe: The Lead Agency's Division of Compliance and Monitoring conducts annual monitoring visits with each entity for which a contract and/or subgrant agreement is in place.

☐ No. If no, describe: *Click or tap here to enter text.*

1.2.4   Information systems availability

Certification of shareable information systems.

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information.

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: The Lead Agency is working with United Ways in Mississippi to disseminate the State Plan to local government entities (city and county level) and receive feedback on the Plan's development.

a. 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 (SECAC) with multiple opportunities for input on the State Plan as part of the development of a statewide asset mapping and strategic vision project taken on by the SECAC. 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 SECAC was once again solicited for feedback prior to final submission.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: Representation from the Mississippi Band of Choctaw Indians sits on the State Early Childhood Advisory Council and was consulted as described above in item 1.3.1.b.

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: The Lead Agency will create a Child Care Payment Program (CCPP) Advisory Council whose membership will be comprised of parents and or guardians who participate in the CCPP, child care providers who participate in the CCPP, and other stakeholders who provide support to families and child care providers that participate in the CCPP. This council will meet quarterly to discuss the Lead Agency's implementation of CCPP and advise the Lead Agency on ways to better meet the needs of families and child care providers who participate in the CCPP.

1.3.2   Public hearing process

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

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

  i.   Date of the public hearing: June 19, 2024

  Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

  ii.   Date of notice of public hearing: May 29, 2024

  iii.   Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

  iv.   Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. Notice of Public Hearing was made available on the Lead Agency's website: www.mdhs.ms.gov/early-childhood-care-development and emailed to providers and other stakeholders.

v.   Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: The public hearing will be held virtually, allowing all interested parties to participate.

vi.   Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): The Plan was made available on the Lead Agency website and emailed to child care providers, parents, and other stakeholders on May 29, 2024 allowing for a two week written comment period prior to the public hearing which will be held on June 19, 2024.

vii.   Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: All written and verbal comments made by the public will be reviewed, considered, and incorporated as necessary and practical.

1.3.3   Public availability of final Plan, amendments, and waivers

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

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. https://www.mdhs.ms.gov/eccd/

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

i.   ☒ Working with advisory committees. Describe: 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.

ii.   ☒ 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.

iii.   ☒ Providing translation in other languages. Describe: The final Plan will be translated into Spanish and Vietnamese and made available on the Lead Agency's consumer education website.

iv.   ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: Notification of the public hearing was made available via the Lead Agency Facebook social media account.

     v.   ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: Notification of the public hearing and link to allow parents to make written comment was emailed out to all parents participating in the Child Care Payment Program.

     vi.   ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: *Click or tap here to enter text.*

     vii.   ☒ Direct communication with the child care workforce. Describe: Notification of the public hearing and link to allow parents to make written comment was emailed out to all child care providers via the Lead Agency email listserv and the Mississippi State Department of Health.

     viii.   ☐ Other. Describe: *Click or tap here to enter text.*

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment.

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

   i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: *Click or tap here to enter text.*

   ii. ☐ Leveraging eligibility from other public assistance programs. Describe: *Click or tap here to enter text.*

   iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: *Click or tap here to enter text.*

   iv. ☐ Self-assessment screening tools for families. Describe: *Click or tap here to enter text.*

   v. ☐ Extended office hours (evenings and/or weekends).

   vi. ☐ Consultation available via phone.

   vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: The Lead Agency has an online application that allows parents to complete and upload all required documentation at the time the application is being completed. Parents have access to this online application at all times. Once an application is complete with all documentation submitted, the Lead Agency immediately assigns that case to an eligibility worker for processing. The Lead Agency monitors application processing times to determine any ways that applications can be processed more efficiently.

   viii. ☐ None.

b. Does the Lead Agency use an online subsidy application?

   ☒ Yes.

   ☐ No. If no, describe why an online application is impracticable. *Click or tap here to enter text.*

c. Does the Lead Agency use different policies for families receiving TANF assistance?

   ☐ Yes. If yes, describe the policies: *Click or tap here to enter text.*

   ☒ No.

2.1.2 Preventing disruption of eligibility activities

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

  i.   ☒ Advance notice to parents of pending redetermination.

  ii.   ☒ Advance notice to providers of pending redetermination.

  iii.   ☒ Pre-populated subsidy renewal form.

  iv.   ☒ Online documentation submission.

  v.   ☐ Cross-program redeterminations.

  vi.   ☐ Extended office hours (evenings and/or weekends).

  vii.   ☒ Consultation available via phone.

  viii.   ☐ Leveraging eligibility from other public assistance programs.

  ix.   ☒ Other. Describe: The Lead Agency has a team of Family Navigators that assist families in a variety of ways including finding employment, enrolling in educational programs, and assisting the family with public assistance programs including the child care subsidy program. If a family reports loss of employment, the Lead Agency may make a referral to the Family Navigator program.

b. Does the Lead Agency use different policies for families receiving TANF assistance?

  ☒ Yes. If yes, describe the policies: The CCDF 12-month child care service requirement overrides TANF sanctions in the event the parent does not meet TANF requirements. The Lead Agency will issue a provisional child care certificate to ensure the parent continues to receive child care services for the 12 months after being issued the initial child care subsidy certificate.

  ☐ No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served.

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

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

  ☒ Yes.

  ☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. *Click or tap here to enter text.*

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

☐ No.

☒ Yes. yes, the upper age is (may not equal or exceed age 19): age 19

    i.   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. Child who has reached age 13 (or age 19 if the child has special needs as defined by the SSI definition of disability).

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☒ No.

☐ Yes. If yes, and the upper age is (may not equal or exceed age 19):

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 (7) day period beginning Sunday and ending Saturday.

    ii.   "in loco parentis": An individual who functions in place of a parent, if the child's parent is unable to act as the parent or has delegated his or her parental authority. The term describes someone who provides care and supervision like a parent but without going through the formalities of legal adoption or guardianship.

2.2.2   Eligibility criteria: reason for care

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

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

    i. ☒ An activity for which a wage or salary is paid.

    ii. ☒ Being self-employed.

    iii. ☒ During a time of emergency or disaster, partnering in essential services.

    iv. ☒ Participating in unpaid activities like student teaching, internships, or practicums.

    v. ☐ Time for meals or breaks.

    vi. ☐ Time for travel.

    vii. ☒ Seeking employment or job search.

    viii. ☐ Other. Describe: *Click or tap here to enter text.*

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

    i. ☒ Vocational/technical job skills training.

    ii. ☒ Apprenticeship or internship program or other on-the-job training.

    iii. ☒ English as a Second Language training.

    iv. ☒ Adult Basic Education preparation.

    v. ☐ Participation in employment service activities.

    vi. ☐ Time for meals and breaks.

    vii. ☐ Time for travel.

    viii. ☒ Hours required for associated activities such as study groups, lab experiences.

    ix. ☒ Time for outside class study or completion of homework.

    x. ☐ Other. Describe: *Click or tap here to enter text.*

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

    i. ☒ Adult High School Diploma or GED.

    ii. ☒ Certificate programs (12-18 credit hours).

    iii. ☒ One-year diploma (36 credit hours).

    iv. ☒ Two-year degree.

    v. ☒ Four-year degree.

vi.	☒ Travel to and from classrooms, labs, or study groups.	
vii.	☒ Study time.	
viii.	☒ Hours required for associated activities such as study groups, lab experiences.	
ix.	☒ Time for outside class study or completion of homework.	
x.	☐ Applicable meal and break times.	
xi.	☐ Other. Describe: *Click or tap here to enter text.*	

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

☐ No.

☒ Yes.

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

☒ Work. Describe: Performing duties to earn a wage (for a minimum of 25 hours per week) or complete education/job training such as practicums or internships (enrollment for education/training must be full time).

☒ Job training. Describe: if the parent is not working at least twenty-five (25) hours per week, he/she must be enrolled in an approved full-time educational or training program resulting in a degree or certificate designed to promote job skills and employability, including but not limited to GED classes. Educational programs must be accredited by the State of Mississippi or a national organization. Full-time enrollment is defined by the institution providing the education and/or job training program.

☒ Education. Describe*:* if the parent is not working at least twenty-five (25) hours per week, he/she must be enrolled in an approved full-time educational or training program resulting in a degree or certificate designed to promote job skills and employability, including but not limited to GED classes

☒ Combination of allowable activities. Describe: Educational hours may be a combination of actual classroom hours and designated study hours. Actual classroom hours spent in the classroom setting. An additional one hour of study time given for each class.

☐ Other. Describe*: Click or tap here to enter text.*

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

☒ Yes.

☐ No. If no, describe the additional work requirements: *Click or tap here to enter text.*

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services? Children that are court ordered to receive Protective Services from the Mississippi Department of Child Protection Services. These children are living in the home of a parent/s 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. If a family is under the supervision of CPS, and no protective custody order has been issued, the parent/s or relative/kinship caregiver must meet the eligibility requirements of the Child Care Payment Program. 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: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

> ☐ No. If no, skip to question 2.2.3.

> ☒ Yes. If yes, answer the questions below:

>> Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

>> ☒ Children in foster care.

>> ☐ Children in kinship care.

>> ☒ Children who are in families under court supervision.

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

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

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

>> ☒ Children experiencing homelessness.

>> ☒ Children whose family has been affected by a natural disaster.

>> ☐ Other. Describe: *Click or tap here to enter text.*

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

> ☐ No.

> ☒ Yes.

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits.

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: *Click or tap here to enter text.*

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

2.2.4 Initial eligibility: income limits

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

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

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

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
5	N/A	N/A	N/A

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

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

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

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

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

i.	☒	Gross wages or salary.
ii.	☒	Disability or unemployment compensation.
iii.	☐	Workers' compensation.
iv.	☐	Spousal support, child support.
v.	☐	Survivor and retirement benefits.
vi.	☐	Rent for room within the family's residence.
vii.	☐	Pensions or annuities.
viii.	☐	Inheritance.
ix.	☐	Public assistance.
x.	☐	Other. Describe: *Click or tap here to enter text.*

d. What is the effective date for these income eligibility limits? October 1, 2024

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? The Lead Agency uses Bureau of the Census data when reporting the income eligibility limits.

☐ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://www.mdhs.ms.gov/eccd/parents/pay/

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

i. ☒ ⬚Average the family's earnings over a period of time (e.g., 12 months). Identify the period of time Averaged over a period of twelve (12) months⬚Identify the period of time Averaged over a period of twelve (12) month

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

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

iv. ☐ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: *Click or tap here to enter text.*

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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: *Click or tap here to enter text.*

2.2.7 Additional eligibility criteria

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

a. ☐ Eligibility determination? If checked, describe: *Click or tap here to enter text.*

b. ☐ Eligibility redetermination? If checked, describe: *Click or tap here to enter text.*

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
☒	☒	Applicant identity. Describe how you verify: State issued ID, DL, or two forms of additional documentations such as passport, or government ID.
☒	☐	Applicant's relationship to the child. Describe how you verify: Birth certificate and court documents show the parent or guardians name and the child's name and date of birth. Exception: Only needed for redetermination if the child's name has changed or if the child was three months or less during the initial application and the birth certificate would be required.
☒	☒	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Birth certificate and court documents show the parent or guardians name and the child's name and date of birth. Exception: Only needed for redetermination if the child's name has changed or if the child was three months or less during the initial application and the birth certificate would be required
☒	☒	Work. Describe how you verify: Check stubs, wage forms, Self-employment documents, front and back of cleared personal checks, current tax documents, business licenses. The applicant must meet the minimum 25-hour work requirement a week
☒	☒	Job training or educational program. Describe how you verify: Proof of school enrollment showing full-time status, School schedule with full-time status, we also have a Combination of part-time work and part-time school that equals full-time with both work and school hours.
☒	☒	Family income. Describe how you verify: Check stubs,
☒	☒	Household composition. Describe how you verify: applications submitted by the parent with the list household members
☒	☒	Applicant residence. Describe how you verify: State issued ID or DL, Bill, transitional living form, bank statement, mortgage lease agreement

Required at Initial Determination	Required at Redetermination	Description
☒	☒	Other. Describe how you verify: Disability. Current SSI/SSA letter showing the disabled person name and amount income received

2.2.9   Exception to TANF work requirements.

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

a.   Identify the TANF agency that established these criteria or definitions: **Mississippi Department of Human Services 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. See Chapter 10, Supportive Services.

      ii.   "Reasonable distance": 20-mile radius of the individual's residence or worksite.

      iii.   "Unsuitability of informal child care": A situation involving child abuse, neglect, or an unsafe environment.

      iv.   "Affordable child care arrangements": Child care services that are equal to or less than the established rates for the type of care according to the Division of Early Childhood Care & Development program policies.

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: *Click or tap here to enter text.*

2.3   Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1   Lead Agency definition of priority groups.

Describe how the Lead Agency defines:

a.   "Children with special needs." A child under the age of 19 who meets the Supplemental Security Income (SSI) definition of disability by having a medically determined physical or mental impairment that results in marked and severe functional limitations, that can be expected to result in death, or that 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." A family with the total family income at or below 50% of the State Median Income (SMI).

2.3.2   Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	☒	☒	☒	☒	☐	☐ Describe: *Click or tap here to enter text.*
Families with very low incomes	☒	☐	☒	☐	☐	☐ Describe: *Click or tap here to enter text.*
Children experiencing homelessness, as defined by CCDF	☒	☒	☒	☐	☐	☐ Describe: *Click or tap here to enter text.*
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	☒	☒	☒	☐	☐	☐ Describe: *Click or tap here to enter text.*

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

☒ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: The Lead Agency priorities teen parents, military

parents, and children meeting the definition of Protective Service. Applications for these priority populations are expedited when received. Should the Lead Agency need to implement a wait list for services, these priority populations would receive services over families that would not fall under one of these priority population categories.

2.3.3   Enrollment and grace period for children experiencing homelessness.

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

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

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

a.   Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: Children in foster care who receive child care payment assistance shall 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 MSDH for the enforcement of health, safety, and welfare.

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

   i.   Provide the policy for a grace period for:

   Children experiencing homelessness: Children in foster care who receive child care payment assistance shall 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 MSDH for the enforcement of health, safety, and welfare.

   Children who are in foster care: Homeless children and children in foster care who receive CCPP assistance shall be granted a twenty-four (24) hour grace period from the date of admission into a CCPP-approved child care 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.

   ii.   Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: Families with 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. The Lead Agency refers families to the county health departments 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. Families experiencing homelessness are allowed a grace period to supply documentation. Children in this group are allowed a 24-hour grace period by the Mississippi State Department of Health (MSDH) to supply immunization records once eligibility determination is complete, a family has a 24-hour grace period to supply immunization records after attendance with a child care provider has begun.

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

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

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

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

    i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).

    ii. ☒ Informational materials in languages other than English.

    iii. ☒ Website in languages other than English.

    iv. ☒ Lead Agency accepts applications at local community-based locations.

    v. ☐ Bilingual caseworkers or translators available.

    vi. ☐ Bilingual outreach workers.

    vii. ☒ Partnerships with community-based organizations.

    viii. ☐ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

    ix. ☐ Home visiting programs.

    x. ☐ Other. Describe: *Click or tap here to enter text.*

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

i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. ☐ Ensuring accessibility of environments and activities for all children.

v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. ☐ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. ☐ Other. Describe: *Click or tap here to enter text.*

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts.

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. ☒ Lead Agency accepts applications at local community-based locations.

ii. ☐ Partnerships with community-based organizations.

iii. ☐ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. ☐ Other. Describe: *Click or tap here to enter text.*

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

<ol type="i">
Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. The Resource and Referral partners offer topics to support providers caring for families experiencing homelessness. These resources include: workshops and webinars addressing the special needs and challenges of working with children and their families that are experiencing homelessness. These workshops are used to train providers as needed. The Lead Agency will 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 and others working with families experiencing homelessness.
Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. The Lead Agency will use the course titled, Supporting Children and Families Experiencing Homelessness, offered by the Office of Head Start Early Childhood Learning & Knowledge Center to train designated staff. This course is designed for a variety of roles including child care providers and others working with families experiencing homelessness.

2.5 Promoting Continuity of Care

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

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. *Click or tap here to enter text.*

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12- month eligibility period for each child at initial eligibility determination?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

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

2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.

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

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

5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination: *Click or tap here to enter text.*

2.5.3 Job search and continued assistance

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

i. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: *Click or tap here to enter text.*

ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: If a client reports job loss or cessation of job training or attendance in an educational program as required in "Rule 5.15 Reporting Requirements" and that 90-day job search period is active at the deadline for redetermination, then the following will occur: 1) Redetermination will be suspended, and 2) The current child care certificate will continue to be active until the end of the 90-day job search period at which time the client shall submit proof of work, and residency verification in order to continue services. If the client does not submit the required documentation for employment, job training, or education then a two-week notice of termination will be issued to the client and child care provider

iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☒ Yes. The Lead Agency continues assistance.

☐ No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: *Click or tap here to enter text.*

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: *Click or tap here to enter text.*

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? *Click or tap here to enter text.*

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. ☐ Not applicable.

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

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: Excessive absences from care may result in changes or termination of the child care certificate. Providers must

maintain and report accurate child attendance for monitoring purposes. Funds paid for care that cannot be substantiated by sign in/out sheets shall be recouped by MDHS. 52 Excessive absences – A child absent from the child care provider for thirty (30) consecutive calendar days or more without contact with the child care provider. MDHS shall terminate child care certificates for children with excessive absences, even if fewer than 12 months of eligibility have been received. Providers shall report a child's absence with the correct absence code in the monthly ledger. Failure to accurately report child absence will be considered a violation of policy. Exception to the excessive absence rule: Temporary long-term absences – May be granted for special circumstances such as chronic illness of the child, custody situation that requires the child to spend extended time with a non-custodial parent, or a temporary move out of state. Requests should be made in writing to MDHS if absences exceed sixty (60) consecutive days and will be granted on a case-by-case basis. If granted, the certificate will continue to remain active, regardless of attendance, but the child care provider will only be paid for five (5) days of absence per month. However, the child care provider has the option to disenroll the child from his or her child care center.

iii.　　　　☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: MDHS shall terminate child care certificates in the Child Care Payment Program (CCPP) for any of the following reasons: 1) Family income has increased to greater than 85% of the State Median Income (SMI) on a non-temporary basis. 2) Non-temporary interruption in work/education requirement. The parent must notify MDHS within (10) days of job loss or withdrawal from enrollment in an educational/training program. A 3-month job search period will be allowed to search for a replacement to meet the work/education requirement. At the end of the search period, if the parent has not started new employment or is not enrolled in an educational/training program, the certificate shall be terminated. 3) Expiration of the twelve (12) month eligibility or redetermination period, if the child/family no longer meets eligibility requirements. 4) Family change of residence to a state other than Mississippi. 5) Upon request of the parent. 6) MDHS finds that the documents that were used to establish eligibility were false, falsified, or manipulated and all components of eligibility cannot otherwise be verified.

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: MDHS shall terminate child care certificates in the Child Care Payment Program (CCPP) for any of the following reasons: 1) Family income has increased to greater than 85% of the State Median Income (SMI) on a non-temporary basis. 2) Non-temporary interruption in work/education requirement. The parent must

notify MDHS within (10) days of job loss or withdrawal from enrollment in an educational/training program. A 3-month job search period will be allowed to search for a replacement to meet the work/education requirement. At the end of the search period, if the parent has not started new employment or is not enrolled in an educational/training program, the certificate shall be terminated. 3) Expiration of the twelve (12) month eligibility or redetermination period, if the child/family no longer meets eligibility requirements. 4) Family change of residence to a state other than Mississippi. 5) Upon request of the parent. 6) MDHS finds that the documents that were used to establish eligibility were false, falsified, or manipulated and all components of eligibility cannot otherwise be verified.

2.5.4   Reporting changes during the minimum 12-month eligibility period

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

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

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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

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

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

(i)   85 percent of SMI for a family of the same size; or,
(ii)   An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
      (A)   Takes into account the typical household budget of a family with a low income
      (B)   Provides justification that the second eligibility threshold is:
           (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
           (2) Reasonably allows a family to continue accessing child care services

without unnecessary disruption

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

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

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

a.   ☒ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b.   ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: *Click or tap here to enter text.*

      i.   ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*

      ii.   ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

c.   ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

      i.   Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: *Click or tap here to enter text.*

      ii.   Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: *Click or tap here to enter text.*

iii.   Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: *Click or tap here to enter text.*

iv.   Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: *Click or tap here to enter text.*

v.   ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*

vi.   ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

3   Child Care Affordability

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

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

3.1   Family Co-payments

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

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

3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? Up to 50% of SMI, copayment is capped at 5.5% of gross income; Up to 85% of SMI, copayment is capped at 6.5% of gross income.

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set: *Click or tap here to enter text.*

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

	A	B	C	D	E	F
Family Size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	$18,000	$87.08	5.8%	$38,999	$211.24	6.5%
3	$22,000	$95.83	5.2%	$48,999	$245.00	6.0%
4	$27,000	$105.00	4.6%	$56,999	$261.25	5.5%
5	$31,000	$106.66	4.1%	$65,999	$275.00	5.0%

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(s): https://www.mdhs.ms.gov/eccd/parents/pay/

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

☐ No.

☒ Yes.

If yes:

    i.   Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: Per the Child Care Payment manual Rule 8.2 Reimbursement Rates # 4 CCPP providers may charge more than the reimbursement rates established by MDHS, but to do so, they must submit their published tuition rates to the MDHS within CCPS, and publish in all marketing materials. Providers shall not charge a different rate to families in the certificate program than the rate charged to the general public. All rates, fees, and discounts charged to CCPP participants must be offered and equal to those charged to non-participants. This means universal application of advertised tuition rates

    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: As part of the Market Rate Survey, the Lead Agency captures information on the frequency of providers that charge additional amounts to families if the subsidy rate does not cover the entire tuition amount. This data is presented in the Lead Agency's Market Rate Survey Full Report which is available at https://www.mdhs.ms.gov/eccd/reports-archives/

3.2   Calculation of Co-Payment

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

3.2.1   Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

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

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

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

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

☐ No additional fee is charged after a certain number of children.

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

☐ The fee is a percent of income and (check all that apply):

☒ The fee is per child, with the same percentage applied for each child.

☐ The fee is per child, and a discounted percentage is applied for two or more children.

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

☐ No additional percentage is charged after a certain number of children.

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

☒ No.

☐ Yes.

If yes, check and describe those additional factors below:

. ☐ Number of hours the child is in care. Describe: *Click or tap here to enter text.*

i. ☐ Quality of care (as defined by the Lead Agency). Describe: *Click or tap here to enter text.*

ii. ☐ Other. Describe: *Click or tap here to enter text.*

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. ☐ Other. Describe: *Click or tap here to enter text.*

3.3   Waiving Family Co-payment

3.3.1   Waiving family co-payment

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

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

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

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

    i.   ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

    ii.   ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

    iii.   ☒ Families experiencing homelessness.

    iv.   ☐ Families with children with disabilities.

    v.   ☐ Families enrolled in Head Start or Early Head Start.

    vi.   ☐ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: *Click or tap here to enter text.*

    vii.   ☐ Families meeting other criteria established by the Lead Agency. Describe the policy:

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

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

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

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their

definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1   Access to Full Range of Provider Options

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

4.1.1   Parent choice

a.   Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: *Click or tap here to enter text.*

b.   Does the Lead Agency offer child care assistance through vouchers or certificates?

   ☒ Yes.

   ☐ No.

c.   Does the Lead Agency offer child care assistance through grants or contracts?

   ☐ Yes.

   ☒ No.

d.   Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: Parent choice is a fundamental tenet of the CCDF program. Parents are free to choose any provider that has been previously approved to participate in the CCPP. The approved provider list is embedded in the online parent application to allow the parents select.

e.   Describe what information is included on the child care certificate: Once a family is approved for child care subsidy a child care certificate is issued to both the parent and the provider. In addition to other details, the certificate contains the following: 1) The name of the child approved for care. 2) The rate of subsidy reimbursement for which the child was approved. 3) Whether the child was approved for full-time care, part-time care, or both; including the days of care requested by the parent. 4) The assigned co-payment rate to be billed on behalf of this child. 5) The name and ID number of the approved provider location designated for care. Care shall only occur at the location associated with both the provider name and ID number indicated on the certificate. When multiple care locations are owned, care is only allowed at the single location indicated on the certificate.

4.2   Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area,

type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

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

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

- Overall approach and rationale for using proposed methodology

- Description of stakeholder engagement

- Data collection timeframe (if applicable)

- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model

- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

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

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

a.   ☒ Market rate survey.

          i.   When were the data gathered (provide a date range; for instance, September – December 2023)? February 2024 – April 2024. The full Market Rate Survey report will be completed and disseminated to the public by June 30, 2024.

b.   ☐ ACF pre-approved alternative methodology.

i. ☐ The alternative methodology was completed.

ii. ☐ The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? *Click or tap here to enter text.*

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

If the alternative methodology is in progress:

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

c. Consultation on data collection methodology.

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

i. State Advisory Council or similar coordinating body: A draft of the Market Rate Survey Instrument was shared with SECAC members for review and comment.

ii. Local child care program administrators: The Lead Agency conducted 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.

iii. 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.

iv. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: 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.

v. Other. Describe: Additionally, prior to implementation of the Market Rate Surveys, three virtual public meetings were held for interested stakeholders from November 8-16, 2023. Invitations were sent to all licensed child care providers in the state, as well as home-based providers participating in the Nurturing Homes Initiative (approximately 85 providers). A total of 114 participants, representing 136 facilities, attended one of the three sessions. Of the 93 attendees who specified whether they accepted subsidies, 86 reported that they accepted child care subsidies, and seven reported that they did not. At each meeting, five representatives from the SSRC presented information on the 1) goals and purposes of the MRS, 2) benefits of the MRS to child care providers, 3) survey implementation plan, 4) survey analysis plan, 5) survey results reporting plan, and 6) topics covered in the survey. After this presentation, SSRC and MDHS representatives fielded questions from participants. Providers expressed concern about participating in the survey since they accept subsidies, fearing they would skew the results. They also expressed confusion about subsidy policies impacting tuition rates and concerns over differences between metro and non-metro rates. The concerns and confusion was addressed in the public meetings by clarifying survey and tuition requirements and policies. Additionally, future recruitment efforts included language to address these concerns. Regarding metro and non-metro rates, analyses were conducted using several classifications of rural/urban status to ensure accuracy.

d. An MRS must be statistically valid and reliable.

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

i. *When was the market rate survey completed?* April 30, 2024.

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? All of the prices were collected in a 3-month time period: February-April.

iii. Describe how it represented the child care market, including what types of providers were included in the survey: All CCDF eligible providers (i.e., licensed center-based, licensed family home, registered license-exempt center and family home providers) were contacted to participate in the survey.

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? The Mississippi State Department of Health Licensure database and the Nurturing Homes Initiative database of non-licensed home-based providers

v.   How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? Telephone and web-based surveys were administered to child care providers listed in the licensure database maintained by MSDHS. The telephone survey was administered by trained interviewers employed by an established survey call center affiliated with Mississippi State University (MSU). The online survey was administered using Qualtrics software. Human subjects protocols were followed.

vi.   What is the percent of licensed or regulated child care centers responding to the survey? The Market Rate Survey had a cooperation rate among all methodologies of 51% for licensed and license-exempt center-based providers. Additionally, 102 home-based providers responded to the survey.

vii.   What is the percent of licensed or regulated family child care homes responding to the survey? The response rate of home-based providers cannot be determined because the universe of home-based providers is currently unknown.

viii.   Describe if the survey conducted in any languages other than English: Analyses to determine price per child were not performed.

ix.   Describe if data were analyzed in a manner to determine price of care per child: Analyses to determine price per child were not performed.

x.   Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: Weights were constructed using reported capacity (5 levels: 1-40 children; 41- 64 children; 65-100 children; 101+ children, or unknown), whether a facility was listed as a subsidy provider (2 levels: yes; no), and 13 county groupings based on the Early Childhood Academy service areas (see Figure below). Due to empty cells in the cross-tabulation of these variables, inverse propensity weighting could not be used. Therefore, raking, a common weighting technique, was used to balance the sample on these variables. The weights produced were in a reasonable range (1.25-4.57).

e.   Price variations reflected.

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

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. Each facility was categorized according to its location into 13 different county groupings based on the Early Childhood Academy service areas. A secondary analysis took the unweighted frequency counts for each of these 13 county groupings and compared them to the expected counts of the sampling frame. This "goodness-of-fit" test revealed that the geographic variation of the sample did not differ from the population even before applying the weights. Rates were estimated separately for centers in metropolitan (urban) and nonmetropolitan (rural) areas. Centers were classified into metropolitan (large central metro, large fringe metro, medium metro, and small metro) and nonmetropolitan (micropolitan and noncore) areas using the 2013 National Center for Health Statistics Urban-Rural Classification Scheme for counties.

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). Surveys were administered and analyzed separately for a) licensed and licensed-exempt center based (n=660) and b) home based (n=102) child care providers.

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): Rates were collected for infants, toddlers, two-year-olds, preschool and school age children

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: Rates are summarized separately for centers located in metropolitan (urban) and nonmetropolitan (rural) areas.

4.2.2 Cost analysis

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

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

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? The Mississippi Department of Human Services has partnered with Prenatal to Five Fiscal Strategies (P5FS) to carry out their narrow cost analysis. The process involves building a child care cost model for Mississippi. The Mississippi Child Care Cost Model uses a similar methodology to the Provider Cost of Quality Calculator but is customized to the state context. The development of the cost model is being supported by cost study activities including adding cost questions to the Market Rate Survey and provider input sessions where qualitative factors of cost and program operations were explored. These cost study activities engaged both center and family child care programs.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? The Mississippi Child Care Cost Model includes variations for provider type, covering child care centers and family child care sites. The model also includes variation by age of child, aligned with Mississippi's licensing definitions, and variation by program type. A final determination on relevant variations by geographic location will be made once the model is finalized and outputs are analyzed, drawing from state and extant data sources.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? The Mississippi Child Care Cost model uses the state's child care licensing regulations as the definition of the base level of quality. P5FS reviewed the licensing regulations and identified the key cost drivers associated with meeting this standard. In the model, these standards are used to determine the ratio and group size assumptions, the required training, and the materials and physical space required to meet the needs of children in the program. The staffing model for centers is based on the typical staffing model identified to meet Mississippi's licensing requirements. Annual training/professional development is included at 15 hours per teaching staff member per year to meet licensing requirements. Default data from the PCQC is used to determine values for non-personnel expenses, including classroom materials. Occupancy costs are based on licensing requirements for square foot per child of indoor space and outdoor space. Salary assumptions will be informed by data analysis from the survey and the input sessions along with review of extant data sources including the Bureau of Labor Statistics and the PCQC.   Benefits are included at the base level in the model for licensed providers, in recognition of the need for providers to offer a competitive compensation package. At the base level, the model includes 10 days paid sick leave and 10 days paid leave as well as a contribution to health insurance. Paid time off is accounted for as a cost in the model by including the cost of a floater or substitute to cover while the employee is on leave. The cost of the employer contribution to health insurance is based on data from the Kaiser Family Foundation for the average employer contribution to employee health insurance in Mississippi. These benefits apply in both the licensed child care center and licensed home-based models.

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). Additional measures of quality will be informed by review of state quality regulations, Head Start Program Performance Standards review, and data analysis from the survey and input sessions completed in early 2024.

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? The Lead Agency will use the Mississippi Child Care Cost Model to estimate the true cost to provide licensed child care and to meet higher quality standards as defined through the data analysis process with Mississippi Department of Human Services.

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

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

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

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

i. Provide the date the report was completed: The full MRS report will be completed and disseminated to the public on June 30, 2024.

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): The full MRS report will be completed and disseminated to the public on June 30, 2024.

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: https://www.mdhs.ms.gov/eccd/reports-archives/

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: The full MRS report will be completed and disseminated to the public on June 30, 2024.

4.3 Adequate Payment Rates

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

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

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

4.3.1   Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

⊠ Yes.

i.   If yes, check if the Lead Agency:

⊠ Sets the same payment rates for the entire State or Territory.

☐ Sets different payment rates for different regions in the State or Territory.

☐ No.

ii.   If no, identify how many jurisdictions set their own payment rates: *Click or tap here to enter text.*

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). Payment rates will be effective October 1, 2024.

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? *Click or tap here to enter text.*

4.3.2   Base payment rates

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

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

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	Per week	100%	$167.00	75%	N/A	N/A	$167.00	N/A	N/A
Family Child Care for Infants (6 months)	Per week	100%	$140.00	75%	N/A	N/A	$140.00	N/A	N/A
Center Care for Toddlers (18 months)	Per week	100%	$160.00	75%	N/A	N/A	$160.00	N/A	N/A
Family Child Care for Toddlers (18 months)	Per week	100%	$131.00	75%	N/A	N/A	$131.00	N/A	N/A
Center Care for Preschoolers (4 years)	Per week	100%	$150.00	75%	N/A	N/A	$150.00	N/A	N/A
Family Child Care for	Per week	100%	$125.00	75%	N/A	N/A	$125.00	N/A	N/A

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Preschoolers (4 years)									
Center Care for School-Age (6 years)	*Per week*	*100%*	*$130.00*	*75%*	*N/A*	*N/A*	*$130.00*	*N/A*	*N/A*
Family Child Care for School-Age (6 years)	*Per week*	*100%*	*$115.00*	*75%*	*N/A*	*N/A*	*$115.00*	*N/A*	*N/A*

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

☒ Yes.

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

4.3.3   Tiered rates, differential rates, and add-ons

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

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

☐ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: *Click or tap here to enter text.*

☒ No.

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

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

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

i.   ☐ Differential rate for non-traditional hours. Describe: *Click or tap here to enter text.*

ii.   ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe Based on MRS results.

Center-Based Special Needs
Infants: $175.00
Toddler: $175.00
Two Year Old: $165.00
Preschool: $165.00
School-age: $160.00.

Family Home Based Special Needs
Infants: $160.00
Toddler: $150.00
Two Year Old: $150.00
Preschool: $150.00
School-age: $150.00

iii.   ☒ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

Metropolitan Center Based (full time)
Infant: $185.00 per week
Toddler: $175.00 per week

Non-Metropolitan Center Based (full time)
Infant: $140.00 per week
Toddler: $135.00 per week

Metropolitan Family Home (full time)
Infant: $150.00 per week
Toddler: $145.00 per week

Non-Metropolitan Family Home (full time)
Infant: $128.00 per week
Toddler: $125.00 per week

iv. ☒ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
Metropolitan Center Based (full time)
School-age: $135.00 per week

Non-Metropolitan Center Based (full time)
School-Age: $120.00 per week

Metropolitan Family Home (full time)
School-age: $120.00 per week

Non-Metropolitan Family Home (full time)
School-age: $95.00 per week

v. ☐ Differential rate for higher quality, as defined by the Lead Agency. Describe: *Click or tap here to enter text.*

| | vi. | ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: Based on MRS results. |

<u>Metropolitan Center Based (full time)</u>
Infant: $185.00 per week
Toddler: $175.00 per week
Two Year Old: $170.00 per week
Preschool: $165.00 per week
School-age: $135.00 per week

<u>Non-Metropolitan Center Based (full time)</u>
Infant: $140.00 per week
Toddler: $135.00 per week
Two Year Old: $130.00 per week
Preschool: $125.00 per week
School-Age: $120.00 per week

<u>Metropolitan Family Home (full time)</u>
Infant: $150.00 per week
Toddler: $145.00 per week
Two Year Old: $143.00 per week
Preschool: $135.00 per week
School-age: $120.00 per week

<u>Non-Metropolitan Family Home (full time)</u>
Infant: $128.00 per week
Toddler: $125.00 per week
Two Year Old: $124.00 per week
Preschool: $120.00 per week
School-age: $95.00 per week

vii. If applicable, describe any additional add-on rates that you have besides those identified above. *Click or tap here to enter text.*

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

4.3.4   Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? Using the most recent MRS data, the Lead Agency set reimbursement rates based on the 75th percentile based on age groups served, children with special needs, metropolitan/non-metropolitan counties, center-based/family-home based care. Weekly market rates were calculated by age group for the state of Mississippi based on procedures outlined by the National Center on Subsidy Innovation and Accountability (NCSIA). Rates were calculated using five age groups that were determined by MDHS: infant, toddler, 2 years old, preschool, and school age. Participants were able to provide rates in their preferred time unit: hourly, daily, weekly, monthly, or yearly. Most respondents (84%) provided full-time rates in a weekly format. Therefore, prices given in other units were converted to weekly prices as follows: Hourly prices were multiplied times 40 for full-time care, daily prices were multiplied times 5, monthly prices were divided by 4.33, and yearly prices were divided by 52.1429.

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? The Lead Agency has set payment rates which are sufficient to ensure equal access based on 2024 MRS data. Payment rates are set at the 75th-percentile of the most recent MRS.

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? The Lead Agency used 2024 MRS data to set reimbursement rates. However, the Lead Agency is examining a cost of care model of reimbursement for future rate setting and is working with the Social Science Research Center at Mississippi State University and Prenatal to Five Fiscal Strategies to determine what that cost structure might look like and how many families and children could be supported with federal dollars based on a cost of quality model vs. using MRS data solely.

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? Under Mississippi's current Family-Based Unified and Integrated Early Childhood System, level of quality is defined based on the Standard Center Designation. 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 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.

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. *Click or tap here to enter text.*

4.4   Payment Practices to Providers

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

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

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

payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1   Prospective and enrollment-based payment practices

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

a.   Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: A completed invoice for services to CCPP are submitted though an electronic ledger. All 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.   Does the Lead Agency pay based on authorized enrollment for all provider types?

☒ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

☐ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: *Click or tap here to enter text.*

☐ No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: *Click or tap here to enter text.*

4.4.2   Other payment practices

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

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

⊠ Yes.

☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: *Click or tap here to enter text.*

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

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

☐ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: *Click or tap here to enter text.*

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: 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.

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: 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.

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: 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 up on 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-OO, 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.

f. Other. Describe any other payment practices established by the Lead Agency: *Click or tap here to enter text.*

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? The 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 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

☐ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Click or tap here to enter text.*

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

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: The Lead Agency intends to submit a waiver for services through grants and contracts. The Lead Agency intends to request technical assistance on how to utilize grants or contracts to expand child care service offerings to families.

If no, skip to question 4.5.2.

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

☐ Children with disabilities. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

☐ Infants and toddlers. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

☐ School-age children. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

☐ Children in urban areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*

☐ Children in rural areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*

☐ Other populations. If checked, describe: *Click or tap here to enter text.*

ii.   If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? *Click or tap here to enter text.*

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

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

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

☒ Yes.

☐ No.

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

i.   ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: *Click or tap here to enter text.*

ii.   ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: The child's age may not exceed 19 years of age which is in alignment with our subsidy policy for children with special needs.

iii.   ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: *Click or tap here to enter text.*

iv.   ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: *Click or tap here to enter text.*

v.   ☒ Restricted to care for children with special needs or a medical condition. Describe: *Click or tap here to enter text.*

vi.   ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*

vii.   ☐ Other. Describe: *Click or tap here to enter text.*

4.5.3   Shortages in the supply of child care

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

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

a. In infant and toddler programs:

    i.   Data sources used to identify shortages: MDHS 2021 Market Rate Survey, Mississippi Early Childhood Advisory Council System Asset Map, Mississippi's Preschool Development Birth to Five Renewal Grant Needs Assessment, the Children's Foundation of Mississippi 2024 Factbook, Children's Foundation of Mississippi 2023 Factbook, the Children's Foundation of Mississippi 2021 Risk and Reach Report

    ii.   Method of tracking progress: The Lead Agency is working with multiple partners to track the progress of several programs that have been implemented to address shortages in child care. The Lead Agency has partnered with the Social Science Research Center at Mississippi State University, the Children's Foundation of Mississippi who has also subcontracted with Elucidata, who all are working with the Lead Agency on the Preschool Development Grant Renewal Grant to determine where shortages of child care are, how to build up supply in those areas, and track the progress of building supply in those areas.

    iii.   What is the plan to address the child care shortages using family child care homes? The Lead Agency reinstituted the Nurturing Homes Initiative in 2021 to build up the capacity of family home providers. This program provides holistic training and onsite technical assistance to family home providers covering every aspect of owning and operating a family home child care (i.e., business management, sustainability, marketing to families, curriculum, learning materials, family engagement, etc.)

    iv.   What is the plan to address the child care shortages using child care centers? Using American Rescue Plan Act funds, the Lead Agency has contracted with Wonderschool to offer business startup and sustainability training to new child care providers, as well as a statewide substitute teacher pool program. The Lead Agency has also implemented the Mississippi Early Child Care Development Initiative (ECCDI), which consists of programs that provide targeted support to new and existing child care programs (e.g., teacher bonus incentives, scholarships for CDA and AA degree programs, start-up grants, curriculum and learning materials grants).

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: MDHS 2021 Market Rate Survey, Mississippi Early Childhood Advisory Council System Asset Map, Mississippi's Preschool Development Birth to Five Renewal Grant Needs Assessment, the Children's Foundation of Mississippi 2024 Factbook, Children's Foundation of Mississippi 2023 Factbook, the Children's Foundation of Mississippi 2021 Risk and Reach Report

ii. Method of tracking progress: The Lead Agency is working with multiple partners to track the progress of several programs that have been implemented to address shortages in child care. The Lead Agency has partnered with the Social Science Research Center at Mississippi State University, the Children's Foundation of Mississippi who has also subcontracted with Elucidata, who all are working with the Lead Agency on the Preschool Development Grant Renewal Grant to determine where shortages of child care are, how to build up supply in those areas, and track the progress of building supply in those areas.

iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency reinstituted the Nurturing Homes Initiative in 2021 to build up the capacity of family home providers. This program provides holistic training and onsite technical assistance to family home providers covering every aspect of owning and operating a family home child care (i.e., business management, sustainability, marketing to families, curriculum, learning materials, family engagement, etc.) NHI is working to build up family child care programs in areas of the state that are more rural and remote where traditional, licensed child care may not be as viable or sustainable.

iv. What is the plan to address the child care shortages using child care centers? Using American Rescue Plan Act funds, the Lead Agency has contracted with Wonderschool to offer business startup and sustainability training to new child care providers, as well as a statewide substitute teacher pool program. The Lead Agency has also implemented the Mississippi Early Child Care Development Initiative (ECCDI), which consists of programs that provide targeted support to new and existing child care programs (e.g., teacher bonus incentives, scholarships for CDA and AA degree programs, start-up grants, curriculum and learning materials grants).

c. In care for special populations:

	i.	Data sources used to identify shortages: MDHS 2021 Market Rate Survey, Mississippi Early Childhood Advisory Council System Asset Map, Mississippi's Preschool Development Birth to Five Renewal Grant Needs Assessment, the Children's Foundation of Mississippi 2024 Factbook, Children's Foundation of Mississippi 2023 Factbook, the Children's Foundation of Mississippi 2021 Risk and Reach Report
	ii.	Method of tracking progress: The Lead Agency is working with multiple partners to track the progress of several programs that have been implemented to address shortages in child care. The Lead Agency has partnered with the Social Science Research Center at Mississippi State University, the Children's Foundation of Mississippi who has also subcontracted with Elucidata, who all are working with the Lead Agency on the Preschool Development Grant Renewal Grant to determine where shortages of child care are, how to build up supply in those areas, and track the progress of building supply in those areas.
	iii.	What is the plan to address the child care shortages using family child care homes? The Lead Agency reinstituted the Nurturing Homes Initiative in 2021 to build up the capacity of family home providers. This program provides holistic training and onsite technical assistance to family home providers covering every aspect of owning and operating a family home child care (i.e., business management, sustainability, marketing to families, curriculum, learning materials, family engagement etc.) The Mississippi Early Childhood Inclusion Center is Lead Agency partner that will work with NHI staff when needed to support family home providers in serving children that have special needs.
	iv.	What is the plan to address the child care shortages using child care centers? The Lead Agency partners with the Mississippi Early Childhood Inclusion Center to offer training and onsite technical assistance to child care programs statewide on how to serve children with special needs and their families. These services are offered to all child care programs (new programs and existing programs who want to expand services).

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

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

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

a. Underserved geographic areas. Describe: MDHS 2021 Market Rate Survey, Mississippi Early Childhood Advisory Council System Asset Map, Mississippi's Preschool Development Birth to Five Renewal Grant Needs Assessment, the Children's Foundation of Mississippi 2024 Factbook, Children's Foundation of Mississippi 2023 Factbook, the Children's Foundation of Mississippi 2021 Risk and Reach Report

b. Infants and toddlers. Describe: The Lead Agency has begun a redesign of Mississippi's quality improvement system. The new system is being reconfigured as a Quality Support System (QSS) that will use a combination of the Classroom Assessment Scoring System (CLASS) tool and high quality indicators (e.g., professional development, learning and curriculum, social/emotional support, and best practice in health and safety) to support high quality teacher/child interactions and early childhood programming to serve children. The QSS will utilize a badging system to assess and recognize child care programs who achieve specific quality markers. Infant and Toddler high quality programming will be badges that can be earned as part of this new system. These badges will focus on proficiencies and indicators of high-quality early childhood education that pertains to serving infants and toddlers.

c. Children with disabilities. Describe: The Lead Agency has begun a redesign of Mississippi's quality improvement system. The new system is being reconfigured as a Quality Support System (QSS) that will use a combination of the Classroom Assessment Scoring System (CLASS) tool and high-quality indicators (e.g., professional development, learning and curriculum, social/emotional support, and best practice in health and safety) to support high quality teacher/child interactions and early childhood programming to serve children. The QSS will utilize a badging system to assess and recognize child care programs who achieve specific quality markers. Serving children that have special needs/inclusion will be a badge that can be earned as part of this new system. This badge will focus on proficiencies and indicators of high-quality early childhood education that pertains to serving children that have special needs/inclusion services.

d. Children who receive care during non-traditional hours. Describe: The Lead Agency has begun a redesign of Mississippi's quality improvement system. The new system is being reconfigured as a Quality Support System (QSS) that will use a combination of the Classroom Assessment Scoring System (CLASS) tool and high-quality indicators (e.g., professional development, learning and curriculum, social/emotional support, and best practice in health and safety) to support high quality teacher/child interactions and early childhood programming to serve children. The QSS will utilize a badging system to assess and recognize child care programs who achieve specific quality markers. Extended hours/non-traditional hours care will be a badge that can be earned as part of this new system. This badge will focus on proficiencies and indicators of high-quality early childhood education pertaining to the needs of extended hours/non-traditional hours care.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: *Click or tap here to enter text.*

4.5.5   Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of

poverty and unemployment and that do not have access to high-quality programs. Through the blending of American Rescue Plan Act funds, Preschool Development Grant Birth to Five Renewal Grant funds, and CCDF funds Mississippi has identified child care deserts and is using multiple programs to build up the capacity of child care services in these deserts and state-wide along with sustainability and quality improvement activities. These supports include a reimbursement program for start-up costs for new providers, classroom supply grants, a state-wide substitute pool, business sustainability coaching, a family support program to navigate families to services in their communities, targeted training to providers with serving children from non-English speaking families, children with special needs, extended hour care, and the benefits of participating in the child care subsidy program. The Nurturing Homes Initiative works specifically with family home providers to set up new child care services and provide quality support, business sustainability support, and enrollment in the child care subsidy program to family home providers which can more easily serve families in rural locations and families living in higher poverty areas.

5   Health and Safety of Child Care Settings

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

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

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

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

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

5.1   Licensing Requirements

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

5.1.1 Providers subject to licensing

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

a. Identify the center-based provider types subject to child care licensing: Any provider that cares for 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 or Form #122 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

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

☐ Yes. If yes, describe: Click or tap here to enter text.

☒ No.

b. Identify the family child care providers subject to licensing: Persons providing care in the provider's home.

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

c. Identify the in-home providers subject to licensing: *Click or tap here to enter text.*

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

5.1.2   CCDF-eligible providers exempt from licensing

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

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. No CCDF-eligible center-based child care providers will be exempt from licensing requirements.

ii.　Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Not applicable.

iii.　Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Not applicable.

d.　License-exempt family child care. Describe by answering the questions below.

i.　Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. No CCDF-eligible family child care providers will be exempt from licensing requirements.

ii.　Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Not applicable.

iii.　Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Not applicable.

e.　In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i.　Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. Providers who provide care for children in the child's home are exempt from licensing.

ii.　Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Providers who provide in-home care (in the child's own home by a non-relative) are exempt from licensing when care is provided for a child with a disability for no longer than 8 hours per day, for 3 or less children, and ages 8 and below.

iii.　Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Providers who provide in-home care (in the child's own home by a non-relative) and are exempt from licensing must still complete CCDF Health & Safety Training, complete a background check, and be CPR certified.

5.2　Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

a. Infant. Describe: 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 Ratio and group size limits

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

a. Licensed CCDF center-based care:

    i. Infant.

    Ratio: 5:1

    Group size: 10

    ii. Toddler.

    Ratio: 9:1

    Group size: 10

    iii. Preschool.

    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.

    Group size: 14 (2 years); 14 (3 years); 20 (4 years)

    iv. School-Age.

    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.

    Group size: 20 (5-9 years); 25 (10-12 years)

    v. Mixed-Age Groups (if applicable).

    Ratio: In mixed-age groupings, the ratio applies for the age of the youngest child in the classroom.

    Group size: In mixed-age groupings, the group size applies for the age of the youngest child in the classroom.

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

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

    ii. Infant: *Click or tap here to enter text.*

iii.   Toddler: *Click or tap here to enter text.*

iv.   Preschool: *Click or tap here to enter text.*

v.   School-Age: *Click or tap here to enter text.*

vi.   Mixed-Age Groups: *Click or tap here to enter text.*

c.   Licensed CCDF family child care home providers: Not applicable- licensed CCDF child care homes will have a ratio of 1:5 across all age groups.

        i.   Infant (if applicable)

        Ratio: *Click or tap here to enter text.*

        Group size: *Click or tap here to enter text.*

        ii.   Toddler (if applicable)

        Ratio: *Click or tap here to enter text.*

        Group size: *Click or tap here to enter text.*

        iii.   Preschool (if applicable)

        Ratio: *Click or tap here to enter text.*

        Group size: *Click or tap here to enter text.*

        iv.   School-Age (if applicable)

        Ratio: *Click or tap here to enter text.*

        Group size: *Click or tap here to enter text.*

        v.   Mixed-Age Groups

        Ratio: *Click or tap here to enter text.*

        Group size: *Click or tap here to enter text.*

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

        ☐ No.

        ☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. *Click or tap here to enter text.*

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

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

        i.   Infant (if applicable)

        Ratio: 4:1

        Group size: 10

        ii.   Toddler (if applicable)

        Ratio: 8:1

        Group size: 10

iii.   Preschool (if applicable)

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.

Group size: 14 (2 years); 14 (3 years); 20 (4 years)

iv.   School-Age (if applicable)

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.

Group size: 20 (5-9 years); 25 (10-12 years)

v.   Mixed-Age Groups (if applicable)

Ratio: In mixed-age groupings, the ratio applies for the age of the youngest child in the classroom.

Group size: In mixed-age groupings, the group size applies for the age of the youngest child in the classroom.

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

☒ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. *Click or tap here to enter text.*

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

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

a.   Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: 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. 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 childcare 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.

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: 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 childcare 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.

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

  i.   Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: In-home care providers 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 the Mississippi Early Childhood Inclusion Center's Credential, or 3) three years prior documented experience caring for children with disabilities who are under 8 years of age and who are not related to the caregiver within the third degree computed according to civil law."

5.2.4   Teacher/caregiver qualifications for license-exempt providers

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

a.   License-exempt center-based child care. Not applicable

d.   License-exempt home-based child care. Not applicable

e.   License-exempt in-home care (care in the child's own home). Not applicable

5.3   Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs

receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

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

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

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

    a.   Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

All CCDF-eligible licensed center care. Provide the standard: 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. Refer to Appendix "F" for instructions on how to properly wash hands. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self. 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self.

i. All CCDF-eligible licensed family child care homes. Provide the standard: 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. Refer to Appendix "F" for instructions on how to properly wash hands. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self. 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self.

ii.   All CCDF-eligible licensed in-home care. Provide the standard: 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. Refer to Appendix "F" for instructions on how to properly wash hands. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self. 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self.

☐ Not applicable.

iii.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

iv.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

vi.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: 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. Form 122 used for religious exemptions only applies to children enrolled in licensed center or licensed family home facilities. The religious exemption does not apply to any adults employed in licensed center or licensed family home facilities. 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. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: 1. Employees manifesting symptoms or otherwise

suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. Refer to Appendix "F" for instructions on how to properly wash hands. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self. 1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. 2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine. 3. Staff shall wash their hands upon: a. Immediately before handling food, preparing bottles, or feeding children. b. After using the toilet, assisting a child in using the toilet, or changing diapers. c. After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. d. After handling pets, pet cages, or other pet objects. e. Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys. f. After removing gloves used for any purpose. g. Before giving or applying medication or ointment to a child or self.

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

i. All CCDF-eligible licensed center care. Provide the standard: 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. Form 122 used for religious exemptions only applies to children enrolled in licensed center or licensed family home facilities. The religious exemption does not apply to any adults employed in licensed center or licensed family home facilities. 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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. Form 122 used for religious exemptions only applies to children enrolled in licensed center or licensed family home facilities. The religious exemption does not apply to any adults employed in licensed center or licensed family home facilities. 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.

iii.   All CCDF-eligible licensed in-home care. Provide the standard: 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. Form 122 used for religious exemptions only applies to children enrolled in licensed center or licensed family home facilities. The religious exemption does not apply to any adults employed in licensed center or licensed family home facilities. 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.*Click or tap here to enter text.*

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: 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. Form 122 used for religious exemptions only applies to children enrolled in licensed center or licensed family home facilities. The religious exemption does not apply to any adults employed in licensed center or licensed family home facilities. 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.

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: 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. Form 122 used for religious exemptions only applies to children enrolled in licensed center or licensed family home facilities. The religious exemption does not apply to any adults employed in licensed center or licensed family home facilities. 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.

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

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

        i. All CCDF-eligible licensed center care. Provide the standard: 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. All CCDF-eligible family child care homes. Provide the standard: 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.

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

☐ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Not applicable.

v. All CCDF-eligible license-exempt family child care homes. Provide the

standard: Not applicable

    vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

    vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Not applicable

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

    a.   Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

    viii.   All CCDF-eligible licensed center care. Provide the standard: 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.

    ix.   All CCDF-eligible licensed family child care homes. Provide the standard: 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.

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

☐ Not applicable.

    xi.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

xii.   All CCDF-eligible license-exempt family child care homes. Provide the standard: not applicable

xiii.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

c.   Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: 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).

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: 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).

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

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

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

    a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

        viii. All CCDF-eligible licensed center care. Provide the standard: 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.

        ix. All CCDF-eligible licensed family child care homes. Provide the standard: 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.

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

    ☐ Not applicable.

xi.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

xii.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

xiii.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: If the parent provides written instructions to the facility, those instructions concerning the child's growth and development, medical needs, allergies, toilet training and other information relevant to the child's well-being shall be maintained and updated as provided from time to time.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: If the parent provides written instructions to the facility, those instructions concerning the child's growth and development, medical needs, allergies, toilet training and other information relevant to the child's well-being shall be maintained and updated as provided from time to time.

iii.   All CCDF-eligible licensed in-home care. Provide the standard: If the parent provides written instructions to the facility, those instructions concerning the child's growth and development, medical needs, allergies, toilet training and other information relevant to the child's well-being shall be maintained and updated as provided from time to time.

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

<blockquote>
v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: If the parent provides written instructions to the facility, those instructions concerning the child's growth and development, medical needs, allergies, toilet training and other information relevant to the child's well-being shall be maintained and updated as provided from time to time.
</blockquote>

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

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

i. All CCDF-eligible licensed center care. Provide the standard: 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 1/8mile (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. where there is good reason to believe a problem may exist. The child care facility shall have soil samples and analyses performed.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: All CCDF-eligible licensed center care. Provide the standard: 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 1/8mile (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. where there is good reason to believe a problem may exist. The child care facility shall have soil samples and analyses performed.

iii. All CCDF-eligible licensed in-home care. Provide the standard: Not applicable

iv. All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: All CCDF-eligible licensed center care. Provide the standard: 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 1/8mile (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. where there is good reason to believe a problem may exist. The child care facility shall have soil samples and analyses performed.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

 i. All CCDF-eligible licensed center care. Provide the standard: Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, quarries, canals, excavations, fishponds, or other bodies of water.

 ii. All CCDF-eligible licensed family child care homes. Provide the standard: Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, quarries, canals, excavations, fishponds, or other bodies of water.

<ol type="i" start="3">
<mark>iii.</mark> All CCDF-eligible licensed in-home care. Provide the standard: Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, quarries, canals, excavations, fishponds, or other bodies of water.

☐ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Not applicable
v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable
vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable
vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, quarries, canals, excavations, fishponds, or other bodies of water.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

<ol type="i">
i. All CCDF-eligible licensed center care. Provide the standard: It is required that: 1) All drivers are appropriately licensed. 2) All vehicles have current safety inspection stickers, licenses, and registrations. 3) Insurance adequately covers the transportation of children.   4) Children board or leave the vehicle from the curb-side of the street and/or are safely accompanied to their destinations. 5) A parent is present if the child is delivered home. 6) Seat restraints are used.
ii. All CCDF-eligible licensed family child care homes. Provide the standard: It is required that: 1) All drivers are appropriately licensed. 2) All vehicles have current safety inspection stickers, licenses, and registrations. 3) Insurance adequately covers the transportation of children.   4) Children board or leave the vehicle from the curb-side of the street and/or are safely accompanied to their destinations. 5) A parent is present if the child is delivered home. 6) Seat restraints are used.
iii. All CCDF-eligible licensed in-home care. Provide the standard: It is required that: 1) All drivers are appropriately licensed. 2) All vehicles have current safety inspection stickers, licenses, and registrations. 3) Insurance adequately covers the transportation of children.   4) Children board or leave the vehicle from the curb-side of the street and/or are safely accompanied to their destinations. 5) A parent is present if the child is delivered home. 6) Seat restraints are used.

☐ Not applicable.

 iv. All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

 v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

 vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable.

 vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: It is required that: 1) All drivers are appropriately licensed. 2) All vehicles have current safety inspection stickers, licenses, and registrations. 3) Insurance adequately covers the transportation of children.   4) Children board or leave the vehicle from the curb-side of the street and/or are safely accompanied to their destinations. 5) A parent is present if the child is delivered home. 6) Seat restraints are used.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

 a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

  viii. All CCDF-eligible licensed center care. Provide the standard: 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.

  ix. All CCDF-eligible licensed family child care homes. Provide the standard: 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.

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

☐ Not applicable.

xi.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

xii.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

xiii.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

xiv.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Not applicable

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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.

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

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

5.3.7   Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i.   ☒ Evacuation

ii.   ☒ Relocation

iii.   ☒ Shelter-in-place

iv.   ☒ Lock down

v.   ☒ Staff emergency preparedness

vi.   ☒ Training

vii.   ☒ Practice drills

viii. ☒ Volunteer emergency preparedness

        ☒ Training

        ☒ Practice drills

ix.   ☒ Communication with families

x.   ☒ Reunification with families

xi.   ☒ Continuity of operations

xii.   Accommodation of

        ☒ Infants

☒ Toddlers

☒ Children with disabilities

☒ Children with chronic medical conditions

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio contaminants health and safety standard

    a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

        i.   All CCDF-eligible licensed center care. Provide the standard: 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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.

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

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

b.   Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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.

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

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

5.3.9   Precautions in transporting children health and safety standard

a.   Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: 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 Part571) 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 of roadway, street or highway, shall provide for the protection of the child by properly toddlers are being transported), the driver may be counted as a caregiver while transporting the school age children.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: 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 Part571) 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 of roadway,

street or highway, shall provide for the protection of the child by properly toddlers are being transported), the driver may be counted as a caregiver while transporting the school age children.

iii.   All CCDF-eligible licensed in-home care. Provide the standard: Not applicable

   ☒ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: 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 Part571) 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 of roadway, street or highway, shall provide for the protection of the child by properly toddlers are being transported), the driver may be counted as a caregiver while transporting the school age children

5.3.10   Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a.   Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

  i.   All CCDF-eligible licensed center care. Provide the standard: 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. 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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. 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.

  iii.   All CCDF-eligible licensed in-home care. Provide the standard: All in-home care providers are required to have a current certification in pediatric CPR and first aid.

☐ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: 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.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: 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.

iii.   All CCDF-eligible licensed in-home care. Provide the standard: All in-home care providers are required to have a current certification in pediatric CPR and first aid.

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard:

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

5.3.11   Identification and reporting of child abuse and neglect health and safety standard

    a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: 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 Child Protection 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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 Child Protection 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.

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

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable.

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

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: 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 Child Protection 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.   All CCDF-eligible licensed family child care homes. Provide the standard: 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 Child Protection 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.

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

☐ Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: Not applicable

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: Not applicable

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: Not applicable

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

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe: *Click or tap here to enter text.*

5.3.12   Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

i) Nutrition. Describe: 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 Chapter7 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) 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. 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. Toddlers should accumulate a minimum of 60 minutes of structured moderate to vigorous physical activity per day. Preschoolers should accumulate a minimum of 60 minutes of structured moderate to vigorous physical activity per day. Caregivers should join in and lead the structured, moderate to vigorous, physical activities in which the children participate. 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 Chapter7 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.

iii) 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 child care facility. Staff-to-child ratio shall be determined by the needs of the child rather than child's chronological age as based upon the child's individual plan (i.e., individual education plan, individual habilitation plan, individual family service plan, etc.). The facility is encouraged to be an active participant in the child's individual plan development.

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 Chapter7 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.

iv) Any other areas determined necessary to promote child development or to protect children's health and safety. 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 Chapter7of 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   Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1   Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	☒	☒	☒

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
b. SIDS prevention and use of safe sleep practices	☒	☒	☒
c. Administration of medication	☒	☒	☒
d. Prevention and response to food and allergic reactions	☒	☒	☒
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	☒	☒	☒
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	☒	☒	☒
g. Emergency preparedness and response planning and procedures	☒	☒	☒
h. Handling and storage of hazardous materials and disposal of biocontaminants	☒	☒	☒
i. Appropriate Precautions in transporting children, if applicable	☒	☒	☒
j. Pediatric first aid and pediatric CPR (age-appropriate)	☒	☒	☒

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
k. Child abuse and neglect recognition and reporting	☒	☒	☒
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	☒	☒	☒

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: *Click or tap here to enter text.*

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

☒ No

☐ Yes. If yes, describe: *Click or tap here to enter text.*

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

    i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

    ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

☐ Annually.

☒ More than once a year. If more than once a year, describe: Licensed child care center and licensed family home providers receive two regulatory inspections per year at minimum. A provider may be subject to additional monitoring as needed (i.e., complaint reports, technical assistance, follow up to non-compliance).

☐ Other. If other, describe: *Click or tap here to enter text.*

    iii.   Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

☒ No. If no, describe: The same monitoring approach is used for all licensed child care facilities.

    iv.   Identify which department or agency is responsible for completing the inspections for licensed center-based providers. Mississippi State Department of Health (MSDH)

b.   Licensed CCDF family child care providers

    i.   Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

    ii.   Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

☐ Annually.

☒ More than once a year. If more than once a year, describe: Licensed child care center and licensed family home providers receive two regulatory inspections per year at minimum. A provider may be subject to additional monitoring as needed (i.e., complaint reports, technical assistance, follow up to non-compliance).

☐ Other. If other, describe: *Click or tap here to enter text.*

    iii.   Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

☒ No. If no, describe: Click or tap here to enter text. Approach will be the same as licensed child care programs.

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. MSDH Bureau of Child Care Licensure

 c. Licensed in-home CCDF child care providers

  i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

☐ No.

☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

 ☒ Yes.

 ☐ No. If no, describe: *Click or tap here to enter text.*

  ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

☐ Other. If other, describe: *Click or tap here to enter text.*

  iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

☐ No.

  iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. *Click or tap here to enter text.*

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

 a. License-exempt CCDF center-based child care providers -Not applicable. Effective October 1, 2024, all CCDF participating centers will be required to be licensed.

  i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

 ☐ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe: *Click or tap here to enter text.*

ii.   Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
Click or tap here to enter text.

☐ No.

iii.   Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. Not applicable. Effective October 1, 2024, all CCDF participating centers will be required to be licensed.

d. License-exempt CCDF family child care providers. Not applicable. Effective October 1, 2024, all CCDF participating centers will be required to be licensed.

i.   Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe: *Click or tap here to enter text.*

ii.   Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☐ No.

iii.   Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. Not applicable. Effective October 1, 2024, all CCDF participating centers will be required to be licensed.

5.5.3   Inspections for CCDF license-exempt in-home child care providers- Not applicable. Effective October 1, 2024, all CCDF participating centers will be required to be licensed.

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. *Click or tap here to enter text.*

e. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: *Click or tap here to enter text.*

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. ☐ Pre-licensing inspection reports for licensed programs.

ii. ☐ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. ☒ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency 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:
https://www.mdhs.provider.webapps.ms.gov/ccsearch.aspx

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. https://www.mdhs.provider.webapps.ms.gov/ccsearch.aspx Date of inspection. Yes

ii. ☐ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: Yes- A table is available on MSDH and MDHS website outlining the total fatalities and serious injuries occurring monthly.

iii. ☐ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: Yes- The facility plan of correction is available.

iv. ☐ A minimum of 3 years of results, where available. Yes

v. If any of the components above are not selected, please explain: *Click or tap here to enter text.*

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: https://www.mdhs.provider.webapps.ms.gov/ccsearch.aspx

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: MSDH inspection reports are uploaded daily and MSDH substantiated investigation reports are uploaded within 30 days of the completed investigation.

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. The MSDH has a child care employee training plan to ensure appropriate training is received prior to beginning field work. All inspectors are required to have a minimum of a Bachelor's Degree and a minimum of 25 site inspections accompanied and evaluated by a MSDH supervisor or experienced licensing official prior to beginning field work on their own.

5.5.6   Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. 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.

5.6   Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1   Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: Required to retake and be recertified in the Health and Safety Standards training every two years.

b. License-exempt child care centers: Required to retake and be recertified in the Health and Safety Standards training every two years.

c. Licensed family child care homes: Required to retake and be recertified in the Health and Safety Standards training every two years.

d. License-exempt family child care homes: N/A. License exempt/non-registered providers are not eligible to participate in the CCDF subsidy program.

e. Regulated or registered in-home child care: Required to retake and be recertified in the Health and Safety Standards training every two years.

f. Non-regulated or registered in-home child care: N/A. License exempt/non-registered providers are not eligible to participate in the CCDF subsidy program.

5.7   Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1　In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. *Click or tap here to enter text.*

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. *Click or tap here to enter text.*

5.7.2　National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

> ☒ Yes.

> ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. *Click or tap here to enter text.*

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

> ☒ Yes.

> ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

> ☒ Yes.

> ☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. *Click or tap here to enter text.*

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

> ☐ Yes.

> ☒ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. MSDH is currently working with MDPS to implement the NSOR check into the fingerprint-based background check report.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

> ☐ Yes.

☒ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. MSDH is currently working with MDPS to implement the NSOR check into the fingerprint-based background check report.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☐ Yes.

☒ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. MSDH is currently working with MDPS to implement the NSOR check into the fingerprint-based background check report.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. *Click or tap here to enter text.*

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. *Click or tap here to enter text.*

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. *Click or tap here to enter text.*

5.7.7   Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a.   Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

⊠ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. *Click or tap here to enter text.*

b.   Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

⊠ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. *Click or tap here to enter text.*

c.   Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

⊠ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. *Click or tap here to enter text.*

5.7.8   Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a.   Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

⊠ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

⊠ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

⊠ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. *Click or tap here to enter text.*

5.7.9   Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.

- Knowingly made materially false statements in connection with the background check.

- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.

- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.

- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

⊠ Yes.

☐ No. If no, describe the disqualifying criteria: *Click or tap here to enter text.*

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

⊠ Yes.

☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: *Click or tap here to enter text.*

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: If the applicant is identified on the Child Abuse and Neglect registry, they are automatically disqualified to be employed at a licensed, regulated, and/or registered child care provider, including providers receiving CCDF subsidy payments.

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: If the applicant is identified on the Child Abuse and Neglect registry in another state, they are automatically disqualified to be employed at a licensed, regulated, and/or registered child care provider, including providers receiving CCDF subsidy payments.

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification: *Click or tap here to enter text.*

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No.

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No.

    iii.   Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No.

    iv.   Get completed in a timely manner.

☒ Yes.

☐ No.

    v.   Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No.

    vi.   Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No.

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a.   FBI criminal background check.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

b. In-state criminal background check with fingerprints.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

c. In-state Sex Offender Registry.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

d. In-state child abuse and neglect registry.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

e. Name-based national Sex Offender Registry (NCIC NSOR).

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

f. Interstate criminal background check, as applicable.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

g. Interstate Sex Offender Registry check, as applicable.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

h. Interstate child abuse and neglect registry check, as applicable.

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

☐ Yes.

☒ No. If no, describe. Mississippi does not allow for provisional hire of a child care employee.

5.7.13   Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request.

a.   Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. *Click or tap here to enter text.*

b.   Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy: *Click or tap here to enter text.*

5.7.14   Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a.   Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☒ Yes.

☐ No.

b.   Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. When a request is received, the MSDH fingerprint office conducts a fingerprint-based check of the Mississippi Criminal Information Center, Mississippi Sex Offender Registry, and Mississippi Child Abuse Registry.

c.   Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy. *Click or tap here to enter text.*

☒ No.

5.7.15   Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: Other states- https://msdh.ms.gov/msdhsite/_static/resources/18346.pdf Ms. Child Care providers- 18347.pdf (ms.gov)

> Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

      i. ☒ Agency name

      ii. ☒ Address

      iii. ☒ Phone number

      iv. ☒ Email

      v. ☒ Website

      vi. ☒ Instructions

      vii. ☒ Forms

      viii. ☒ Fees

      ix. ☐ Is the State a National Fingerprint File (NFF) State?

      x. ☐ Is the State a National Crime Prevention and Privacy Compact State?

      xi. If not all boxes above are checked, describe: Mississippi does not participate in the National Fingerprint File program.

c. Interstate sex offender registry (SOR) check:

      i. ☒ Agency name

      ii. ☒ Address

      iii. ☒ Phone number

      iv. ☒ Email

      v. ☒ Website

      vi. ☒ Instructions

      vii. ☒ Forms

      viii. ☒ Fees

      ix. If not all boxes above are checked, describe: *Click or tap here to enter text.*

d. Interstate child abuse and neglect (CAN) registry check:

      i. ☒ Agency name

ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?

iii. ☒ Address

iv. ☒ Phone number

v. ☒ Email

vi. ☒ Website

vii. ☒ Instructions

viii. ☒ Forms

ix. ☒ Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented. *Click or tap here to enter text.*

5.7.17 Renewal of the comprehensive background check Renewal of comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component? *Click or tap here to enter text.*

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☒ No.

☐ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation

training, ongoing training, inspections, and/or background checks) do you exempt them?
Click or tap here to enter text.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

e. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

  i. ☐ Providing program-level grants to support investments in staff compensation.

  ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

  iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

  iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.

  v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

<ol type="i" start="6">
☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
☐ Providing scholarships or tuition support for center-based child care staff and family child care providers.
☐ Other. Describe: *Click or tap here to enter text.*

<ol type="a" start="6">
Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends.
Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. Click or tap here to enter text.
Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce.
Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. Mississippi is focused on creating and maintaining a highly qualified early childhood workforce by developing a professional learning system that provides early childhood professionals - teachers, directors, mental health specialists, and other specialists - with a foundation in child development knowledge, enabling them to expand their knowledge and build a highly qualified workforce. The Lead Agency has implemented a state-wide professional development registry, Lift-ED, that captures pre-service and ongoing in-service training of early childhood teachers. With Lift-ED in place, Mississippi is better positioned to make informed decisions about how to support our early childhood workforce through multiple professional development platforms and credential building opportunities. Mississippi intends to develop a career ladder that builds a foundation of child development knowledge and practice, then builds on that foundation through continuing education (i.e., training and on-site technical assistance). The Lead Agency is also working to address the issue of wage disparity surrounding those working in early childhood education by partnering with the Prenatal to Five Fiscal Strategies and the Mississippi Forum for the Future to examine the pay structure of the state's early childhood workforce and determine what the cost to compensate teachers in early childhood programs properly.

6.1.2   Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. The Lead Agency offers business training and on-site technical assistance to child care owners and directors. This training includes the Mississippi Director's Credential program, financial management training workshops, and family child care business model training. Topics included in financial management training for licensed child care programs include Managing Tuition and Payroll, Marketing Your Child Care Program, Mastering the Budget, Now Hiring: Boosting Recruitment During Child Care, Staffing Crisis, Staffing & Turnover Post COVID – 19, The Enrollment Factor, Unlocking the Power of Online Marketing, Teacher Motivation, Communicating with Parents, Taking Care of Children and Me!

The following topics are included in financial management training for family home providers offered through the Nurturing Homes Initiative (NHI): Income & Benefits, Work Environment, Fiscal Management, Recordkeeping, Risk Management, Provider-Family Communications, Family Support & Engagement, Marketing & Community Relations, Provider as Employer.

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i.	☒	Fiscal management.
ii.	☒	Budgeting.
iii.	☒	Recordkeeping.
iv.	☒	Hiring, developing, and retaining qualified staff.
v.	☒	Risk management.
vi.	☒	Community relationships.
vii.	☒	Marketing and public relations.
viii.	☒	Parent-provider communications.
ix.	☐	Use of technology in business administration.
x.	☒	Compliance with employment and labor laws.
xi.	☒	Other. Describe any other efforts to strengthen providers' administrative business: The Lead Agency offers a MS Directors Credential Training totaling 135 hours of professional development and MS Directors Credential - Renewal Training.

6.1.3   Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a.   Providers and staff with limited English proficiency: The Lead Agency provides translations services for all application and other client services in Vietnamese and Spanish.

b.   Providers and staff who have disabilities: The Lead Agency partners with the Mississippi Early Childhood Inclusion Center (MECIC) to offer professional development to providers and staff. MECIC employs best practices for meeting adult learning needs, including adults with disabilities by designing professional development and coaching with Universal Design for Learning principles. All activities and materials can be adapted to meet provider needs.

6.2   Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1   Updates and consultation

a.   Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☒ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: The Lead Agency and its partners have updated the framework for professional development and documentation of services through our online Lift-ED Professional Development Portal and WELS Quality Improvement Activity platform. These two platforms collect professional development data and quality improvement data. These two platforms also import existing child care licensing data from the Licensing and Registration System (LARS) into the WELS Reporting System. This system allows the Lead Agency to examine current professional development and quality improvement activities and determine where improvements or changes are needed to offer better training, coaching, and quality improvement opportunities. Use of these platforms (e.g., Lift-ED Portal & WELS Quality Improvement Activity platform) provide data collection, analysis, and reporting tools that support the span of early learning management functions and solutions, as well as connect and exchange information with administration and management about early learning programs and families. Through their personal accounts in the Lift-ED Portal, early childhood providers and teachers can report and manage their information including demographics, work experience, education, and training. Lift-ED also offers help with administration of child care programs and enhance marketing efforts for directors. As a Single Sign-On (SSO) website, the Lift-ED Portal allows teachers and child care professionals in the state to directly self-report on workforce information from their personal account. Currently, the system collects information on workforce demographics,

employment, skills & education, and professional development. Lead Agencies can continue to build on this information to include other important workforce information such as educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits.

☐ No.

b.   Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups:

The Lead Agency consulted with Social Science Resource Center at Mississippi State University (SSRC) and key groups of child care providers at the state-wide child care provider and stakeholder town hall meetings.

☐ No.

6.2.2   Description of the professional development framework

a.   Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i.   Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors).

The Lead Agency along with partnering agencies provide professional development for teachers and directors in both center based and family child care. To support our work in the community the lead and partnering agencies also offer in depth professional development for our staff (i.e. trainers, coaches, Quality Support System (QSS) observers, and family service workers.

ii.   Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. The Lead Agency houses a professional development registry (i.e., Lift-ED). Which supports early childhood professionals with identifying pathways to career advancement. Improvements to this system will include the functionality to take state-specific requirements and generate a visual pathway of those requirements to enhance credentials and opportunities based on enhanced credentials. Inside the My Career Journey section of Lift-ED, individuals will interact with an online module that includes a professional position, or starting point, and moves through the requirements for reaching the next level related to their professional topic (i.e., infant curriculum, preschool curriculum, afterschool curriculum). The system customizes the information so that the individual sees only the pathway that is relevant to them. To further support career advancement, Lift-ED tracks individual progress through educational experiences and professional development opportunities to provide educator progress in real-time. The Career Journey section of Lift-ED is designed to resource educators in continuing a career-long commitment to professional development.

Family home child care providers who participate in the Nurturing Homes Initiative can earn the CDA (Child Development Associate Credential).

Current directors and aspiring directors may earn the Mississippi Director's Credential. This program is available to any individuals who are interested in pursuing a career in early childhood education administration.

iii.   Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. The CCDF State Plan was made available to the State Early Childhood Advisory Council for feedback on all sections including the Plan's professional development plans and activities. The Lead Agency will create a Child Care Payment Program (CCPP) Advisory Council whose membership will be comprised of parents and or guardians who participate in the CCPP, child care providers who participate in the CCPP, and other stakeholders who provide support to families and child care providers that participate in the CCPP. This council will meet quarterly to discuss the Lead Agency's implementation of CCPP and advise the Lead Agency on ways to better meet the needs of families and child care providers who participate in the CCPP.

iv.   Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. Mississippi does not have any articulation agreements in place between informal education, community colleges, and universities/colleges.

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. As a Single Sign-On (SSO) website, the Lift-ED Portal allows teachers and child care professionals in the state to directly self-report on workforce information from their personal account. Currently, the system collects information on workforce demographics, employment, skills & education, and professional development. Lead Agencies can continue to build on this information to include other important workforce information such as educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. Using American Rescue Plan dollars, the Lead Agency developed and implemented a direct incentive program, a CDA and associates degree scholarship program, and a statewide substitute teacher platform.

b. Does the Lead Agency use additional elements?

 ☒ Yes.

 If yes, describe the element(s). Check all that apply.

  i. ☐ Continuing education unit trainings and credit-bearing professional development. Describe: Click or tap here to enter text.

  ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: Members from the IHL are represented on the State Early Childhood Advisory Council and are included in the review of the CCDF State Plan.

  iii. ☐ Other. Describe: *Click or tap here to enter text.*

 ☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of child.

 Yes, trainings and technical assistance lessons are categorized by infant, toddler, preschool, as well as school age care and education. The Nurturing Homes Initiative (NHI)

offers one-on-one technical assistance and trainings specific to the needs of Family Child Care Providers. The Mississippi Early Childhood Inclusion Center offers one-on-one technical assistance and training to early childhood providers that serve children with special needs.

The Lead Agency offers age specific trainings created from the MS Early Learning standards, they are as follows:

- ELS For Infants & Toddlers: Approaches to Learning
- ELS for Infants & Toddlers: Cognition
- ELS for Infants & Toddlers: Language and Communication
- ELS for Infants & Toddlers: Perceptual, Motor, and Physical Development
- ELS For Infants & Toddlers: Social and Emotional Development
- ELS for Three- & Four-Year Olds: Approaches to Learning
- ELS for Three- & Four-Year Olds: Creative Expression
- ELS for Three- & Four-Year Olds: English Language Arts
- ELS for Three- & Four-Yer Olds: Mathematics
- ELS for Three- & Four-Year Olds: Physical Development
- ELS for Three- & Four-Year Olds: Science
- ELS for Three- & Four-Year Olds: Social Studies
- ELS for Three- & Four-Year Olds: Social and Emotional Development

Professional development and technical assistance offered to family child care providers are provided below:

- Health & Safety Environments
- Keeping Children Safe
- Redirection
- Learning Environments
- Infant Development
- Physical Development
- Social/Emotional Learning
- Creative Arts
- Language Development
- Science
- Sand/Water Play
- Math
- Block Play
- Dental Hygiene
- WOYC – Week of the Young Child
- Family Engagement

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? The Lead Agency houses a professional development registry (i.e., Lift-ED). Which supports early childhood professionals with identifying pathways to career advancement. Improvements to this system will include the functionality to take state-specific requirements and generate a visual pathway of those requirements to enhance credentials and opportunities based on enhanced credentials. Inside the My Career Journey section of Lift-ED, individuals will interact with an online module that includes a professional position, or starting point, and moves through the requirements for reaching the next level related to their professional topic (i.e., infant curriculum, preschool curriculum, afterschool curriculum). The system customizes the information so that the individual sees only the pathway that is relevant to them. To further support career advancement, Lift-ED tracks individual progress through educational experiences and professional development opportunities to provide educator progress in real-time. The Career Journey section of Lift-ED is designed to resource educators in continuing a career-long commitment to professional development.

Family home child care providers who participate in the Nurturing Homes Initiative can earn the CDA (Child Development Associate Credential).

Current directors and aspiring directors may earn the Mississippi Director's Credential. This program is available to any individuals who are interested in pursuing a career in early childhood education administration.

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? Yes, the Lead Agency is the recipient of the Mississippi's Preschool Development Birth-to-Five grant. The Lead Agency has representation on the State Early Childhood Advisory Council whose members provided feedback on the State Plan.

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? Mississippi does not have any articulation agreements in place between informal education, community colleges, and universities/colleges.

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? A Wages Working Group emerged as part of the Forum For the Future, a Mississippi-based early childhood consortium with backbone support from the Mississippi Early Learning Alliance. This group consists of child care providers, university faculty, members of the business community, and other early childhood stakeholders. Its goal is to research the early childhood workforce and to take actions, in concert with others, to address the child care crisis in Mississippi. The study collected information on the current wage structure of early childhood teachers across Mississippi and is being used to make policy recommendations related to the compensation level of early childhood professionals statewide.

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? Using American Rescue Plan dollars, the Lead Agency developed and implemented a direct incentive program, a CDA and associate degree scholarship program, and a statewide substitute teacher platform.

6.3   Ongoing Training and Professional Development

6.3.1   Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: 15 hours per licensing period

b. License-exempt child care centers: 15 hours per licensing period

c. Licensed family child care homes: 15 hours per licensing period

d. License-exempt family child care homes: 15 hours per licensing period

e. Regulated or registered in-home child care: 15 hours per licensing period

f. Non-regulated or registered in-home child care: 15 hours per licensing period

6.3.2   Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds. The Mississippi Band of Choctaw Indians has access to the Lead Agency's training and professional development.

6.3.3   Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? The Lead Agency offers age specific trainings created from the MS Early Learning standards, they are as follows:

Early Learning Standards

ELS For Infants & Toddlers: Approaches to Learning, ELS for Infants & Toddlers: Cognition, ELS for Infants & Toddlers: Language and Communication, ELS for Infants & Toddlers: Perceptual, Motor, and Physical Development, ELS For Infants & Toddlers: Social and Emotional Development, ELS for Three- & Four-Year Olds: Approaches to Learning, ELS for Three- & Four-Year Olds: Creative Expression, ELS for Three- & Four-Year Olds: English Language Arts, ELS for Three- & Four-Yer Olds: Mathematics, ELS for Three- & Four-Year Olds: Physical Development, ELS for Three- & Four-Year Olds: Science, ELS for Three- & Four-Year Olds: Social Studies, ELS for Three- & Four-Year Olds: Social and Emotional Development

Infant/Toddlers

Emergent Literacy for Infants and Toddlers, Music is in the Air: For Infants & Toddlers, Supporting Positive Behaviors: Infants & Toddlers, The Central Role of Early Childhood Educators: Infant & Toddlers

Preschool

Early Learning Environment for Preschoolers, Emergent Literacy for Preschoolers, Supporting Positive Behaviors: Preschool, The Central Role of Early Childhood Educators: Preschool MS Transition Toolkit

School-age

Supporting Positive Behaviors: After School, Bridging Teaching with Assessment, Detection of Child Abuse, Differentiated Instruction, Making Lesson Planning Fun, Making the Most of Outdoor Play, The Power of Play, Cooking Up Some Fun, The Central Role of Families in the Early Childhood Program, ePyramid Model, Health & Safety Topic trainings,

Family Child Care

Technical Assistance Health & Safety Environments, Keeping Children Safe, Redirection, Learning Environments, Infant Development, Physical Development, Social/Emotional Learning, Creative Arts, Language Development, Science, Sand/Water Play, Math, Block Play, Dental Hygiene, WOYC – Week of the Young Child Family Engagement, Lesson Plans for Multi-Age Groups, Taking Care of You before Taking Care of Others, The Business Administration Scale for Family Child Care (BAS) is a valid and reliable instrument designed to measure business and professional practices of family child care programs. The BAS measures quality on a 7-point scale. It is appropriate for the full range of regulated home-based programs – family child care, group family child care, Head Start, and Early Head Start. The BAS is also available in Spanish. Professional Development Training(s) Introduction to Business Administration Scale (BAS) - 2-hour training Technical Assistance provided on the following: Qualifications and Benefits Work Environment Fiscal Management Recordkeeping Risk Management Provider-Family Communication Family Support and

Engagement Marketing and Community Relations Provider as Employer

Children with Special Needs/Early Inclusion
The Mississippi Early Childhood Inclusion Center (MECIC) supports Mississippi's ability to support access to quality inclusive early learning environments for young children with disabilities. The comprehensive approach MECIC provides throughout the state, highlights the U. S. Department of Health and Human Services (U.S. DHHS) and the U. S. Department of Education's (U.S. DE) joint policy statement on early childhood inclusion. The policy statement emphasizes access to early learning programs where early educators provide individualized and appropriate supports for young children with disabilities (U.S. DHHS & U.S. DE, 2015). However, children with disabilities and their families continue to face barriers accessing high-quality early childhood programs, often resulting in segregated learning environments for preschool children with disabilities (U.S. DHHS & U.S. DE, 2015) or families leaving the workforce to care for their children (US Chamber of Commerce Foundation & Mississippi Economic Council, 2020). As Mississippi continually develops processes to support families and early childhood educators, young children with disabilities and those at-risk continue to be a priority population for MECIC to ensure families and early educators have access to supports that promote quality early childhood inclusion. Citing the U.S. DHHS and the U.S. DE joint policy statement on early childhood inclusion, states should ensure access to specialized supports (2015). MECIC provides specialized supports, including comprehensive services for families and young children, as well as quality professional development and technical assistance for early childhood educators. As a traditionally medically underserved state with sparsely populated rural areas; Mississippi faces many challenges for quality early childhood inclusion. Current Kids Count Census Factbook (2020) and current research out of the Children's Foundation (2020) highlights 31% of our children are living in poverty, 19% of children 4 and under living with grandparents, and 79% of children have not received a developmental screening by age three; all indicators of children who are at-risk for developmental delays. The staff of the Mississippi Early Childhood Inclusion Center supports young children with disabilities and those at-risk having access to the learning environment, participation in all learning activities, and appropriate support for all children, early educators, and families.

6.3.4   Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. The Lead Agency contracts with the Mississippi Early Childhood Inclusion Center (MECIC) to provide professional development on monitoring development and developmental screening. These professional development trainings emphasize the importance of recognizing concerns for development and how to make referrals to Part C and Part B. Further, MECIC: R&R hosts monthly developmental screening days and an autism specific screening day in April. The MECIC: R&R will provide developmental, social-emotional, and autism screenings as requested by families. Developmental screening information will be provided to

families during consumer education events and shared with families who are receiving assistance through the Lead Agency.

The Nurturing Homes Initiative uses the Early Childhood Screens III, which evaluates the key predictors of school success. Each screen takes approximately 10–15 minutes per child and allows for comparison of performance to the cutoff scores for delays and giftedness, as well as to the performance of same-age children. Examiners use one Data Sheet per child per screening. Our screening tools address the domains of Physical Development, Language Development, Academic Skills/Cognitive Development, and Self-help and Social-Emotional Skills.   To screen infants, toddlers, and two-year-olds, select the Early Childhood Screen III (0–35 months) To screen three-, four-, and five-year-olds, select the Early Childhood Screen III (3–5 years).

6.4   Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

- i. ☒ Research-based.
- ii. ☒ Developmentally appropriate.
- iii. ☒ Culturally and linguistically appropriate.
- iv. ☒ Aligned with kindergarten entry.
- v. ☒ Appropriate for all children from birth to kindergarten entry.
- vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- vii. If any components above are not checked, describe: *Click or tap here to enter text.*

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

- i. ☒ Cognition, including language arts and mathematics and, STEM
- ii. ☒ Social development.
- iii. ☒ Emotional development.
- iv. ☒ Physical development.

     v.   ☒ Approaches toward learning.

     vi.   ☐ Other optional domains. Describe any optional domains: *Click or tap here to enter text.*

     vii.   If any components above are not checked, describe: *Click or tap here to enter text.*

a. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? The MS Early Learning Standards are housed on the MS Department of Education website https://mdek12.org/EC/Guidelines-and-Standards and were revised in 2018. Revisions were made to align with the national early learning standards.

b. Provide the Web link to the Lead Agency's early learning and developmental guidelines. Direct link to MS Early Learning Standards https://www.mdek12.org/sites/default/files/final_infants_through_four-yea-old_early_learning_standards_2020.08.21_jg.pdf

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. The Lead Agency uses the ELS to support the creation professional development trainings and technical assistance in the early childhood classrooms.

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

     i.   ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

     ii.   ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

     iii.   ☒ Will be used as the primary or sole method for assessing program effectiveness.

     iv.   ☒ Will be used to deny children eligibility to participate in CCDF.

     v.   If any components above are not checked, describe: *Click or tap here to enter text.*

7   Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.

2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.

3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

c. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: A comprehensive needs assessment was conducted in Mississippi. The primary objective of this assessment was to evaluate the existing state of child care in Mississippi. The conclusions presented are based on a range of resources generated by Mississippi researchers and professionals and primary data collected from stakeholders. This report serves as an environmental scan of current practices and programs throughout the state and a historic document capturing Mississippi's progress toward achieving equity, accessibility, and quality of child care. The report underscores the pressing issue of accessibility, availability, and affordable childcare in Mississippi. It reveals that parents, particularly those from minority households and low-income families, encounter significant challenges in finding affordable and accessible childcare arrangements. These challenges frequently compel parents to make difficult decisions, such as withdrawing from their jobs or forgoing training or educational opportunities. The lack of childcare availability exacerbates existing social inequalities, as it disproportionately affects these vulnerable groups. The waitlists for childcare centers are protracted, and several counties have more children under the age of five than they have available seats for childcare.   The report emphasizes parents' crucial role in fostering their children's development, academic success, health, and overall well-being. It emphasizes the significance of providing comprehensive support to parents, which can bolster their confidence and help them advocate effectively for their children. The report also underscores the need for comprehensive parent engagement programs and commends Mississippi's initiatives in this regard. The state has established a vast network of nonprofit and university-sponsored programs to increase parent engagement and educate families about child development.   Our team conducted a needs assessment utilizing the USDA Rural-Urban Commuting Area Codes (RUCA Codes) alongside the HRSA definition of rurality, identifying levels 4-10 as rural. According to the 2021 ACS 5-Year Estimates, 94,694 children under 5, accounting for 52%, reside in rural areas. Notably, rural areas display a disproportionate composition of families of color, with 47% of people in such regions belonging to minority groups, in contrast to 37% in urban areas. Rural Mississippians experience a higher poverty rate than urban Mississippians due to limited job opportunities, lower wages, and transportation issues. Of children under 5 in rural areas, 23.5% live below the poverty line, while the corresponding figure for urban areas is 17.5%.   Our research has identified crucial findings in childcare staff qualifications and enhancing childcare quality. We discovered that having qualified childcare staff is critical in providing children with a safe, nurturing, and educational environment. This includes having staff members who have completed relevant training and have the necessary certifications to work in a childcare setting.   Furthermore, we found that improving childcare quality requires a multifaceted approach. This includes implementing evidence-based practices, providing ongoing professional development opportunities for staff, and creating a supportive and engaging learning environment for children. By focusing on these critical areas, we can ensure that children receive the highest quality of care and education possible, setting them up for success in the future.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: A comprehensive needs assessment was conducted in Mississippi to evaluate the present state of child care. The findings are based on resources provided by professionals in Mississippi and primary data collected from stakeholders. The report serves as both an appraisal of current practices and programs across the state and a historical record documenting Mississippi's journey towards achieving equitable, accessible, and high-quality child care. Key Findings Child Care Staff Qualifications Efforts are underway to better understand the qualifications and experiences of the workforce. As part of this effort, the PDG-MS LIFT Provider Survey was conducted during the Fall of 2023. The survey's preliminary findings, which have been collected at the midpoint, reveal that the majority of Childcare Center Directors who participated in the survey possess a bachelor's degree or higher. The most significant challenges these directors encounter is finding qualified staff, high teacher turnover, and lack of funds. The COVID-19 pandemic has profoundly impacted the child care workforce, with 51% of workers indicating that their jobs have become more complex since the pandemic's onset. Moreover, one-third of these workers have seriously considered leaving their careers within the past 12 months. A significant proportion of workers (73.8%) reported earning just enough or not enough to make ends meet, with the caveat that most of the respondents in this preliminary sample were Center Directors. Furthermore, a considerable proportion of survey respondents (36.3%) reported needing physical repairs in their facilities, including repairing drywall, plumbing, mold remediation, and deep cleaning. These findings suggest that child care centers require assistance beyond staffing and retention, such as improving their physical infrastructure. In conclusion, the PDG-MS LIFT Provider Survey provides valuable insights into the current state of the childcare workforce and highlights the need for continued efforts to support childcare centers in addressing their challenges. Improving the Quality of Child Care The traditional Quality Rating Improvement System (QRIS) is distinct from the system that has proven successful in Mississippi. Consequently, the Department of Human Services (DHS) has devised a Quality Support System (QSS), which is presently in the nascent execution stages. To ensure the success of this program, continual research will be imperative. A platform to capture professional development and Early Childhood Care and Education (ECCE) professional information will be instrumental in comprehending the current ECCE landscape, including the number of ECCE professionals, demographics, credentials, and engagement in professional development opportunities. During the Fall of 2023, the State of Mississippi commenced the distribution of a brief Provider Survey aimed at eliciting feedback from licensed child care centers in the state. Invitations to participate were disseminated via email and mail to all eligible child care centers. By January 2024, 350 responses were obtained, of which 310 were analyzed after removing duplicates and reactions to less than 20% of the items. The survey was hosted on Qualtrics, a web-based platform, and distributed electronically via email. Recruitment materials were also sent to licensed child care centers to encourage participation in the survey. Participants were allowed to enter a drawing for one of fifty $25 gift cards as an incentive for their involvement. The University of New Haven's Institutional Review Board (IRB) approved this study under Protocol #2023-081. Most of the survey respondents (80%) held the position of Director in their respective centers. A considerable portion (48.07%) of this group had acquired advanced education, such as a Bachelor's Degree, Master's Degree, or higher. These findings suggest a high level of education among the individuals responsible for managing the centers. Demographic data was compiled to capture a diverse range of experiences and viewpoints. The participants were predominantly female, with a significant proportion identifying as either Black (37.9%) or White (28.1%). The level of education among the participants was distributed

relatively evenly, with a preponderance of individuals holding either a Bachelor's degree (25.6%) or a Master's degree (21.5%).   A comprehensive approach to child development engages children in learning across multiple domains. This approach involves cultivating executive functioning skills through relevant activities and interactions, fostering positive attachments and relationships between adults and peers, supporting age-appropriate independence and critical thinking skills, and recognizing the family's integral role in promoting children's holistic development.   Quality early care and education programs adhere to rigorous standards to enrich children's experiences through nurturing and responsive interactions with trained professionals in a safe, predictable, and developmentally appropriate environment. Such an environment is essential in fostering children's optimal development and ensuring that they are equipped with the skills they need to succeed in life.   Each child's experience is intricately intertwined with their learning progress and overall development. Participation in high-quality early education and childcare programs dramatically benefits children and their families. Extensive research has demonstrated that attending a high-quality child care center during the formative years is associated with significantly better academic performance, crucial developmental milestones, and increased parental participation and involvement, leading to a more harmonious and fulfilling family life. In Mississippi, a vital objective of the early education and child care system is to enhance the overall quality of the programs statewide, thereby providing an equitable and fair opportunity for more children to experience the benefits of such programs.   Mississippi currently needs a formal system to ensure the quality of learning experiences. This report comprehensively evaluates the current state of child care in Mississippi. It aims to provide insights into the challenges faced by parents in accessing affordable and high-quality childcare arrangements. The report places significant emphasis on the importance of promoting solid parent-child relationships and showcases the various initiatives undertaken by Mississippi to achieve this objective.   This report's findings suggest that Mississippi parents encounter significant obstacles when seeking reliable and affordable childcare options. The report highlights that the high cost of childcare, limited availability of quality care, and the lack of resources and support for parents contribute to these difficulties. These challenges have far-reaching implications for parents, children, and the broader community.   Additionally, the report emphasizes the significance of fostering solid parent-child relationships and teacher-child relationships, which are crucial for children's social, emotional, and cognitive development. Mississippi has implemented several initiatives to achieve this objective, including programs promoting parental involvement in children's education and community-based initiatives facilitating parent-child bonding.   In conclusion, this report underscores the critical need to address the challenges parents face in accessing affordable, high-quality childcare arrangements in Mississippi. It highlights the significance of fostering solid parent-child relationships and showcases the various initiatives undertaken by Mississippi to achieve this objective.

7.2   Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1   Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. https://www.mdhs.ms.gov/eccd/reports-archives/

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

    i.   Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

        ☒ Yes. If yes, describe current and future investments. Yes, DECCD offers training and technical assistance for infants & toddlers, preschool, as well as school age. The Nurturing Homes Initiative (NHI) offers one-on-one technical assistance and training specific to the needs of Family Child Care Providers. Professional development and technical assistance offered to family child care providers are provided below: Health & Safety Environments Keeping Children Safe Redirection Learning Environments Infant Development Physical Development Social/Emotional Learning Creative Arts Language Development Science Sand/Water Play Math Block Play Dental Hygiene WOYC – Week of the Young Child Family Engagement

        ☐ No plans to spend in this category of activities at this time.

    ii.   Developing, maintaining, or implementing early learning and developmental guidelines.

        ☒ Yes. If yes, describe current and future investments. The Lead Agency offers age specific trainings created from the MS Early Learning standards, they are as follows: ELS For Infants & Toddlers: Approaches to Learning ELS for Infants & Toddlers: Cognition ELS for Infants & Toddlers: Language and Communication ELS for Infants & Toddlers: Perceptual, Motor, and Physical Development ELS For Infants & Toddlers: Social and Emotional Development ELS for Three- & Four-Year Olds: Approaches to Learning ELS for Three- & Four-Year Olds: Creative Expression ELS for Three- & Four-Year Olds: English Language Arts ELS for Three- & Four-Yer Olds: Mathematics ELS for Three- & Four-Year Olds: Physical Development ELS for Three- & Four-Year Olds: Science ELS for Three- & Four-Year Olds: Social Studies ELS for Three- & Four-Year Olds: Social and Emotional Development

        ☐ No plans to spend in this category of activities at this time.

    iii.   Developing, implementing, or enhancing a quality improvement system.

        ☒ Yes. If yes, describe current and future investments. Mississippi is replacing its current quality standards (i.e., the Standard Center Designation) with a Quality Support System (QSS) that will establish standards of quality built around teacher/child interaction, developmentally appropriate practice for different age groups of children and children that have special needs. These quality standards will apply to center-based child care and family home child care. Under the QSS, child care providers will earn badges based on the Classroom Assessment Scoring System (CLASS), along with

proficiencies/standards of quality (i.e., staff-child interactions, learning environments, curriculum & assessment, workforce development and support, family communication, and program management). These badges will be displayed on provider profiles for the public to view. Families will be able to find tailored child care services that best meet their needs and the needs of their children. Input and feedback from the child care provider community, parents, and other stakeholders has been and will continue be used closely in the development of each element of this system.

☐ No plans to spend in this category of activities at this time.

iv.   Improving the supply and quality of child care services for infants and toddlers.

☒ Yes. If yes, describe current and future investments. The new Quality Support System (QSS) includes infant and toddler quality standards that child care providers will implement with the assistance of targeted technical assistance and professional development around infant/toddler curriculum and developmentally appropriate practice. Center-based and family home providers will earn badges to show they have met these quality standards, which will be displayed on their public search profiles. The Lead Agency will also provide incentives (i.e, higher subsidy rates for infants/toddlers and/or classroom enhancements) to providers who work to build their capacity to serve infants and toddlers. Input and feedback from the child care provider community, parents, and other stakeholders will be used in the development of this system.

☐ No plans to spend in this category of activities at this time.

v.   Establishing or expanding a statewide system of CCR&R services.

☒ Yes. If yes, describe current and future investments. The Lead Agency has contracted with universities, community colleges, non-profits, and local government to operate a state-wide Resource and Referral Network.   At the direction of the Lead Agency, the regional CCR&R offices are required to: (1) 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. (2) Work with families who receive assistance to offer the families support and assistance, to make informed decisions about which child care providers best meet the specific needs of the child and family and is a high-quality program (as determined by the Lead Agency). (3) Collect data and provide information on the coordination of services and support. (4) Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers, in an effort to increase the supply and quality of child care services and as appropriate, coordinate activities with the activities of the Lead Agency. Through these partnerships, the Lead Agency intends to have an R&R Networked comprised of over 50 sites, including four mobile R&R units that will travel to remote locations and offer R&R services across the state.

☐ No plans to spend in this category of activities at this time.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

⊠ Yes. If yes, describe current and future investments. The Mississippi State Department of Health will participate in technical assistance and coaching efforts as part of the Quality Support System (QSS). Licensing officials will be part of TA teams along with early childhood coaches and early inclusion/special needs coaches to assist child care programs with meeting quality standards along with health and safety standards. During TA visits, only Class I violations will be cited. The TA team will help providers address and correct Class II and Class III issues immediately on site. The TA team will support providers in helping alleviate any systematic issues that may be contributing to habitual violations. *Regulations Governing Licensure of Child Care Facilities, Rule 1.25.9 Violations and Penalties, Source: Miss. Code Ann. §43-20-8.*

☐ No plans to spend in this category of activities at this time.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

⊠ Yes. If yes, describe current and future investments. Mississippi uses the Lift-ED system to track all professional development and quality improvement activities with center-based and family home child care providers. The Lift-ED system also captures quality assessments done with all providers and tracks improvements in assessments as child care providers receive training and coaching support.

☐ No plans to spend in this category of activities at this time.

viii. Accreditation support.

☐ Yes. If yes, describe current and future investments. Click or tap here to enter text.

⊠ No plans to spend in this category of activities at this time.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

⊠ Yes. If yes, describe current and future investments. Training and coaching are provided to all child care providers on health, nutrition, and physical activity/development through the Lead Agency and its partnering organizations. The Lead Agency also provides training on the Pyramid Model, which is a social-emotional support framework for teachers and children. The Pyramid Model aligns with the type of social-emotional support used in K-12 school systems. Additionally, the QSS includes social-emotional support including trauma-informed care as a proficiency and will have badges to recognize child care programs for their efforts in supporting mental health for children they serve and their staff.

☐ No plans to spend in this category of activities at this time.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☐ Yes. If yes, describe current and future investments.

☒ No plans to spend in this category of activities at this time.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

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

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: 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 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.

☐ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: 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 multi-disciplinary 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.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: 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.

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: 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.

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: 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.

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: 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. The Lead Agency partnered with the Mississippi Department of Education Office of Early Childhood in the current Preschool Development Grant Birth to Five Renewal Grant.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: 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. The Lead Agency is a voting member of the Child Care Licensing Advisory Council which meets quarterly.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: 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.

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: 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.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: 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.

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: The Mississippi Division of Medicaid (DOM) operates the Children's Health Insurance Program (CHIP) in the state. The Lead Agency and the (DOM) share a common web portal for clients to apply for services.

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: 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.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: The Lead Agency has contracts in place with local government entities, non-profits, as well as two and four-year institutions of higher learning across the state to provide resource and referral centers to provide services statewide. 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.

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

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: 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.

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

   i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The Lead Agency partners with the Mississippi Head Start Association to offer an annual professional development conference for early childhood providers, Head Start staff, and other early childhood professionals.

   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 disabilities by providing high quality early childhood inclusion. MECIC trains child care providers in caring for children with disabilities and upon completion offers a professional credential. MECIC offers training, technical assistance, screening, family resources, 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, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: *NA*

v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: The Lead Agency has a voting membership on the State Interagency Coordinating Council for the Mississippi State Department of Health First Steps/Part C program. The Lead Agency hosts free developmental screenings for families and makes referrals directly to the First Steps/Part C program.

vi. ☒ State/Territory agency responsible for child welfare. Describe: The Lead Agency receives direct referrals for children who are in custody of the Mississippi Department of Child Protection Services for child care services. The Lead Agency's Family Navigator program works directly with MDCPS to provide services to any families for additional services (i.e., employment, parental training, food and clothing resources, etc.)

vii. ☐ Child care provider groups or associations. Describe: The Lead Agency hosts quarterly Information Sharing Sessions during which all child care providers are welcome to attend. During these sessions, the Lead Agency providers key updates and allows any participants to ask questions and/or give feedback on Lead Agency activities.

viii. ☐ Parent groups or organizations. Describe: *NA*

ix. ☐ Title IV B 21st Century Community Learning Center Coordinators. Describe: *NA*

x. ☐ Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive

quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF Services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☐ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

☐ State- or Territory-only child care funds

☒ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☐ Title IV-E funds (Social Security Act)

☐ Other. Describe: *Click or tap here to enter text.*

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? The Lead Agency utilizes TANF funds transferred to CCDF to provide direct services qualifying families and quality improvement activities to child care providers, as well as TANF funds that are not transferred to CCDF to support families with young children who need child care services.

8.2.2. Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

> ☒ Yes. If yes, describe which funds are used: Public funding used for this purpose is received through an allocation from the state legislature.

> ☐ No.

b. Does the Lead Agency use donated funds to meet match requirements?

> ☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

>> i. ☐ Donated directly to the state.

>> ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: *Click or tap here to enter text.*

> ☒ No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.

- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.

- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).

- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☐ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.

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

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: The Lead Agency has contracted with universities, community colleges, non-profits, and local government to operate a state-wide Resource and Referral Network.   At the direction of the Lead Agency, the regional CCR&R offices are required to: (1) 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. (2) Work with families who receive assistance to offer the families support and assistance, to make informed decisions about which child care providers best meet the specific needs of the child and family and is a high-quality program (as determined by the Lead Agency). (3) Collect data and provide information on the coordination of services and support. (4) Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers, in an effort to increase the supply and quality of child care services and as appropriate, coordinate activities with the activities of the Lead Agency.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: The Lead Agency partners with the city of Durant local government and the Delta Health Alliance, a non-profit that services Mississippi's Delta region, to offer resource and referral services in the community and surrounding counties.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? Updated 2024. The updating of the Statewide Child Care Emergency of Operations Plan was due to the reorganization of the Lead Agency and to update protocols based on disaster situations (i.e. COVID- 19) and feedback from Child Care Providers and Families.

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

      i. The plan was developed in collaboration with the following required entities: The Lead Agency, the Mississippi State Department of Health, Delta Health Alliance, Mississippi State University Extension Service, and the University of Southern Mississippi.

☒ State human services agency.

☒ State emergency management agency.

☒ State licensing agency.

☒ State health department or public health department.

☒ Local and State child care resource and referral agencies.

☐ State Advisory Council on Early Childhood Education and Care or similar coordinating body. SHELLEY ASK CHAD

ii.   ☒ The plan includes guidelines for the continuation of child care subsidies.

iii.   ☒ The plan includes guidelines for the continuation of child care services.

iv.   ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.

v.   ☒ The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

        ☒ Procedures for evacuation.

        ☒ Procedures for relocation.

        ☒ Procedures for shelter-in-place.

        ☒ Procedures for communication and reunification with families.

        ☒ Procedures for continuity of operations.

        ☒ Procedures for accommodations of infants and toddlers.

        ☒ Procedures for accommodations of children with disabilities.

        ☒ Procedures for accommodations of children with chronic medical conditions.

vi.   ☒ The plan contains procedures for staff and volunteer emergency preparedness training.

vii.   ☒ The plan contains procedures for staff and volunteer practice drills.

viii.   If any of the above are not checked, describe: *Click or tap here to enter text.*

ix.   If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: *https://www.mdhs.ms.gov/eccd/*

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: 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); The Lead Agency maintains a CCPP service request form (https://www.mdhs.ms.gov/eccd/service-requests-complaints/); - The Lead Agency has a toll-free Complaint Hotline (1-800-877-7882), which is answered during regular business hours.

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: 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.

c. Describe how the parental complaint process ensures broad 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 emailvanessa.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.); 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 on 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 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 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) 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. 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.

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

⊠ Yes. If yes, describe: 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.

☐ No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF 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.

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: 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.

9.2   Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;

- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;

- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;

- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and

- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

    i.   Provide the URL for the Lead Agency's consumer education website homepage: *https://www.mdhs.ms.gov/eccd/*

    ii.   Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

      ☒ Yes.

      ☐ No. If no, describe: *Click or tap here to enter text.*

    iii.   Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

      ☒ Yes.

      ☐ No. If no, describe: *Click or tap here to enter text.*

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

    i.   Provide the direct URL/website link to how the Lead Agency licenses child care providers: *https://healthyms.com/page/30,0,183.html*

    ii.   Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: *https://healthyms.com/page/30,0,183.html*

    iii.   Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: *https://healthyms.com/page/30,0,206.html*

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: *https://healthyms.com/page/30,0,206.html*

9.2.3   Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

    i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

    ☒ Yes.

    ☐ No. If no, describe: Click or tap here to enter text.

    ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: *https://www.mdhs.provider.webapps.ms.gov/ccsearch.aspx*

    iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

    ☒ License-exempt center-based CCDF providers.

    ☒ License-exempt family child care CCDF providers.

    ☒ License-exempt non-CCDF providers.

    ☒ Relative CCDF child care providers.

    ☒ Other (e.g., summer camps, public pre-Kindergarten). Describe: *Click or tap here to enter text.*

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	☒	☒	☒	☒	☒
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	☒	☐	☐	☐	☒
Specialization or training for certain populations	☐	☐	☐	☐	☐
Care provided during nontraditional hours	☐	☐	☐	☐	☐

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

      i. ☐ All licensed providers. Describe: *Click or tap here to enter text.*

      ii. ☐ License-exempt CCDF center-based providers. Describe: *Click or tap here to enter text.*

      iii. ☐ License-exempt CCDF family child care providers. Describe: *Click or tap here to enter text.*

      iv. ☐ License-exempt, non-CCDF providers. Describe: *Click or tap here to enter text.*

      v. ☐ Relative CCDF providers. Describe: *Click or tap here to enter text.*

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

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

      i. ☒ Quality improvement system.

      ii. ☐ National accreditation.

      iii. ☐ Enhanced licensing system.

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

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

v.   ☐ Meeting pre-Kindergarten quality requirements.

vi.   ☐ School-age standards.

vii.   ☒ Quality framework or quality improvement system.

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

b. For what types of child care providers is quality information available?

i.   ☒ Licensed CCDF providers. Describe the quality information: A description of the quality standards required to participate in the CCDF subsidy program.

ii.   ☒ Licensed non-CCDF providers. Describe the quality information: A description of the regulatory requirements required to be a licensed, but non-CCDF provider.

iii.   ☒ License-exempt center-based CCDF providers. Describe the quality information: A description of the quality standards required to participate in the CCDF subsidy program.

iv.   ☒ License-exempt FCC CCDF providers. Describe the quality information: A description of the quality standards required to participate in the CCDF subsidy program.

v.   ☒ License-exempt non-CCDF providers. Describe the quality information: A description of that states these providers are not licensed or registered by the Mississippi State Department of Health or the Mississippi Department of Human Services.

vi.   ☒ Relative child care providers. Describe the quality information: A description of what relative child care is.

vii.   ☐ Other. Describe: *Click or tap here to enter text.*

9.2.5   Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

    i.   ☒ The total number of serious injuries of children in care by provider category and licensing status.

    ii.   ☒ The total number of deaths of children in care by provider category and licensing status.

    iii.   ☒ The total number of substantiated instances of child abuse in child care settings.

    iv.   ☒ The total number of children in care by provider category and licensing status.

    v.   If any of the above elements are not included, describe: *Click or tap here to enter text.*

b. Certify by providing:

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

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: *https://www.mdhs.ms.gov/eccd/reports-archives/*

9.2.6   Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

☒ Yes.

☐ No.

☐ Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information:
https://www.mdhs.ms.gov/eccd/rrcenters/

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

b. Provide the direct URL/website link to this information: *https://www.mdhs.ms.gov/contact/*

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

b. Provide the direct URL/website link to the sliding fee scale.
https://www.mdhs.ms.gov/eccd/parents/pay/

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other

programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. 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/eccd/ includes information that has been divided into headings, "Parent Information", "Provider Information", and "Child Care Resource & Referral Centers". 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.

9.3.2   Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.

- Head Start and Early Head Start programs.

- Low Income Home Energy Assistance Program (LIHEAP)

- Supplemental Nutrition Assistance Program (SNAP).

- Women, Infants, and Children Program (WIC) program.

- Child and Adult Care Food Program (CACFP).

- Medicaid and Children's Health Insurance Program (CHIP).

- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

9.3.3.   Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1.   Health and safety requirements met by the provider

2.   Licensing or regulatory requirements met by the provider

3.   Date the provider was last inspected

4.   Any history of violations of these requirements

5.   Any voluntary quality standards met by the provider

6. How CCDF subsidies are designed to promote equal access

7. How to submit a complaint through the hotline

8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. 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.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

9.3.6   Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: 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.

9.3.7   Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: 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.

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: 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.

9.4   Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

☐ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: *Click or tap here to enter text.*

☒ No. If no, describe: The Lead Agency provides information to parents about where they can receive free developmental screenings and supports services, but does not provide developmental screening for all subsidy families as part of the intake process.

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: The Lead Agency is divided into multiple divisions. The Division of Early Childhood and Care & Development (DECCD) implements the CCDF program for the agency. To ensure proper implementation, oversight, and integrity of the CCDF program, DECCD works closely with other divisions, including the Office of Budgets and Accounting and the Office of Inspector General (OIG) that function separately but in coordination with DECCD. The Office of Budgets and Accounting assists with DECCD's budget and submitting fiscal reports and with overseeing any contracts that DECCD has in place to assist with implementing the CCDF program (i.e., professional development training and technical assistance, resource and referral agencies, etc.) The OIG is comprised of the following divisions: (1) Fraud Investigations, (2) Internal Audit, (3) Administrative Hearings, (4) SNAP Quality Control, (5) Programmatic Quality Control, and (6) Benefit Recovery Unit. These positions are crucial to the detection, and prevent waste, fraud, and abuse and promote economy, efficiency and effectiveness in the childcare program for the agency. The procedure for the investigation of recipients of the CCPP are as follows: Investigative Analytics receives a fraud tip (fraud claim) concerning a recipient of CCPP. Investigative Analytics conducts a preliminary investigation and gathers information and documents concerning the recipient. Investigative Analytics forwards the fraud claim and information gathered to Fraud Investigations. Fraud Investigations conducts a thorough investigation and drafts a Report of Investigation detailing its findings and substantiating or unsubstantiating the fraud claim. If the fraud claim is unsubstantiated, the claim is closed. If the fraud claim is substantiated, the claim, including the Report of Investigations and all supporting evidence, is forwarded to the Benefit Recovery Unit. The Benefit Recovery Unit verifies the payment amount received fraudulently by the recipient and notifies the recipient of the fraud claim. Thereafter, the fraud claim is forwarded to Administrative Hearings. Administrative Hearing conducts a hearing and determines whether there was intent and if there is an overpayment. If there is an overpayment or improper payment, the claim is forwarded to the Benefit Recovery Unit for recoupment of funds.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.

2. Delegation of duties.

3. Coordination of activities.

4. Communication between fiscal and program staff.

5. Segregation of duties.

6. Establishment of checks and balances to identify potential fraud risks.

7. Other activities that support program integrity.

10.1.2   Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: 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 are tracked through the Lead Agency's information system for CCDF and the state accounting system, MAGIC, as required by agency regulation.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: 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.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: MDHS DECCD works with the MDHS Office of Budgets and Accounting to prepare all state and federal fiscal reporting. The Lead Agency assigns codes to each type of expenditure. As DECCD expends funds on CCDF activities each activity is coded (i.e., Direct, Indirect, Admin, Quality, Quality Infant/Toddler, etc.). Each month DECCD and the Office of Budgets and Accounting meet to review the previous months expenses and prepare the monthly report. The two divisions coordinate to prepare for any state level audits and any federal fiscal reports (e.g., the ACF-696 expenditure report for Mandatory, Matching, and Discretionary Funds).

d. Other. Describe: *Click or tap here to enter text.*

10.1.3   Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: DECCD works with the MDHS Office of Budgets and Accounting to prepare all state and federal fiscal reporting. The Lead Agency assigns codes to each type of expenditure. As DECCD expends funds on CCDF activities each activity is coded (i.e., Direct, Indirect, Admin, Quality, Quality Infant/Toddler, etc.). Each month DECCD and the Office of Budgets and Accounting meet to review the previous months expenses and prepare the monthly report. The two divisions coordinate to prepare for any state level audits and any federal fiscal reports (e.g., the ACF-696 expenditure report for Mandatory, Matching, and Discretionary Funds).

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: DECCD works with the MDHS Office of Budgets and Accounting to prepare all state and federal fiscal reporting. The Lead Agency assigns codes to each type of expenditure. As DECCD expends funds on CCDF activities each activity is coded (i.e., Direct, Indirect, Admin, Quality, Quality Infant/Toddler, etc.). Each month DECCD and the Office of Budgets and Accounting meet to review the previous months expenses and prepare the monthly report. The two divisions coordinate to prepare for any state level audits and any federal fiscal reports (e.g., the ACF-696 expenditure report for Mandatory, Matching, and Discretionary Funds).

c. How the results inform implementation. Describe: The Lead Agency's coding and reporting structure allows for closer inspection of spending in all CCDF categories and provides information needed to ensure that the Agency is meeting the required CCDF spending percentages (i.e., direct services, indirect services, administration, quality improvement, infant/toddler activities, etc.).

d. Other. Describe: *Click or tap here to enter text.*

10.1.4   Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: 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. The frequency of each risk assessment. Describe: Risk assessments are conducted prior to the execution of any and all contracts between the Lead Agency and any contracted organizations or parties.

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: If risk assessment reveals a higher level of risk pertaining to a contract or activity, the Lead Agency will make a determination if the risk is too great to pursue that particular action. If the agency decides to move forward, then heightened monitoring of that activity may take place. Consistent risk assessment also affords the Lead Agency with data to help make processes cleaner and less risky when carrying out CCDF activities.

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: The Lead Agency has both internal and external audits conducted on all programs, including the CCDF program. These audits identify where the Agency is in compliance with all requirements, as well as when there may be areas where non-compliance is present. These audits also help identify where the agency is successful in meeting program and fiscal requirements.

e. Other. Describe: *Click or tap here to enter text.*

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

    i. Describe the training provided to staff members around CCDF program requirements and program integrity: 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.

    ii. Describe how staff training is evaluated for effectiveness: After completion of the CCDF training, staff are given test parent and provider eligibility cases to process as a way of evaluating if they can properly apply CCDF eligibility requirements to the approval of applications. Their test cases are reviewed a CCDF training coordinator for accuracy, errors, and understanding of policy. Of the total test cases, staff have to have an error rate of less than 10% to graduate to reviewing actual applications.

    iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: 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. For example: The Lead Agency conducts a monthly error rate review of CCDF subsidy payments. If an improper payment is detected, the Agency will determine the reason for that improper payment and address the issue with eligibility staff through training and other means necessary to ensure the reason for the improper payment is not repeated. This would be addressed almost immediately after the improper payment would be discovered through the error rate review.

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

> i. Describe the training for providers around CCDF program requirements and program integrity: The Lead Agency requires new providers to complete an online orientation on all CCDF program requirements and program integrity protocols as a condition of approval to serve CCDF-eligible children. The Lead Agency also offers ongoing quarterly trainings to providers on policy implementation and any changes that have occurred within the quarter.
>
> ii. Describe how provider training is evaluated for effectiveness: As new CCDF policies are implemented (i.e., policy manual updates are put in place), this training is reviewed to ensure that it aligns with all new required policies and procedures.
>
> iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: 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.

10.1.5 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: The Lead Agency conducts monthly error rate reviews. Results of these are shared and reviewed with all eligibility staff. Individual staff members that are responsible for any improper payments receive individualized training to ensure that the reason for the error rate is not repeated.

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *Click or tap here to enter text.*

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *Click or tap here to enter text.*

10.1.6 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. *Click or tap here to enter text.*

b. ☐ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? *Click or tap here to enter text.*

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client

and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. ☒ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

   i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.   ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

b.   ☒ Run system reports that flag errors (include types).

       i.   ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

      ii.   ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

c. ☒ Review enrollment documents and attendance or billing records.

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The 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.

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

iii.   ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

d.   ☒ Conduct supervisory staff reviews or quality assurance reviews.

      i.   ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

      ii.   ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

      iii.   ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

e. ☒ Audit provider records.

   i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

   ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

   iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

f. ☒ Train staff on policy and/or audits.

   i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

ii.   ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

iii.   ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

g.   ☒ Other. Describe the activity(ies): *Click or tap here to enter text.*

i.   ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

ii.   ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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.

iii.   ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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.

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): Mississippi Department of Human Services

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

   i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: 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 based on the most recent analysis: The Lead Agency coordinates 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 based on the most recent analysis: The Lead Agency provides 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 on 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 based on the most recent analysis: 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 based on the most recent analysis: *Click or tap here to enter text.*

vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: The 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: *Click or tap here to enter text.*

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: 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.

ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency coordinates with and refers 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 based on the most recent analysis: 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 on 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 based on the most recent analysis: 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 based on the most recent analysis: *Click or tap here to enter text.*

vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: The 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:
Click or tap here to enter text.

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

☐ No.

☒ Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i.   ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: 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.

ii.   ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

iii.   ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency may enter a repayment plan in which the overpayment shall be repaid on a graduated (based on number of occurrences) monthly percentage rate. This practice results in allowing providers to still function as CCDF providers during are payment 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 based on the most recent analysis: 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.

v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: The 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.

viii. ☐ Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: 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.

ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: 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.

iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: 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 referred for criminal prosecution.

iv.   ☐ Other. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

Appendix 1: Lead Agency Implementation Plan

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:

    o *Responsible Entity:* Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.

    o *Expected Completion Date:* List the expected completion date for the action step.

- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		