

American Samoa Child Care Development Fund (CCDF) Plan with Conditional Approval Letter for FY 2016-2018

Date: Monday, June 27, 2016

The Office of Child Care (OCC) is pleased to release the PDF (Portable Document Format) copy of the approved FY 2016-2018 American Samoa CCDF Plan that became effective June 1, 2016 and the conditional approval letter. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. OCC asked States and Territories to write their Plans based on a reasonable interpretation of the Act, pending completion of a final regulation. States and Territories had the option to outline an implementation plan for one or all of the 26 new areas if the State/Territory was not yet able to certify compliance. Thus, these Plans are conditionally approved until each State/Territory fully implements all new requirements of the CCDBG Act of 2014. The OCC will partner with States and Territories to support and monitor the successful and timely implementation of all provisions of the Act. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to amend their program at any time. All amendments must be submitted to OCC for approval within 60 days of the effective of the change.

Please find the following two documents within this PDF:

2016-2018 American Samoa CCDF Plan Conditional Approval Letter – OCC issued a letter with the conditions of approval for each State and Territory. In reviewing plans and waiver/extension requests, OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period. The approval letter covers the CCDF Plan for the period of June 1, 2016, through September 30, 2018. A “conditionally approved” plan is a fully approved plan with conditions to be met based on waiver requests, if applicable, and implementation and corrective action plans for unmet requirements. The conditions will be deemed fully met once all provisions in the Child Care and Development Block Grant (CCDBG) Act of 2014 are fully implemented.

2016-2018 American Samoa CCDF Plan - The Plan describes the CCDF program to be administered by American Samoa for the period 6/1/2016 – 9/30/2018 as conditionally approved by OCC. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. 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 therein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

NOTE: *The CCDF Plan reflects the services and activities as reported by the American Samoa Lead Agency in their CCDF Plans for Fiscal Years 2016-2018. The CCDF Plans offer a snapshot into current and planned efforts, initiatives and implementation plans for each State/Territory through September 30, 2018. These Plans are not a catalog of all activities undertaken by the State/Territory. Administration for Children and Families (ACF) is not responsible for the contents of these CCDF plans.*



ADMINISTRATION FOR
CHILDREN & FAMILIES

330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

June 13, 2016

Taeaoafua Dr. Meki T. Solomona, Director
Department of Human & Social Services (DHSS) Child Care Division (CCD)
997534 Centennial Office Building, Ste. 301
Utulei, American Samoa 96799

Dear Taeaoafua Dr. Meki T. Solomona, Director:

The Office of Child Care (OCC) recognizes that there are many new requirements included in the Child Care and Development Block Grant (CCDBG) Act of 2014 that you are working to implement during this Plan period. We appreciate the time and energy that you put into developing your Child Care and Development Fund (CCDF) Plan to reform and effectively administer your program. I am pleased to inform you that the American Samoa CCDF Plan for the period of June 1, 2016, through September 30, 2018, has been conditionally approved. A "conditionally approved" plan is a fully approved plan with conditions to be met based on your waiver requests, if applicable, and implementation plans for unmet requirements. The conditions will be deemed fully met once all provisions in the CCDBG Act of 2014 are fully implemented and implementation plan action steps are completed. At that time the American Samoa CCDF Plan will be approved without conditions. OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period.

Key principles of the CCDF are to provide equal access to child care for children receiving child care assistance and to ensure parental choice. Provider payment rates set too low undermine these principles. As you are aware, the CCDBG Act of 2014 requires states and territories to take the cost of quality into account when setting rates, and to set rates based on the results of the most recent market rate survey or alternative methodology. We continue to be concerned that your rates may not allow for equal

access. OCC plans to make review of payment rates a priority for our upcoming implementation monitoring visits. Thus, the conditional approval of your Plan **does not** constitute a final determination that your payment rates are sufficient to provide access to child care services for eligible families that are comparable to those provided to families that do not receive subsidies, as required by law.

You will receive a Notice of Grant Award in October 2016 from the Office of Administration in the Administration for Children and Families. The notice will include the amount of your award and any additional terms and conditions for the receipt of CCDF program funds. During the effective period of this plan, any substantial changes to the American Samoa program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.1S(b).

We remind you that your CCDF-funded child care program for in-home providers must comply with all applicable Federal laws and regulations, including Federal wage and income tax laws governing domestic workers. Questions regarding Federal wage laws should be directed to your local or district office of the Wage and Hour Division within the U.S. Department of Labor. Likewise, questions regarding Federal income tax laws should be directed to your local or district office of the Internal Revenue Service.

We look forward to working together toward implementation of the CCDBG Act of 2014 and promoting the early learning and development of children along with family economic stability and success. If you have any questions, please contact Gwendolyn Jones, Acting Child Care Program Manager, Office of Child Care at (214)767-3849 or gwendolyn.jones@acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Louisa F. Te'o Tuiteleapaga, Assistant Director/ State Administrator, Child Care Division, DHSS
Gwendolyn Jones, Acting Regional Program Manager, Office of Child Care Region IX

Child Care and Development Fund (CCDF) Plan For American Samoa FFY 2016-2018

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: [Department of Human & Social Services \(DHSS\) Child Care Division \(CCD\)](#)

Address of Lead Agency: [997534 Centennial Office Building, Ste. 301, Utulei, American Samoa 96799](#)

Name and Title of the Lead Agency Official: [Taeaoafua Dr. Meki T. Solomona, Director, DHSS](#)

Phone Number: [684-633-7506](#)

E-Mail Address: mtsolomona@dhss.as

Web Address for Lead Agency (if any): <http://dhss.as/>

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [Louisa F. Te'o Tuiteleleapaga](#)

Title of CCDF Administrator: [Assistant Director/ State Administrator, Child Care Division, DHSS](#)

Address of CCDF Administrator: [C/O 997534 Centennial Office Bldg., Ste. 301](#)

Phone Number: [684-633-1571](#)

E-Mail Address: louisat@dhss.as

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

Name of CCDF Co-Administrator: [Muavaefa'atasi John E. Suisala](#)

Title of CCDF Co-Administrator: [Deputy Director, DHSS](#)

Phone Number: [684-633-7506](#)

E-Mail Address: jsuisala@dhss.as

Description of the role of the Co-Administrator:

[With his extensive years of experience with federally funded programs and their requirements, Deputy Director Suisala is an invaluable asset to our organization who helps to ensure that CCDF requirements are met. Additionally, he provides guidance in relevant areas such as policy, rules and regulations, etc.](#)

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [684-633-1571/ 1572/ 1573](#)

Web Address for CCDF program (for the public) (if any): [childcare.dhss.as](#) is currently under construction to meet the requirements of the CCDBG Act of 2014; see section 2.3.1 for details.

Web Address for CCDF program policy manual (if any): [Until the program website is back online, the following link can be used to access this document:
<http://bit.ly/asccdf2016>.](#)

Web Address for CCDF program administrative rules (if any):

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity [Department of Human & Social Services \(DHSS\) Child Care Division \(CCD\)](#), hereinafter referred to as the Lead Agency (LA).

Name of Lead Contact [Louisa F. Te'o Tuiteleleapaga, State Administrator/ Assistant Director, Child Care Division](#); hereinafter referred to as the State Administrator (SA).

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [LA](#)

Name of Lead Contact [SA](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [LA](#)

Name of Lead Contact [SA](#)

Child Care Workforce (section 6)

Agency/Department/Entity [LA](#)

Name of Lead Contact [SA](#)

Quality Improvement (section 7)

Agency/Department/Entity [LA](#)

Name of Lead Contact [SA](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [LA](#)

Name of Lead Contact [SA](#)

[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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies.

Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
 - Eligibility rules and policies (e.g., income limits) are set by the:
 - State/Territory
 - County.If checked, describe the type of eligibility policies the county can set
 - Other local entity (e.g., workforce boards, early learning coalitions).
If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set
 - Other.
Describe:
- Sliding fee scale is set by the:
 - State/Territory
 - CountyIf checked, describe the type of sliding fee scale policies the county can set
- Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

State/Territory

County.

If checked, describe the type of payment rate policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

Other.

Describe:

Other.

List and describe (e.g., quality improvement systems, payment practices):

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

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

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

- Payments are initiated using a biometric system that documents attendance and issues a report for each child, each month. Verified attendance generates invoices for payment requests that are processed through the American Samoa Government payment system, whereby physical checks for each Provider is issued by the American Samoa Government's Department of Treasury;
- Payments are issued within one month after attendance invoices are processed by the LA;
- An IPV (Improper Payment Violation) log is used to track over/underpayments. Corrections are made no more than 90-days from the date the payment was issued or was to be issued, if and only if the IPV is verified and approved by the SA.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

[The Director of Human and Social Services is a cabinet-level official and is key in](#)

promoting CCDF policies and initiatives for increasing the access to, and quality of, child care in American Samoa. In this capacity, the Director provides final approval of the State Plan for American Samoa's CCDF.

[REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe:

To date, American Samoa's State Advisory Council (SAC) for Early Learning and Care, also referred to as the Governor's Children's Cabinet, remains inactive. Requests to the Office of the Governor to have the SAC revitalized under a newly proposed structure is pending review. However, numerous key agencies and other representatives at the Program-level continue to meet consistently for increased collaboration, leveraging of resources, and overall improvements in early care and education services for families and their children.

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes,

No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

Inter-agency collaborative with various key Program/ Service Providers that serve families with young children have proven invaluable in the development of CCDF initiatives that are outlined in this Plan. These entities, as noted below, were afforded opportunities to review a draft plan, provide feedback, and are each working alongside the LA to develop a Memorandum of Understanding for aligning services, cross-training opportunities, as well as sharing program data, best-practices, and other relevant strategies for improving overall outcomes for those we serve.

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education.

Describe:

[American Samoa Department of Education \(ASDOE\), including the ECE Head Start, Special Education, and School Lunch Programs](#)

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

Describe:

- The following Programs administered by the American Samoa Department of Health (DOH)
 - Part C Helping Hands Program
 - Maternal Child Health Program
 - Children with Special Health Care Needs Program
 - Home Visiting Program
- University Center for Excellence on Developmental Disabilities (American Samoa Community College)
- Developmental Disabilities Planning Council
- Part B Special Education administered by the ASDOE
- Center for Families with Individuals with Developmental Disabilities (community-based service provider)



State/Territory institutions for higher education, including community colleges.

Describe:

[American Samoa Community College \(ASCC\)](#)



State/Territory agency responsible for child care licensing.

Describe:

N/A- Child care providers in American Samoa are predominantly independently owned businesses that are required by local laws to secure a valid *Business License* through the Department of Commerce and a *Facility Health Permit* from the Department of Health. After securing said license and permit, and if they would like to service CCDF clients, they then apply for "*Authorization*" from the LA. Authorization is granted once the prospective provider meets the minimum health, safety, and other quality requirements established through this Plan and other relevant policies and procedures, designed to

protect the welfare of all children in child care settings.

State/Territory office/director for Head Start State collaboration

Describe:

American Samoa Head Start Program, administered by the American Samoa Department of Education (ASDOE)

- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

American Samoa School Lunch Program, administered by the ASDOE, works with the LA to provide access to nutritious USDA-approved meals and snacks for children in child care settings.

- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

American Samoa Women, Infants, and Children (ASWIC) Program, administered under the DHSS.

- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

- The following Programs administered by the American Samoa Department of Health (DOH)
 - Part C Helping Hands Program
 - Children with Special Health Care Needs Program
- ASCC University Center for Excellence on Developmental Disabilities
- Developmental Disabilities Planning Council
- Center for Families with Individuals with Developmental Disabilities (community-based service provider)

- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

- The following Programs administered by the American Samoa Department of Health (DOH)
 - Maternal Child Health Program
 - Home Visiting Program

- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

- American Samoa Medicaid Office: We work with the Medicaid Office in developing key data elements, relevant to the CCDBG, that are to be integrated into American Samoa's data collection
- Helping Babies Hear Program

- McKinney-Vento State coordinators for Homeless Education.

Describe:

- State/Territory agency responsible for public health.

Describe:

[Department of Health](#)

- State/Territory agency responsible for mental health.

Describe:

[Behavioral Health Services Division, administered under the DHSS](#)

- State/Territory agency responsible for child welfare.

Describe:

[Children and Family Services Division, administered under the DHSS](#)

- State/Territory liaison for military child care programs.

Describe:

- State/Territory agency responsible for employment services/workforce development.

Describe:

- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

- State/community agencies serving refugee or immigrant families.

Describe:

Child care resource and referral agencies.

Describe:

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: [02/01/2016](#)

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

[Notice of Hearing dates were issued on 02/01, 08, 15/2016 via the only print newspaper publication in American Samoa, the Samoa News. Also, effective 02/01 up until the hearing date \(02/27/16\), the notice was issued through our television news "community bulletin" segment, radio ads, our department website, and social media outlets. Information about](#)

how to request a hard copy and/ or directly access a portable document file version of the draft Plan was included in the announcements.

c) Date(s) of public hearing(s): 02/27/2016

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed The conference room of the American Samoa Women, Infants & Children (ASWIC) Program, located in the village of Utulei, was the location for the Public Hearing. This location was selected because it is approximately half-way from either direction on the main island of Tutuila, where all of the authorized child care facilities are located. Moreover, the ASWIC office building stands alongside the main road running east and west on the island, making it easily accessible via public and private transportation systems. Lastly, the Hearing was scheduled for a Saturday to further increase participation.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) Electronic (.pdf) copies were made available via links that were advertised as part of the hearing notices. Additionally, hard copies were available upon request from the LA office.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Public Hearing proceedings will be well-documented and the information collected will be seriously considered in the provision of child care services under this Plan. There is still time to incorporate this information before the Plan becomes effective and/ or may be introduced as amendments after thorough cost-benefit and financial sustainability analyses have been completed.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

Any and all amendments to the Plan will be made available via the Department of Human and Social Services website (<http://dhss.as/>), until the LA's website is back online (childcare.dhss.as).

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

Describe:

Plan amendments will be highlighted on the LA's Facebook account, referencing the appropriate link for detailed information.

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for

families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

The LA works with the Early Childhood Education (ECE) Head Start Division of the American Samoa Department of Education (ASDOE), as well as private school settings to better align development and early learning goals, as well as implement learning guidelines that enhance outcomes for children served by the American Samoa Child Care Program and provide for smoother transition between child care and the classroom.

- [REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

- Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

- [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

The LA works with the following programs to improve services for infants and toddlers through screening and support services for children, training for child care providers and their staff, as well as parents:

- Part C Helping Hands Program
- Helping Babies Hear Program

-

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

The LA works specifically with the Women and Children's Shelter (Manaia Shelter) that is operated by the DHSS Children and Family Services Division to ensure that priority

placement is provided to children served at the Manaia Shelter. Additionally, the LA will continue to work with our partner programs within the ASDOE to ensure that pursuant to the CCDBG Act of 2014, we make a note of a child who meets the definition of a *homeless* child/ youth according to the McKinney-Vento Homeless Education Assistance Act for data collection purposes, it will not adversely affect that child's ability to access and/ or maintain services that afforded through the CCDF.

[REQUIRED] Early childhood programs serving children in foster care.

Describe:

The LA works with its counterparts at the Children and Family Services Division of the DHSS who administers the Foster Care Program for American Samoa. Through this partnership, children in foster care will be prioritized for child care service placement with an authorized child care provider so that the foster parent(s) may work, attend school or an approved training program, or actively seek employment.

State/Territory agency responsible for child care licensing.

Describe:

All child care facilities must secure a business license with the Department of Commerce to legally operate in American Samoa. Additionally, all non-profit organizations that operate a child care facility must provide Articles of Incorporation that specifies that they will own/ operate a child care facility. Ultimately, both these types of entities do so in order to seek authorization from the LA to receive CCDF subsidy payments. Authorization is granted once the entity has satisfied minimum health, safety, and other quality requirements established by the LA, in accordance with CCDF regulations. As an *Authorized* Child Care Provider in American Samoa, the LA subsequently monitors and regulates for continued compliance with health, safety, and other quality requirements.

State/Territory agency with Head Start State collaboration grant.

Describe:

State Advisory Council authorized by the Head Start Act.

Describe:

By October 1, 2016, the LA will work collaboratively with entities represented in the State Advisory Council to further the goals and objectives of the Council and improve the availability of and access to quality early care and education resources that are culturally relevant to our indigenous communities in American Samoa. The redesigned structure of the

Council, currently under review by the Office of the Governor, will allow for two complementary levels of this initiative. The first being the executive, policy-making level that can incite Territory-wide improvements for families with young children. Comprised of top-level officials that lead key Departments, administering several critical Programs, these individuals will play a pivotal role in policy and Territory-wide improvements.

The second level is comprised of Program leaders working at the ground level, throughout our villages, and directly with our people. It is this second level that will work to consistently serve as the driving force for initiatives for improving the quality of life and outcomes for families with young children through collaboration, cooperation, resource-sharing, etc.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

Describe:

Child care resource and referral agencies.

Describe:

State/Territory agency responsible for public education.

Describe:

The LA partners with various Divisions under the Department of Education, including but not limited to ECE Head Start, Part B Special Education, and School Lunch Program, to align services, leverage resources, and share best practices to improve services and other support resources for children and their families.

State/Territory institutions for higher education, including community colleges.

Describe:

Effective October 1, 2016, the LA will work with the American Samoa Community College to explore avenues for revitalizing a continuing education/ professional development structure for individuals wanting to earn an Associate's Degree or higher, as well as a structure/

support system to help individuals needing to complete their GED.

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The LA's partnership with the American Samoa School Lunch Program, which administers the CACFP, under the Department of Education in American Samoa, increases access to nutritious meals for children in child care settings. This partnership increases healthier outcomes for children by providing breakfast, lunch, and snacks that are designed according to United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) dietary standards.

Once a month, each child care facility that is authorized by the LA to serve children of the American Samoa Child Care Program receives a month's supply of ingredients, a prescribed daily menu with preparation and portion instructions, and report forms to document the number of children served each day. Children in child care settings are receiving the same meal benefits at no cost as children in school settings throughout our Territory.

- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

The LA is a direct counterpart to the American Samoa Women, Infants, and Children (ASWIC) Program is a Division of the DHSS; and the partnership between our two programs aims to align and enhance the quality of services to families with young children. This partnership helps to increase the level of awareness for parents, child care providers, staff, and general community members the importance of healthier choices as early as possible. Resource-sharing and periodic direct training and technical assistance through this partnership emphasizes the issues like the importance of breastfeeding, kid-friendly recipes, and other nutrition/ healthier choice promotion initiatives.

- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

Partnerships between the LA and programs such as those administered by the American Samoa Community College (University Center for Excellence on Developmental Disabilities),

Department of Education (ECE Head Start, Part B Special Education) Department of Health (Children with Special Health Care Needs, Home Visiting, Immunization, Maternal Child Health, Part C Helping Hands), Department of Human and Social Services (Developmental Disabilities Planning Council), Office of Protection and Advocacy for the Disabled, and community-based organizations like the Center for Families of Individuals with Developmental Disabilities (a parent resource center). Each partnership helps to increase awareness about inclusion, provides for screening and/ or other training opportunities to share with child care providers, staff, and parents, facilitates smoother transitions into child care settings, and work to improve overall services for children with special needs.

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

The LA partners with the Maternal Child Health Program, administered by the Department of Health, to share best-practices, leverage other resources, and work to promote healthier environments for children overall by sharing screening resources and opportunities, training and technical assistance aimed at improving outcomes for pregnant and/ or first time mothers, assure healthier beginnings for children, etc.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

The LA will continue to work with the American Samoa Medicaid Office in data collection and improvement strategies for the Territory. Additionally, we will work to identify possible avenues for collaborations with any EPSDT services that may be available for our communities.

State/Territory agency responsible for public health.

Describe:

The LA's partnership with the Department of Health provides for sharing of best practices and other resources with the following programs they administer: Children with Special Health Care Needs, Home Visiting, Immunization, Maternal Child Health, Part C Helping Hands, as shared in the previous part of this section.

State/Territory agency responsible for mental health.

Describe:

As the designated Single State Agency for mental health and behavioral services in

American Samoa, the Behavioral Health Services Division of the Department of Human and Social Services is a counterpart to the LA. As such, effective October 1, 2016, this partnership will work to identify and apply screening resources for children less than 13 years of age and strategies can families to employ to promote mental health, with a special focus on that for children.

State/Territory agency responsible for child welfare.

Describe:

As the designated Single State Agency for child welfare services in American Samoa, the Children and Family Services Division (CFSD) of the Department of Human and Social Services is a counterpart to the LA. As such, a continued partnership between our two entities works to provide increased awareness for child abuse and neglect prevention. Together, we offer two capacity building training sessions for child care staff members regarding the Child Abuse Law, mandatory reporting, recognizing sign/ symptoms, reporting protocols, and other strategies for reducing and effectively addressing suspected/ confirmed child abuse/ neglect cases.

Additionally, we collaborate to provide prioritized service placement for referrals from the CFSD, including but not limited to children being served in our Territory's Women's & Children Shelter, foster care children needing child care services so their foster parents can engage in qualifying activities.

State/Territory liaison for military child care programs.

Describe:

State/Territory agency responsible for employment services/workforce development.

Describe:

The LA partners with the Department of Human Resources Workforce Investment Act Division to share information and any other resources that can improve the employability of parents that are also clients of the American Samoa Child Care Program. These resources includes, but are not limited to, job leads, training opportunities, and/ or counseling/ coaching for improving skill sets that are sought by employers.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

State/Territory community agencies serving refugee or immigrant families

Describe:

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes, If yes, describe at a minimum:

How do you define "combine"

Which funds will you combine

Goal(s) of combining funds (why?) and expected outcomes, 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

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

How are the funds tracked and method of oversight

No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-

based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

Although the LA has established partnerships with various Territorial/ public agencies (mostly Government organizations), as described in section 1.4. The LA intends to leverage these partnerships to promote the 2-Generation Approach across all our service streams. The LA has shared with its program/ service partners the importance of providing comprehensive, culturally relevant services that target improved outcomes for children *and* their parents alike. And, through these partnerships, we will continue to find ways to apply this approach as we work towards the accomplishing following goal and objectives:

2-Generation Approach Goal: Develop and employ meaningful, culturally relevant strategies across public and private systems to improve the quality of care for children through improved support services for their families.

Objective 1: Increase the level of community awareness regarding the importance of providing comprehensive, effective support systems for families to improve the quality of life for American Samoa's children.

Objective 2: Increase the number of Non-Government Organizations that expressly recognize the importance of supporting the needs of families with children within their organizations.

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

States may use funds to support or establish Child Care Resource and Referral (CCR&R) systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based,

community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region

- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

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

- Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and

referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[From its experiences with the earthquake and tsunami of 2009, the LA has emergency](#)

preparedness and disaster recovery protocols in place that are designed to enable the LA to **(1)** assess the impact of the emergency on its child care infrastructure, **(2)** coordinate with the Emergency Operations Center to help secure assistance for child care providers that are directly impacted, **(3)** Re-establish data and other systems to resume services for families that were clients before the disaster and offer emergency child care through the PAL Project, which provides streamlined and expedited services for displaced families and those of first responders, in addition to existing CCDF clients prior to the disaster still needing child care services. However, we are currently exploring avenues to further strengthen these protocols and update documentation for both the LA and Provider levels, as well as expand the parental awareness about the emergency preparedness and disaster recovery protocols in place.

Unmet requirement - Identify the requirement(s) to be implemented Guidelines for continuing CCDF assistance and child care services after a disaster (which may include provision of temporary child care, and temporary operating standards for child care after a disaster)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update the guidelines in place for the "PAL" Project, the LA's protocols for resuming CCDF assistance and child care services after a disaster. (Named in honor of Vaipalolo "Pal" Viena, a Department of Human and Social Services (DHSS) Child Care Program staff member of 15 years who was killed in a tsunami that struck American Samoa in 2009. During her funeral services, many spoke of Pal's dedication and service to her family, her community and her work, so it was befitting that the LA's efforts during the 2009 disaster and any subsequent disasters honor her memory.) Although initially, the PAL Project refers to the emergency child care protocols that were put into place in response to the 2009 tsunami, the first activity will focus on updating this guidance, which will be known as ***the PAL Protocols & Guidance for Post-Disaster Child Care Services*** .

The PAL Protocols & Guidance provide updated information and guidance for: **1)** Impact Assessment on Child Care Infrastructure (both the LA and each Provider),

2) Re-establishing LA operations, 3) Coordinated response and support assistance for child care providers and CCDF families via the Emergency Operations Center (EOC), Territorial Emergency Management Coordinating Office (TEMCO), Department of Homeland Security, and others, 4) Outreach efforts to inform our communities about emergency child care options 5) Implementation of emergency child care services, including PAL certificates issued using abbreviated/ waived requirements for families confirmed as being directly impacted with "total loss" or "major damage" classifications by the EOC along with children of first-responders and other recovery effort employees who need child care services so that they can continue their services.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/01/2016

Agency - Who is responsible for complete implementation of this activity LA, the DHLS/ TEMCO, and Authorized Child Care Providers

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHLS/ TEMCO

Unmet requirement - Identify the requirement(s) to be implemented child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

PARTIALLY IMPLEMENTED: Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

Activity: The LA has been working collaboratively with the Department of Homeland Security (DHLS)/ Territorial Emergency Management and Coordinating Office (TEMCO) to provide training and assistance to all authorized child care

providers in American Samoa. As a result all providers have updated their Emergency/ Disaster Preparedness plans (EDPPs). These partner agencies are now working to evaluate these updated plans include critical considerations and CCDF requirements. On or before 05/01/2016, the LA will remit reviewed EDPPs to each Provider with recommendations for improvement, pursuant to the CCDBG requirements. Each Provider will be given 60-days to review and on ore before 07/01/2016 each Provider must remit an EDPP that meets said requirements.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 07/01/2016

Agency - Who is responsible for complete implementation of this activity LA, DHLS/ TEMCO, and the Authorized Child Care Provider to which the EDPP applies

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHLS/ TEMCO and the Authorized Child Care Provider to which the EDPP applies

Unmet requirement - Identify the requirement(s) to be implemented child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

SUBSTANTIALLY IMPLEMENTED: In partnership with the American Samoa Department of Homeland Security/ Territorial Emergency Management Coordinating Office (DHLS/ TEMCO), the LA coordinated the provision of a series of training sessions focused on emergency preparedness and further strengthening the Emergency and Disaster Preparedness Plans for their respective child care facility. These plans are under review by the DHLS/ TEMCO and the LA and will be remitted with recommendations, including required practice/ drill frequency each quarter. Additionally the LA will advise as to monitoring protocols it will employ to confirm compliance.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity [LA, DHLS/ TEMCO & Child Care Provider to which the EDPP applies](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[DHLS/ TEMCO & Child Care Provider to which the EDPP applies](#)

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and

- f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

The most recent statistics reports indicates that more than half of our Territory's families are below the national poverty level. The mid-year estimates in the most current Statistical Yearbook (2013), American Samoa's population is 55,600. According to the most recent Census report (2010), there were 8,834 family households (70% of them are "married couple families with own children less than 18 years of age" and 10% of families have a female as the head of the household with her own children less than 18 years old and "no husband present") and 57.8% of all persons or 54.4% families in American Samoa were below the

national poverty level. Therefore, the LA does not necessarily have to look very far to identify potential eligible families.

However, the LA continues to take steps to increase community awareness of the availability of child care assistance for eligible families and works to find ways to expand ways for families to access eligibility determination assistance, including but not limited to:

- Securing and maintaining a centralized office location in the village of Fagatogo in an office space that is easily accessible to public transportation and less than a five-minute walk from the Fagatogo marketplace (which serves as main hub for east and west-bound buses);
- Large signage at the front of the office is exposed to high traffic and designed to catch the attention of passers-by incorporating CCDF children and bright color scheme;
- Public awareness/ outreach efforts are offered in both English and Samoan languages and includes the use of various types of media, work through partnerships (providers, public, and private organizations), partners, one-on-one contact with clients and other community members, participation in community events/ activities, etc.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

After completing an impact assessment of its current efforts, the LA will apply the following redesigned outreach approach to its "I CARE" social marketing campaign to emphasize: **Quality early care and education TODAY to ensure a safer, healthier, more successful American Samoa TOMORROW** . To the greatest extent possible, the LA will strive to ensure that the strategies applied by the 2016 "I CARE" social marketing campaign incorporates the use of our native Samoan language, as well as other languages where practicable.

The LA will continue to tap into its available resources through its workforce and partnerships, which may include but shall not be limited to:

- American Samoa Community College (ASCC)
 - Children with Special Health Care Needs
 - Helping Babies Hear Program
 - Immunization Program
 - Maternal Child Health Program
 - Part C Helping Hands
- Department of Human and Social Services
 - American Samoa Women, Infants, and Children
 - American Samoa Nutrition Assistance Program
 - Behavioral Health Services
 - Children and Family Services
 - Finance and Administration

- Special Projects and Community Assistance
- Governor's Children's Cabinet (SAC)
- Other public and private sector partners that want to help promote the 2-Generation approach to improving the quality of life for all children in American Samoa.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)?

After completing an impact assessment of its current efforts, the LA will apply the following redesigned outreach approach to its "I CARE" social marketing campaign to emphasize:

Quality early care and education TODAY to ensure a safer, healthier, more successful American Samoa TOMORROW. To the greatest extent possible, the LA will strive to ensure that the strategies applied by the 2016 "I CARE" social marketing campaign incorporates the use of our native Samoan language, as well as other languages where practicable.

To improve our community perspective and raise the level of awareness and support for data-driven strategies that are child focused, family friendly, fair to providers, the LA will employ the following types of outreach efforts:

- In-person Contact
 - Child Care Division website
 - DHSS website
 - E-newsletter
- Traditional Media (Print, Radio, Television)



2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email.



Provide link childcare.dhss.as

In-person interview or orientation.

Describe agencies where these may occur:

Although an electronic version of the application is available online, the fact of the matter is, the process of *determining* eligibility goes beyond completing the application. Given the size of our community, challenges faced by low income families in accessing internet (cost, lack of consistent connectivity/ infrastructure, need for training to log in and use a web-based service and scanning in copies of required supporting documentation, etc.), the LA's primary means of completing the eligibility determination process is through in-person interviews/ orientation. However, we would like to note that information about child care assistance, authorized providers, and how to apply for services may be requested/ secured over the phone and online, but actual eligibility determination (and re-

determination) is done in person with a member of our Eligibility and Client Services teams respectively.

The in-person approach with LA representatives has proven to be the most effective because face-to-face interaction with the parent(s):

- Allows for interaction with the caseworkers so they can determine the need for services, provide information about the American Samoa Child Care Program, and answer any questions;
- Allows them to bring in their required documentation for financial and non-financial eligibility determination (and re-determination) and when they confirmed a being eligible the caseworker makes copies are made for the purposes of their client file.

Phone

Mail

At the child care site

At a child care resource and referral agency.

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

Describe:

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

Describe:

Other strategies.

Describe:

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The LA can certify that it collects information about the following and disseminates it to parents, providers, and the general public:](#)

- Availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP) for which families may also qualify; **but not including** Temporary Assistance for Needy Families (TANF), Medicaid and State Children's Health Insurance Program (SCHIP) because they do not apply to the Territory of American Samoa.)
- Individuals with Disabilities Education Act (IDEA) programs and services.

The remaining two elements: **1)** Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement and **2)** State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which include positive behavioral intervention and support models. The LA has developed a Suspension & Expulsion Policy that meets this requirement and is described in more detail later in this section.

Unmet requirement - Identify the requirement(s) to be implemented **Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA can certify that it collects/ disseminates information about research and best practices in child development, including all domains of early childhood development, including physical health and development (particularly healthy eating and physical activity). However, at this time we cannot say decisively say that this information consistently included social and emotional, as well as cognitive development and meaningful parent and family engagement.

To further strengthen this area the LA will work

1. to clearly define the elements of the Development & Early Learning Standards (DELS) that are sanctioned by the LA for early care and education Providers;
2. develop meaningful strategies for disseminating this information effectively

American Samoa's DELS encompasses all of the domains outlined in this requirement and by disseminating information about the DELS, and working to actively engage parents (as well as Providers and their staff) we will have satisfied this element.

Projected start date for each activity: 04/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

ASDOE ECE Head Start

DHSS Behavioral Health Services Division

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA has a State/Territory has a newly developed *Suspension and Expulsion Policy* (describe in more detail below.) However, the LA is consulting local relevant partnerships (ex: ASDOE ECE Head Start, DHSS Behavioral Health Services and Children and Family Services Divisions, DHSS Assistant Attorney General, Part B Special Education) and other resources to explore the feasibility of integrating the following elements to establish more effective systems for prevention, intervention, and referrals:

- <https://www.pbis.org/community/early-childhood>
- Parent and Provider partnerships to become more informed about how they can promote social-emotional/behavioral and early childhood mental health of young children;
- Finalize protocols for the full implementation of the LA's newly developed **Suspension and Expulsion Policy**, which states: To further protect and promote a meaningful continuum of care system for children in child care settings, and in recognition of the latest research suggesting that school expulsion and suspension practices are associated with negative educational and

life outcomes requires that all authorized child care providers must secure written approval from the State Administrator/ Assistant Director for the Child Care Division before a suspension/ expulsion action is carried out. And, approval cannot be granted until the Child Care Division and possibly some of its program/ service partners have an opportunity to work with the Provider, the parent(s), and the child to develop a strategic plan to address the issue. However, if the strategic plan should prove ineffective and all parties (child care Provider, parent(s), Child Care Division) are in agreement to move forward with the suspension/ expulsion or the behavior poses safety concerns for the child or other children written approval will be issued. If a suspension/ expulsion is approved, the LA will work closely with the parent(s) to determine the best next steps. The LA is committed to ensuring that these steps are child-focused, family friendly, and fair to the provider.

However, the LA will take the following steps to meet this requirement:

04/01/2016 - 08/31/2016: LA and its identified partners will develop a system that provides information for parents and providers regarding the social-emotional/behavioral and early childhood mental health of young children. This information will include the importance of promoting child mental health and what parents can do ensure the positive emotional/ behavioral and overall mental health of young children. Also, the LA and its identified partners will work to develop a referral system that parents and providers can access if professional screening, intervention, and treatment.

09/01-30/2016: The LA and its identified partners will work to raise the awareness of our communities regarding the importance of the social-emotional/behavioral and early childhood mental health of young children, with a special emphasis of the policies and systems in place within our child care structure in American Samoa.

Projected start date for each activity: 04/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

ASDOE ECE Head Start, DHSS Behavioral Health Services and Children and

Family Services Divisions, DHSS Assistant Attorney General, Part B Special Education

Unmet requirement - Identify the requirement(s) to be implemented State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children (which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Additionally, the LA cannot (at this time) certify that there are in place State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement) in early childhood programs receiving CCDF. However, we have initiated discussions with local relevant partnerships (ex: ASDOE ECE Head Start, DHSS Behavioral Health Services and Children and Family Services Divisions, DHSS Assistant Attorney General, Part B Special Education) and other resources to explore the feasibility of integrating the following elements to said policies:

- <https://www.pbis.org/community/early-childhood>
- Parent and Provider partnerships to become more informed about how they can promote social-emotional/behavioral and early childhood mental health of young children;
- Identifying protocols and a policy for the expulsion of pre-school aged children (birth-5 years) that are fair, protects the needs and interests of involved parties, but ultimately aimed at protecting the continuum of care for the child.

Once the protocols and policies have been finalized and approved, the LA will disseminate this information in accordance with this requirement.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public. Compared to most jurisdictions, there may not be a hugely diverse child care system in American Samoa. However, the LA remains capable and ready to share information about the service options that are available and provide resources for families to make informed choices that best meet their needs. As of the time of this application, there are only three types of Providers recognized by the LA: **center-based** (most serving children from birth to less than 7 years of age and only one that serves children ages 7 - less than 13 years), **family care** (formerly referred to as a group home) serving children from birth to less than 7 years, and **in-home care** which is an option open only to special needs children and their families.

The LA's workforce is well-versed in the options, possible limitations (current staff-to-child ratios, maximum capacity for each facility, funding availability, etc.), health, safety, and quality requirements, as well as the current state of compliance of each authorized provider, prioritized placements, and more. Our teams share this information readily with parents, Providers, and the general public alike using the methods described below:

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

- In-person Contact
 - Face-to-face interviews/ orientation
 - Participate in community-based outreach activities (ex: Wellness Day, Career Fairs, etc.)
- Internally-developed print materials (ex: brochures, flyers, etc.)
- Direct written communicate as warranted
- Web-based/ Online

- Child Care Division website
- DHSS website
- E-newsletter Traditional Media (Print, Radio, Television)
- Public signage
 - Highly visible, targetted messaging in high traffic areas throughout the island(s)
- Traditional media outlets (print, radio, television)

c) Describe who you partner with to make information about the full diversity of child care choices available

The LA partners with parents, Providers and their staff, as well as other public and private programs/ service providers we work collaboratively with to further increase the quality of services for families with young children.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

The LA's workforce is well-versed in the available child care options (**center-based** , **family care** , **in-home care**), possible limitations (current staff-to-child ratios, maximum capacity for each facility, funding availability, etc.), health, safety, and quality requirements, as well as the current state of compliance of each authorized Provider, prioritized placements, and other quality initiatives that are in place to assist parents with making informed choices, help authorized providers achieve and maintain quality standards so they can provide the best services possible, and raise the level of community awareness about the importance of quality child care.

Effective 10/01/2016, the LA will launch its **STARS** (Striving to Achieve Real Success) quality rating and improvement system. Aimed and promoting comprehensive strategies to further raise the level of care for American Samoa's Children, the STARS Project with work with child care providers that volunteer to participate in intensive assessments, as well as training and technical assistance opportunities to build their capacities in the following areas

of their operations: Learning Environment, Family Engagement, Qualifications and Experience, and Leadership and Management.

Our teams readily share information about these and other pivotal initiatives using the methods described below:

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

- In-person Contact
 - Face-to-face interviews/ orientation
 - Participate in community-based outreach activities (ex: Wellness Day, Career Fairs, etc.)
- Internally-developed print materials (ex: brochures, flyers, etc.)
- Direct written communicate as warranted
- Web-based/ Online
 - Child Care Division website
 - DHSS website
 - E-newsletter Traditional Media (Print, Radio, Television)
- Public signage
 - Highly visible, targetted messaging in high traffic areas throughout the island(s)
- Traditional media outlets (print, radio, television)

c) Describe who you partner with to make information about child care quality available

The LA partners with parents, authorized child care Providers and their staff, as well as other public and private programs/ service providers to further increase the quality of services for families with young children.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

Not available in American Samoa.

b) Head Start and Early Head Start Programs

Through our continued partnership with the ASDOE Early Childhood Education Head Start Program, the LA workforce is very familiar with the requirements of and services offered by this Program. This information is shared with eligible parents in-person, over the telephone, e-mail, and/ or other electronic means. Additionally, the LA will request print or other types of informational literature that is specific to these services that can be made available to parents, child care Providers and their staff, and members of the general public that we come into contact with. Also, where available, the LA website will provide a link to this Program's website.

c) Low Income Home Energy Assistance Program (LIHEAP)

The LA workforce refers parents to print resources that are available at the LA office, which shares information about other available human services programs that they may be eligible to access/ want to learn more about. LIHEAP brochures, flyers, and/ or similar printed informational materials, developed by the Territorial Energy Office, which administers the Program, is an example of these resources. Also, where available, the LA website will provide a link to this Program's website.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The LA workforce refers parents to print resources that are available at the LA and shares information about other available human services programs that they may be eligible to access/ want to learn more about: American Samoa Supplemental Nutrition Assistance Program (ASNAP) brochures, flyers, and/ or similar printed informational materials, developed by the ASNAP Division of the Department of Human and Social Services (DHSS), which administers the Program, is an example of these resources. Additionally, as a direct counterpart to the LA, we have direct line to the ASNAP for any additional assistance needed. Also, where available, the LA website will provide a link to this Program's website.

e) Women, Infants, and Children Program (WIC)

The LA workforce refers parents to print resources that are available at the LA office, which shares information about other available human services programs that they may be eligible to access/ want to learn more about: American Samoa Women, Infants, and Children (ASWIC) brochures, flyers, and/ or similar printed informational materials, developed by the ASWIC Division of the DHSS, which administers the Program, is an example of these resources. Additionally, as a direct counterpart to the LA, we have direct line to the ASWIC for any additional assistance needed. Also, where available, the LA website will provide a

[link to this Program's website.](#)

f) Child and Adult Care Food Program(CACFP)

In American Samoa, all families are served in authorized child care facilities receive CACFP benefits through the American Samoa Department of Education's (ASDOE) School Lunch Program (SLP), which administers these funds for our Territory. This assistance is made available through the partnership between the ASDOE SLP and the LA and allows for breakfast, lunch, and snack supplies to prepare nutritious meals approved by the USDA Food and Nutrition Service for all children served in child care settings. Also, where available, the LA's website will provide a link to this Program's website.

g) Medicaid

The LA will work to secure current literature that would be relevant to families with young children from the Territory's Medicaid Office and include it as part of our print resources collection made available to parents, child care Providers and their staff, as well as community members that we may come into contact with. Additionally, if available, the LA's website will provide a link to this Program's website.

h) Children's Health Insurance Program (CHIP)

Currently not available in American Samoa.

i) Individuals with Disabilities Education Act (IDEA)

The LA workforce refers parents to print resources that are available at the LA office, which shares information about other available human services programs that they may be eligible to access/ want to learn more about: IDEA, ADA, and Section 504 brochures, flyers, and/ or similar printed informational materials is an example of these resources.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

N/A

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The LA workforce refers parents to print resources that are available at the LA office, which shares information about other available human services programs that they may be eligible to access/ want to learn more about. Brochures, flyers, and/ or similar printed informational materials, developed by the Department of Health's Children with Special Health Care Needs, Helping Babies Hear Program, Immunization Program, Maternal Child Health Program, and Part C Helping Hands are examples of these resources.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

a) Temporary Assistance for Needy Families (TANF)

Not available in American Samoa.

b) Head Start and Early Head Start Programs

The same resources/ information delivered using the same methodologies described in 2.2.4(b) applies to child care Providers and their staff.

c) Low Income Home Energy Assistance Program (LIHEAP)

The same resources/ information delivered using the same methodologies described in 2.2.4(c) applies to child care Providers and their staff.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The same resources/ information delivered using the same methodologies described in 2.2.4(d) applies to child care Providers and their staff.

e) Women, Infants, and Children Program (WIC)

The same resources/ information delivered using the same methodologies described in 2.2.4(e) applies to child care Providers and their staff.

f) Child and Adult Care Food Program(CACFP)

The same resources/ information delivered using the same methodologies described in 2.2.4(f) applies to child care Providers and their staff.

g) Medicaid

The same resources/ information delivered using the same methodologies described in 2.2.4(g) applies to child care Providers and their staff.

h) Children's Health Insurance Program (CHIP)

Currently not available in American Samoa.

i) Individuals with Disabilities Education Act (IDEA)

The same resources/ information delivered using the same methodologies described in 2.2.4(i) applies to child care Providers and their staff.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

N/A

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The same resources/ information delivered using the same methodologies described in 2.2.4(k) applies to child care Providers and their staff.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

The LA makes every effort to share information about research and best practices in child development with parents, providers, and the general public using a variety of methods such as direct communication, print resources (brochures, flyers, posters, etc.), online (e-mail/ listservs, LA website, Facebook, Twitter, and/ or Instagram), public signage, as well as traditional media outlets where practicable (newspaper, radio, television).

However, in many cases, the LA normally has to have them translated to extend the reach of this information. This process takes time, but we have found that the materials are more effective for our communities.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The LA will employ a variety of methods such as direct communication, print resources (brochures, flyers, posters, etc.), online (e-mail/ listservs, LA website, Facebook, Twitter, and/ or Instagram), public signage, as well as traditional media outlets where practicable (newspaper, radio, television) to share information about.

However, in many cases, the LA normally has to have them translated to extend the reach of this information. This process takes time, but we have found that the materials are more

effective for our communities. However, more often than not, the challenge when translating from English to Samoan is that the (print) material at least doubles in length because we often have to translate concepts. This is because there isn't usually a single Samoan word that corresponds to the English one being translated. Nonetheless, the LA will -where practicable- do everything possible share the information effectively.

c) Describe who you partner with to make information about research and best practices in child development available

The LA partners with other human service program providers that serve families with young children, encouraging them to disseminate information about research and best practices in child development with their clients.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

The LA provides access to print resources that share information about the importance of being aware of the social-emotional/ behavioral and early childhood mental health needs of young children, as well as steps they can take to promote children's mental health. Additionally, the LA works collaboratively with relevant partners(ex: ASDOE ECE Head Start, DHSS Behavioral Health Services and Children and Family Services Divisions, DHSS Assistant Attorney General, Part B Special Education) policies that includes information about screening resources and other related social-emotional/ behavioral and mental health issues.

ii. Providers

The LA provides access to the same information that is shared with parents, as

described above in section 2.2.7(a)i.

iii. General public

The LA provides access to the same information that is shared with parents, as described above in section 2.2.7(a)i.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

The LA partners with other human service program providers that serve families with young children, encouraging them to disseminate information about the social-emotional/behavioral and early childhood mental health needs of young children with their clients.

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

Yes.

If yes, If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

No.

School-age children from programs receiving child care assistance?

Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)

and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

In conjunction with our service/ program partners, including but not limited to Helping Babies Hear, Maternal Child Health, Home Visiting, Part C Helping Hands, Part B Special Education, Head Start ECE, American Samoa Women, Infants and Children programs, and the DHSS Behavioral Health Services Division, the LA will work to coordinate the various screening services offered through these partnerships and make this information available to parents, child care providers, and their staff. A comprehensive desk reference is currently under development, through the concerted efforts of these (and other) service/ program partners. This desk reference will provide current contact information, summary of services, priority populations served, eligibility requirements, referral protocols, and other information relevant to families with young children. The purpose of this desk reference is to provide current, relevant information that will help each service/ program partner improve the level of support we can provide to the families we serve.

Additionally, the standing meetings we have every other month, helps to increase communication and improve our ability to share best practices, service updates, leverage resources, etc. These also help to further improve relationships between programs and helps to improve our referral systems.

Specifically regarding early and periodic screening, diagnosis, and treatment, the LA shares with parents, along with providers and their staff, the *Developmental Checklist* created by the US Centers for Disease Control and Prevention, specific to their child's age (with subsequent age ranges available as needed). These checklists offer information for a child from 2-months through 5 years. It is a 1-page reference for adults that shares what milestones they can expect to see under the social/ emotional, language/ communication, cognitive, and

movement/ physical development domains. More importantly, it notes specific signs that parents should keep an eye out for, which indicates the need to consult their pediatrician.

Moreover, the LA and its service/ program partners will encourage all parents to keep all their well-baby appointments, as well as any other doctor's appointments for their child, as these will further promote early detection of health/ developmental issues.

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

The LA will actively engage parents, as well as child care Providers and their staff, to increase their level of awareness regarding the developmental milestones of children at different stages of their growth. the *Developmental Checklist* created by the US Centers for Disease Control and Prevention, specific to their child's age (with subsequent age ranges available as needed). These checklists offer information for a child from 2-months through 5 years. It is a 1-page reference for adults that shares what milestones they can expect to see under the social/ emotional, language/ communication, cognitive, and movement/ physical development domains. More importantly, it notes specific signs that parents should keep an eye out for, which indicates the need to consult their pediatrician. The LA will be translating these checklists and actively promoting the use of these with parents, caregivers, and general community members. The LA will encourage parents to familiarize themselves with the checklist that applies to their child and seek medical attention when they see the concerning signs/ symptoms.

Also, the LA and its program/ service provider partners will advocate for consistent **developmental screening periods for children**: Immediately at birth then at every well-baby/ child visit at 9 and 18 months, then 24 or 30 months as prescribed by a physician. Parents will be encouraged to keep their child care Provider abreast as to the results of each screening visit.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

The LA works with partner program/ service providers, including but not limited to Children with Special Health Care Needs, DHSS Behavioral Health Services Division, ECE Head Start Program, Helping Babies Hear Program, Home Visiting Program, Maternal Child Health Program, Part B Special Education, Part C Helping Hands, to keep protocols for referrals current and collaborate to leverage outreach resources to raise

community awareness about the screening and support services available to families. This information will be made available to parents, child care Providers and their staff alike.

Relationships fostered and maintained between the LA and the aforementioned service/ program partners (and others) help to facilitate smoother information and resource sharing when needed to improve the level of support for the families we all serve. Coordinated efforts such as the service desk reference described earlier, ListServ for all program leads, providing orientations for each other about our programs and who we serve, setting and maintaining our standing meeting schedule, developing protocols that compliment our services, and just knowing that we can reach out if and when needed helps us to take huge strides towards sharing resources. This is especially important in identifying resources for prevention/ intervention, screening, and treatment for all conditions, including cognitive and other developmental delays.

For example, these partnerships have allowed for Part C Helping Hands teams to access child care facilities that are authorized through our office to provide training to providers and their staff regarding services that are available through their office, how to spot signs/ symptoms that may require screening, and how to refer parents to their office for screening.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

SUBSTANTIATED PARENTAL COMPLAINT is an expressed concern shared by a parent, guardian, or individual standing in loco parentis regarding the level of care, or lack thereof, being received by their child(ren) in an authorized child care facility that has been verified by the LA as being valid/ true.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

Once the concern is reported to the LA, it generates an "Incident Report" and launches a formal inquiry by the LA. The completed report form is forwarded to the Provider Services Team (PST), which is dedicated to providing direct oversight and monitoring of all authorized child care providers in American Samoa. The PST is responsible for investigating the issue and facilitate an appropriate/ agreeable resolution. Should the complaint be substantiated, administrative actions may be applied as warranted, including but not limited to a corrective action plan detailing measures that are to be taken to prevent future recurrences.

All actions taken to address the complaint is documented in the progress notes that are part of the provider file. These files are available for review by clients, prospective applicants, or

members of the general public upon request. Requests to view these files should be submitted in writing (for documentation purposes) at least 3-business days in advance. All records related to Authorized Child Care Providers, including substantiated parental complaints are maintained by the LA for as long as the Provider maintains its *Authorized* status. However, should this authorization be suspended, rescinded, and/ or the child care provider should close, the LA maintains these records for up to 5 years.

c) How does the State/Territory make substantiated parental complaints available to the public on request

Provider files, which includes records of any substantiated parental complaints, are available for review by clients, prospective applicants, or members of the general public upon request. Requests to view these files should be submitted in writing (for documentation purposes) at least 3-business days in advance. All records related to Authorized Child Care Providers, including substantiated parental complaints are maintained by the LA for as long as the Provider maintains its *Authorized* status. However, should this authorization be suspended, rescinded, and/ or the child care provider should close, the LA maintains these records for up to 5 years.

d) Describe how the State/Territory defines and maintains complaints from others about providers

The same protocols, including documentation requirements, that are employed for parental complaints are carried out when non-parents/ others report complaints. Hardcopy records are maintained by the LA for as long as they remain Authorized to serve children under the American Samoa Child Care Program. However, should this authorization be suspended, rescinded, and/ or the child care provider should close, the LA maintains these records for up to 5 years.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other

None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

Based on the most current Demographic Profile for American Samoa (2010), the 88.9% of the population (55,519) is Samoan. The primary language in American Samoa is Samoan. For most people in our community, English is our second language; therefore, the LA workforce is equipped to serve clients, providers, and general community members in both the Samoan and English languages.

Additionally, given that the aforementioned Profile also indicates that second and third largest ethnic populations are Tongans and Filipinos respectively, the LA will be offering translated materials in Tongan and Tagalog where practicable.

1. Samoan
2. Tongan
3. Tagalog

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

The LA works collaboratively with program/ service partners, including but not limited to the Center for Families of Individuals Developmental Disabilities (community-based), Parents of Children with Special Needs Network (community-based), Developmental Disabilities Planning Council, Office for the Protection and Advocacy of the Disabled, Part B Special Education, Part C Helping Hands, Helping Babies Hear Program, and related Department of Human and Social Services Divisions to provide outreach, services, and other resources to eligible persons with disabilities and their families. The LA will leverage these partnerships to identify and facilitate opportunities to provide information about screening and other support services to help improve services for special needs children in child care settings and raise the level of awareness of families, child care providers, and their staff.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website:

and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of

violations). Describe

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Although the website itself \(www.childcare.dhss.as\) is pending redesign/ restructuring to meet the related requirements of the CCDBG Act of 2014, the LA has developed](#)

approaches for integrating the following requirements into the site's new design structure:

- description of health and safety requirements and licensing or regulatory requirements for child care providers in American Samoa receive/ will seek to receive CCDBG funding;
- description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers;
- information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings;

However, the LA is awaiting the completion of the Procurement Process to work closely with the selected website designer to help us meet the last element: *ensure a consumer-friendly experience for the user, such as allowing multiple ways to search for providers, defining key terms such substantiated complaint and corrective action plans (note, the term "exempt care" was deleted as it does not apply in American Samoa), presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and the site is easy to locate and navigate.*

Unmet requirement - Identify the requirement(s) to be implemented Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA has already developed a format for sharing provider-specific information about health, safety, and other regulatory requirements that are met by the Provider. This information will be integrated into the new site design. We are now awaiting the completion of the Procurement Process so that we can work closely with the website developer to identify the best approach to presenting this information in a way that meets the "user-friendly" element of this requirement. Additionally, we are exploring options for translating this material into at least the Samoan language as part of this initial phase. If resources permit, we will also explore the feasibility of offering the same information in Tongan.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/15/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Consumer focus group(s)

Provider focus group(s)

Website developer

Unmet requirement - Identify the requirement(s) to be implemented A description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA has already its description of what it means to be an Authorized Child Care Provider in American Samoa and how it relates to background checks/ screening, monitoring, and offenses that will prevent individuals from being Providers or working in a child care setting. This information will be integrated into the new site design. We are now awaiting the completion of the Procurement Process so that we can work closely with the website developer to identify the best approach to presenting this information in a way that meets the "user-friendly" element of this requirement. Additionally, we are exploring options for translating this material into at least the Samoan language as part of this initial phase. If resources permit, we will also explore the feasibility of offering the same information in Tongan.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/15/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Consumer focus group(s)

Provider focus group(s)

Website developer

Unmet requirement - Identify the requirement(s) to be implemented A description of

health and safety requirements and licensing or regulatory requirements for child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA already has developed descriptions of health and safety, as well as their regulatory requirements that a child care Provider must meet and maintain for Authorization. This information will be integrated into the new site design. We are now awaiting the completion of the Procurement Process so that we can work closely with the website developer to identify the best approach to presenting this information in a way that meets the "user-friendly" element of this requirement. Additionally, we are exploring options for translating this material into at least the Samoan language as part of this initial phase. If resources permit, we will also explore the feasibility of offering the same information in Tongan.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/15/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Consumer focus group(s)

Provider focus group(s)

Website developer

Unmet requirement - Identify the requirement(s) to be implemented Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA has updated its injury/ incident reporting policy to clearly define two types of injuries/ incidents: "serious" versus "minor". Additionally, the new policy sets

reporting deadlines for each type of injury using an updated protocols and a more detailed form.

A **serious injury/ incident** is one that required professional/ emergency medical attention or hospitalization for the child or if the child was involved in an incident that required you to contact other types of authorities (police, social services, or similar).

A **minor injury/ incident** is not severe and was effectively addressed with basic first aid and/ or did not require professional assistance.

Both injury/ incident types requires the Provider to complete the LA-issued reporting form and that the parent(s) be notified immediately.

Serious injuries/ incidents must be **reported** by completing the form and submitting it to the LA's Provider Services Team **within 24-hours of the incident**.

Minor injuries/ incidents that require more than a simple band-aid must be reported **reported** by completing the form and submitting it to the LA's Provider Services Team **at the start of the new month** (when invoices and other Provider updates are due).

Information collected using this form (serious injuries, number of deaths, incidences of substantiated child abuse or other complaints) will be integrated into the new site design and updated every month by the LA so that parents have access to current information. We are now awaiting the completion of the Procurement Process so that we can work closely with the website developer to identify the best approach to presenting this information in a way that meets the "user-friendly" element of this requirement. Additionally, we are exploring options for translating this material into at least the Samoan language as part of this initial phase. If resources permit, we will also explore the feasibility of offering the same information in Tongan.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/15/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Consumer focus group(s)

Provider focus group(s)

Website developer

Unmet requirement - Identify the requirement(s) to be implemented The website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA has developed all of the required descriptions, etc. pursuant to the new website requirements (as described in the preceding "Unmet Requirements"). We are now awaiting the completion of the Procurement Process so that we can work closely with the website developer to identify the best approach to presenting this information in a way that meets the "user-friendly" element of this requirement.

Once the redesign is completed with "user-friendly" elements in place, the LA will conduct consumer (parent) and Provider focus groups to determine the effectiveness of the design's functionality. It is anticipated that the focus groups will help to determine what works and what needs improving in order to be more "user-friendly" before the site goes live.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/15/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Consumer focus group(s)

Provider focus group(s)

Website developer

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

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

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from **0 weeks (birth)** (weeks/months/years) to **less than 13** years (through age 12).

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



Yes, and the upper age is **18** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: **Mental or physical incapacity refers to a person with a medically diagnosed mental or physical condition that affects his/ her ability to make decisions for themselves and/ or renders them incapable of self-care. Child care services in any of the authorized child care facilities for children with special needs, who are less than 13 years of age, are available for parents to choose from once the LA has verified that the provider is able to meet the 1 adult for every 3 special needs child enrolled and that their staff has the capacity to address the needs of the child. Also in-home child care is available to children with special needs that are less than 18 years of age if an appropriate provider is identified. The adult-to-child ratio for in-home child care is 1 adult to a maximum of 2 children/ individuals (with at least one meeting the LA's definition for special needs and neither are directly biologically related to the provider).**



No

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



Yes and the upper age is (may not equal or exceed age 19)



No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

For the purposes of the American Samoa Child Care Program, the child(ren) in need of child care services must live in the same home/ dwelling as the applicant (and co-applicant, if applicable) for at least 6-months of the year.

b) in loco parentis -

An adult who is not a parent to the child needing care, but has assumed parental responsibilities for and has control of the child for a period of at least 6-months. If an individual standing *in loco parentis* needs child care assistance so s/he can engage in a qualifying activity (work, attend school or an approved training program, or actively seek employment), the individual must submit a determination letter signed by either the child's closest adult living relative (other than the person seeking in loco-parentis), or if a living relative is unavailable, by the Sa'o/ High Chief of the family with whom the child resides. This written determination must be notarized and clearly explain why the parent(s) are not involved and why individual is requesting to stand in loco parentis. An applicant/ co-applicant standing in loco parentis must also meet all other financial and non-financial eligibility requirements for child care assistance through the American Samoa Child Care Program.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:

Working/ employment is established when an Applicant and/ or Co-applicant provides proof of monetary compensation for labor or services performed for another person or organization which constitutes their usual means of livelihood. Recent paycheck stubs, as prescribed by the LA, is acceptable proof that the individual is working. If the individual has been recently hired and does not have paycheck stubs to provide, s/he will need to provide a letter verifying employment. This letter should be on company letterhead, is signed by an authorized official, and includes information about the date of hire, pay rate, how often the employee will receive a paycheck (weekly, bi-weekly, monthly, or other),

and when the individual is projected to receive their first paycheck. If the individual is self-employed, s/he must submit a copy of his/ her current business license and a notarized self-declaration letter explaining the nature of their business, average hours worked each week, and bi-weekly or weekly net earnings. Any proof or documentation submitted to satisfy this eligibility requirement, other than those described in this definition will require the expressed written approval of the State Administrator/ authorized designee.

* attending job training

A qualifying activity that is established when an Applicant or Co-applicant provides proof of enrollment and participation in a LA-approved training program that increases the individual's employability by building skills that will help them secure employment. Training programs must occur outside of the home. Part-time training as a qualifying activity will be treated as an ASE (actively seeking employment) application, whereby ASE requirements will apply including the certificate period for the application. At minimum one training session should be 4 hours per day, held at least 3 times per week over the course of 30 consecutive days. ***Training programs that are for shorter periods of time/ occur less frequently will require State Administrator pre-approval.*** Applicants/ co-applicants must provide a letter from the training provider with a description of the training, frequency of the sessions, and duration of the course. ASE logs will need to be completed for all LA-approved training program participants.

* attending education

A qualifying activity that is established when an Applicant or Co-applicant provides proof of enrollment and participation in an accredited educational institution. Education programs may occur inside or outside of the home (ex: in-classroom, online/ distance learning). Part/ Full-time enrollment in an accredited educational institution needs to be verified by a counselor or similar authorized official in writing and include the current course description for classes and transcripts for previous classes when applicable.

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

Yes.

No.

If no, describe additional requirements

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

Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services -

Services provided by an established agency or organization to protect children or persons who are, or are at risk of, abuse/ neglect, exploitation, and/ or homelessness (housed in a shelter or similar type of emergency housing) that are in need of child care assistance. Service applications are prioritized for placement for a child who is or whose family is under protective services. Under the authorization of the State Administrator, financial and non-financial eligibility requirements for parents and children under protective services, along with any applicable co-payment/ fee requirements, may be temporarily waived either in part or in full, as long as it is verified in writing by the protective service provider(s) that they are under protection and need child care assistance. Their assigned caseworker will work closely with the protective service provider(s) and the family to secure as much of the required financial and non-financial documentation as best and as soon as possible depending on their situation and ability to secure them.

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

Yes.

No.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in the protective services definition above.

No.

3.1.4 Eligibility Criteria Based on Family Income

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

* Definition of income -

For the purposes of eligibility determination and re-determination, is the total *countable*

income for each applicable member of the CCDF household. Countable income includes: earned income (salary/ wages), incoming child support, pensions/ annuities, Social Security/ Supplemental Social Security benefits, any applicable business, rental property, or similar types of income-generating ventures for a household member, as reported by the Applicant/ Co-applicant. Acceptable forms of documentation used for these calculations are: check stubs issued within the last 60-days, ASG Form303 for government employees, agency-issued award/ verification letters, fiscal statements. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State Administrator.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

Note - If the income eligibility limits are not statewide, check here

Describe how many jurisdictions set their own income eligibility limits

Fill in the chart based on the most populous area of the state.

| Family Size | (a) 100% of State Median Income (SMI) (\$/month) | (b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85] | (c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI | (d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI | (e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI | (f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI |
|-------------|---|--|--|---|---|---|
| 1 | 2,860 | 2,431 | 1,216 | 42.52% | | |
| 2 | 3,740 | 3,179 | 1,590 | 42.51% | | |
| 3 | 4,620 | 3,927 | 1,964 | 42.43% | | |
| 4 | 5,500 | 4,675 | 2,338 | 42.51% | | |
| 5 | 6,380 | 5,423 | 2,712 | 42.51% | | |

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year [State of Hawaii 2009](#)

d) These eligibility limits in column (c) became or will become effective on: [Oct. 1, 2010](#)

e) Provide the link to the income eligibility limits <http://bit.ly/smi-incomelimits>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.

Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

[To qualify for and maintain assistance through the American Samoa Child Care Program, the calculated net monthly income for the household in which the child resides \(verified by the tax form\(s\) for the most recent filing year listing the child as a dependent\) must fall at or below 85% of the SMI for the reported household size, also verified using the aforementioned form\(s\). Families whose net monthly household income falls at 85%, but above 50%, of the SMI for their household size is confirmed as being low-income and confirmed as being "income-eligible" for assistance. Families whose net monthly household income is confirmed as being at or below 50% of the SMI for their household](#)

size is confirmed as being "**very low income**" are not only "income eligible" but will also have their placement prioritized/ expedited once all other CCDF requirements are met. At re-determination, as long as the net monthly household income remains at or below 85% of the SMI for the family's household size and all other CCDF requirements are met, services will continue without disruption.

However, if this monthly household income exceeds the 85% threshold for the household size according to the current SMI table, child care services will be discontinued immediately and a written notice will be issued within ten (10) calendar days' to the Client and CCDF eligible provider.

Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

A LA representative, specifically a Client Services Team caseworker (directly responsible for eligibility re-determination) will work with the parent(s) to verify that income fluctuations causing their income calculations to exceed the 85% threshold is temporary. Circumstances that may result in fluctuations includes over-time, holidays worked, short-lived bonus payments, etc.

If verified, this LA representative will use the parent's income documentation required for all countable income sources for the client's household to determine the total monthly average over the most recent 90-day period. To maintain child care assistance, this average total cannot exceed 85% of SMI level for their total household number.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or

tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational

standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

Applicant identity.

Describe:

For eligibility determination and re-determination, the applicant must provide a valid (meaning it is legitimate/ not expired) photo identification (ID) that is issued by the Territory of American Samoa, a US State, or the US Federal Government. Examples of acceptable documents: American Samoa photo-ID, American Samoa Driver's License, American Samoa Voter's ID, American Samoa Immigration ID, driver's license issued by American Samoa or any US State/ Territory, or a State photo-ID issued by any of the 50 United States or US other Territories, or a United States Passport. The LA will accept a valid passport issued by a foreign country, if and ONLY if the individual's only American Samoa-issued ID is the Immigration ID, but it has expired and the renewal is pending action by the Immigration Board or sponsor or there is an issue with fees/ bonds. This is requested at the time of the initial application for services and will only need to be updated during re-determination if it has expired.

Applicant's relationship to the child.

Describe:

For parents: the LA uses the child's birth certificate. Parent name(s) on the birth certificate should match the name(s) on their presented IDs for identity verification purposes.

For legal guardians: an official, notarized guardianship letter specifically naming the individual applying services for the child and indicates that they may legally do so. The person(s) named in the guardianship letter must match the names on their presented IDs for identity verification purposes.

Persons Standing In Loco Parentis: An adult who has assumed guardianship and control of a child for a period of at least 6-months (in place of the parent(s)) must provide a determination in writing that is signed by the child's closest adult living relative (other than the person seeking in loco-parentis).

If no living relative is available, the determination letter can be signed by the Sa'o/ High Chief of the family with whom the child resides. This written determination must be notarized and clearly explain why the adult(s) is/ are standing in loco parentis and that the child(ren) are residing with the named adult(s), as defined by the LA. See definition for " **residing with** " for

more information.

- Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

The LA reviews the following documents, specific to the child, in eligibility determination/ re-determination: child's birth certificate (issued by American Samoa, a US State/ Territory), US passport, and/ or valid immigration ID to confirm that the child is either a US National/ Citizen or legal resident of American Samoa, his/ her age, and his/ her relationship to the Applicant/ Co-Applicant. Also, a photograph of the child that was taken within the last 60-days, combined with any of the aforementioned documents will help to establish a record of the child's identity. The child's immunization record, with verification that it is current, helps the LA minimize the spread of infectious diseases. The Applicant/ Co-applicant's copy of their tax filing for the most recent tax year listing the child as a dependent along with the Applicant/ Co-applicant's certification confirms that child is residing with them. Any other types of documentation not listed here, but being submitted as proof for eligibility determination purposes be expressly authorized by the State Administrator/ designee.

- Work.

Describe:

Applicant/ Co-applicant claiming work/ employment as their qualifying activity will need to provide documented proof: check stubs received within the last 60-days (if you're paid bi-weekly, we need at least 2 recent stubs; if you're paid weekly, we need at least 3); ASG Form303 for government employees, employment verification letter is acceptable for someone who was recently hired (this letter needs to be on employer letterhead which should indicate the company/ business name, mailing address, and contact information). The body of the letter must include the name of the newly hired employee, date of hire, whether the position is full/ part-time, their salary, how frequently they will get paid, and the projected date for the release of his/ her first payroll check). If the employment letter is issued from an authorized child care provider, the new employee will also need to provide proof that they have satisfied all the Basic Certification requirements. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State Administrator.

- Job Training or Educational Program.

Describe:

An Applicant or Co-applicant citing their participation in a **job training** program as their

qualifying activity is will need to provide a description of the training course and proof of enrollment, in addition to all other non-financial eligibility requirements. Applicants/ co-applicants must provide a letter from the training provider with a description of the training, frequency of the sessions, and duration of the course. Additionally, the Applicant/ Co-applicant citing this activity should be able to articulate how participating in this training program would increase their *employability*. The LA will verify the Applicant/ Co-applicant's enrollment before completing the eligibility determination process. Job training is classified as an ASE (actively seeking employment) activity. Therefore, ASE requirements for redetermination will apply including the certificate period for ASE clients (6 months with a midpoint check-in). ASE logs will need to be completed as prescribed by the LA in order to maintain CCDF assistance. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State Administrator.

An Applicant or Co-applicant claiming **education** as their qualifying activity will provide proof of enrollment and participation in an accredited educational institution. Education programs may occur inside or outside of the home (ex: in-classroom, online/ distance learning). Part/ Full-time enrollment in an accredited educational institution needs to be verified by a counselor or similar authorized official in writing and include the current course description for classes and transcripts for previous classes when applicable. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State Administrator.

Family Income.

Describe:

Family income is defined as total *countable* income for each applicable member of the CCDF household, calculated by reviewing documentation of all countable sources after taxes and other qualifying deductions. Countable income includes: earned income (salary/ wages), incoming child support, pensions/ annuities, Social Security/ Supplemental Social Security benefits, any applicable business, rental property, or similar types of income-generating ventures, as reported by the Applicant/ Co-applicant. Acceptable forms of documentation used for these calculations are: check stubs issued within the last 60-days, ASG Form303 for government employees, agency-issued award/ verification letters, fiscal statements. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State

Administrator.

Household composition.

Describe:

The LA requires the Applicant/ Co-applicant to provide a copy of the tax form for the most recent tax filing year that lists the child as a dependent to verify that the child resides with them. This copy must include either the receipt stamp of the American Samoa Tax Office or be accompanied with verifiable proof of receipt by the IRS, depending on where they filed. The total household number reflected in this copy is the household composition that is recognized and used by the LA for eligibility determination/ re-determination. If the child's parent(s), legal guardian, or person(s) standing in loco parentis cannot provide this copy, the LA will advise as to alternate acceptable documentation. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State Administrator.

Applicant Residence.

Describe:

American Samoa ID, American Samoa Driver's License, American Samoa Voter's ID, or American Samoa Immigration ID, the LA can verify residency. If the Applicant/ Co-applicant are unable to provide one of these, the LA will accept a notarized letter signed by the village mayor and the High Chief, known as the Sa'o, of the Applicant/ Co-applicant's family. The body of this letter must verify the village of residence and how long the Applicant/ Co-applicant as lived there. Accepting any other type of document in place of the aforementioned for eligibility determination/ re-determination will require the expressed approval of the State Administrator.

Other.

Describe:

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head

Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

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

Time limit for making eligibility determinations.

Describe length of time :

Before the LA can initiate the eligibility determination/ re-determination process, the Applicant/ Co-applicant is required to provide all of the documentation needed at one time. Referred to the *All-at-Once or Not-at-All* policy, this protocol ensures that Applicants/ Co-applicants are able to know before leaving our office whether they are eligible for services through the American Samoa Child Care Program.

Track and monitor the eligibility determination process

Other.

Describe:

None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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

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

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [TANF is not available in American Samoa.](#)

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

"appropriate child care":

[TANF is not available in American Samoa.](#)

"reasonable distance":

[TANF is not available in American Samoa.](#)

"unsuitability of informal child care":

[TANF is not available in American Samoa.](#)

"affordable child care arrangements":

[TANF is not available in American Samoa.](#)

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

In writing

Verbally

Other.

Describe:

[TANF is not available in American Samoa.](#)

List the citation to this TANF policy.

List:

[TANF is not available in American Samoa.](#)

[3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \\$1,000,000. A check-off on the application is sufficient](#)

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

[3.2 Increasing Access for Vulnerable Children and Families](#)

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": For the purposes of the American Samoa Child Program, A child who is diagnosed by a medical professional with one or more of the following types of conditions: behavior issues, chronic illness, learning issues, mental issues, and physical disability and/ or is enrolled in any one of the following service programs: Children with Special Health Care Needs; Part B/ Public School Special Education; Part C Helping Hands; Supplemental Security Income (SSI).

and describe how services are prioritized:

Children with special needs will receive priority placement at the an authorized facility selected by their parent(s), guardian(s), or in loco parentis once the LA works closely with them and our relevant service partners (including but not limited to Center for Families of Individuals with Developmental Disabilities; Children with Special Health Care Needs; Developmental Disabilities Planning Council; ECE Head Start; Helping Babies Hear; Maternal Child Health Program; Part B/ Public School Special Education; Part C Helping Hands) to develop a comprehensive transition plan to ensure that the child care provider and their staff are equipped to best meet the needs of the child.

b. Provide definition of "Families with very low incomes": A family with ¿very low-income¿ is one whose calculated average net monthly income falls at or below 50% of the SMI level for their household size, according to the current approved SMI table used for eligibility determination/ re-determination.

and describe how services are prioritized:

The LA will prioritize placement of an application for services for a family with "very low-income" who also meets all of the other non-financial requirements.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of

becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act)
[Not applicable in American Samoa.](#)

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)l(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:
- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements

b. Procedures to conduct outreach to homeless families to improve access to child care services

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The LA recognizes and defines a homeless child/ youth as prescribed by the McKinney-Vento Act \(section 725 of subtitle VII-B\); Homelessness and foster care is included under the definition of "Protective Services". As such children that are, or at risk for, homelessness or are in foster care qualify to have the financial, non-financial, and other eligibility requirements waived for their initial determination so that child care assistance can be accessed as quickly as possible. The assigned LA caseworker will work closely with the the family to secure as much of the required financial and non-financial documentation needed over their initial certificate period \(12-months\). The LA will be as flexible as possible to help the family get the needed documents together, while being sensitive to their circumstances. If the family need child care assistance beyond the initial 12-months, but not have all of the documentation in order, an extension may be granted by the State Administrator/ authorized designee.](#)

Unmet requirement - Identify the requirement(s) to be implemented [2\) providing training and technical assistance to child care providers on identifying and serving homeless children and families \(addressed in Section 6\); and](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA will develop a comprehensive, culturally appropriate, strategic plan for providing training and technical assistance to child care Providers on identifying and serving homeless children and families. This plan aims to raise their level of awareness regarding the McKinney-Vento Act (section 725 of subtitle VII-B) and provide information/ resources that are available in our Territory for affected children/ youth.

Projected start date for each activity: 05/01/2016

Projected end date for each activity: 08/15/2016

Agency - Who is responsible for complete implementation of this activity LA, specifically the Operations & Training, Provider Services, & Client Services Teams

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHSS Children and Family Services Division

DHSS Behavioral Health Services Division

Authorized Child Care Providers and their staff

Unmet requirement - Identify the requirement(s) to be implemented 3) conduct specific outreach to homeless families. (658E(c)(3))

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA will work on developing a comprehensive, culturally appropriate, outreach plan for implementing specific outreach to homeless families. This outreach effort aims to inform families of the assistance options available through the American Samoa Child Care Program, especially the level of flexibility they will be afforded to help them access and maintain services.

The LA will work with its partners to identify effective best and appropriate practices for reaching out to homeless families. Awareness promotion efforts will be multi-

faceted and incorporate the use of the Samoan language (and where practicable other applicable languages).

Projected start date for each activity: 05/01/2016

Projected end date for each activity: 08/15/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHSS Children and Family Services Division

DHSS Behavioral Health Services Division

Chld Care Program consumers

Authorized Child Care Providers

Translation professionals

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State may not terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between

semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

The current policies in place for eligibility determination/ re-determination observes the federal threshold of 85% for accessing services through the American Samoa Child Care Program (a household's average net monthly income must be at or below 85% of the SMI level for their household size AND they meet other non-financial requirements to access/ maintain services; a household whose income calculations fall at or below 50% of the SMI level for their household are confirmed as "very-low" income families and will have their applications prioritized for service placement). Families remain income-eligible for child care assistance as long as it remains at or below 85% of the SMI level for their household size. Additionally, a family with a valid child care certificate (12-months for families that received assistance so they may work or attend school) may not have their services discontinued before the expiration of the certificate solely because there is a change in the circumstances in their qualifying activity. Clients with a valid certificate that are working/ attending school who report or are known by the LA as having a change in their circumstances, such as job loss (being fired, laid-off, or any other reason) or salary/ wage increase that may affect their income eligibility, academic probation, suspension, or expulsion from school, may use the remaining period of their current certificate to find other work or get back into academic good standing without needing to complete additional paperwork or fulfill any additional requirements with the LA. Should their certificate expire and either the Applicant/ Co-applicant is still cannot provide the supporting documents needed to verify their qualifying activity, which may also be used to verify household income (check-stubs issued within the last 60-days, transcripts confirming completion of the most recent academic period) their caseworker will advise them of the option of maintaining child care assistance through the ASE-option. If and only if the Applicant/ Co-applicant verifies that would like to actively seek employment or look into other training opportunities, would need child care assistance effectively do so, and they will work to fulfill the documentation requirements of being an ASE-client, the caseworker will re-classify their file from a "employed" to "ASE" and provide

the appropriate orientation and documents for the client to record their level of effort in securing employment.

Clients with a valid child care certificate that cited participation in a LA-approved training program are treated as an ASE-applicant in that they are issued a 6-month certificate. If during this period they experience a change in their circumstances that prevents them from completing their training, they may use the remainder of their certificate period to carry out other point-earning activities described in the ASE Logs, which documents their level of effort in either identifying and participating in another type of training program that will increase their employability, or actively seek employment. As long as the certificate has not expired, this can be done without any additional paperwork or other requirements with or by the LA. Upon re-determination, their caseworker will verify that the number of points needed to maintain services were achieved and randomly check the validity of the information reported in the logs. Once verified, the caseworker will work with the Applicant/ Co-applicant to determine whether the "ASE" classification is to be maintained and new logs issued for an additional 6-month period. There are no specific limits to how many times an ASE-classification for a single Applicant/ Co-applicant may be extended. However, to protect the integrity of this resource and ensure that there is adequate funding availability, after the second consecutive renewal period (12-months of service), the approval for each period thereafter will need the expressed written approval of the State Administrator.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

- Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.

List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

The LA may terminate assistance prior to 12 months due to parent's loss of work or cessation of attendance from education program ONLY IF the parent confirms **they no longer need services** through the American Samoa Child Care Program/ or voluntarily exits the Program.

However, if a parent loses their job before their certificate period ends, but confirms that they want to try to secure another job, they may use the remainder of their current certificate period (or be allowed an additional 3 months of assistance, whichever is greater) to do so. If the parent is not able to provide proof of employment when their service certificate expires, but indicates they still need services so they can continue to actively seek employment, the LA will allow them to continue services as an ASE (Actively Seeking Employment) client. All ASE requirements will then be applied for eligibility determination for an additional 6 months of assistance. Redetermination for continued services as an ASE client will also apply.

If a parent stops attending their approved education program, but indicates that assistance is still needed so s/he can enroll in another education program or actively seek employment, they may use the remainder of their current certificate period (or be allowed an additional 3-months of assistance, whichever is greater) to do so. If the parent is not able to provide proof that s/he is either enrolled in an education program or employed when their service certificate expires, but indicates they still need services so they can continue to actively seek employment, the LA will allow them to continue services as an ASE (Actively Seeking Employment) client. All ASE requirements will then be applied for eligibility determination for an additional 6 months of assistance.

Redetermination for continued services as an ASE client will also apply.

However, if the same parent indicates they need more time so that they can enroll in another education program, they will not be able to provide any further extensions. S/he will need to meet all of the requirements for "education" as a qualifying activity.

No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

The LA encourages clients to come into the office *at least once* for the purposes of signing their certificate after eligibility re-determination has been completed. This allows for valuable face-to-face interaction and provides an additional opportunity for answering questions/ sharing information. However, to minimize any undue disruption to client schedules, the LA allows for documents to be submitted in a variety of ways. We encourage clients to advise their caseworker as to any one of the following submission methods they will be using at any given time: Clients may scan and e-mail their documents directly to their caseworker, submit them via our Program's Facebook inbox, fax them in, send them to the office with someone else, or arrange to have the LA pick them up from their Provider. Additionally caseworkers inform parents that arrangements can be made to meet after standard business hours to submit documents, sign certificates, or any other address any other case management needs.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[3.4 Family Contribution to Payment](#)

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

Note - If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale

The LA continues to waive co-payments.

Fill in the chart based on the most populous area of the State.

| Family Size | (a) Lowest "Entry" Income Level Where Copayment First Applied | (b) What is the monthly copayment for a family of this size upon initial entry into CCDF? | (c) What is the percent of income for (b)? | (d) Maximum Highest "Entry" Income Level Before No Longer Eligible | (e) What is the monthly copayment for a family of this size upon initial entry into CCDF? | (f) What is the percent of income for (e)? |
|-------------|--|--|---|---|--|---|
| 1 | N/A | 0 | 0 | 0 | N/A | N/A |
| 2 | N/A | 0 | 0 | 0 | N/A | N/A |
| 3 | N/A | 0 | 0 | 0 | N/A | N/A |
| 4 | N/A | 0 | 0 | 0 | N/A | N/A |
| 5 | N/A | 0 | 0 | 0 | N/A | N/A |

a) What is the effective date of the sliding fee scale(s)? The LA will continue its current practice of waiving a co-payment for families, given that more than 50% of households in our Territory are below poverty. (Source: 2010 Census)

b) Provide the link to the sliding fee scale <http://bit.ly/asccdf2016>

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use.

- Fee as dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family

- No additional fee charged after certain number of children
- Fee is per family
- Fee as percent of income and
 - Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - Fee is per child up to a maximum per family
 - No additional percentage applied charged after certain number of children
 - Fee is per family
 - Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

The LA will continue its current practice of waiving a co-payment for families, given that more than 50% of households in our Territory are below poverty. (Source: 2010 Census)

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- Yes, and describe those additional factors using the checkboxes below.
 - Number of hours the child is in care
 - Lower copayments for higher quality of care as defined by the State/Territory
 - Other.

Describe other factors.

- No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.

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

- Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

The poverty level used by the Lead Agency for a family size of 3 is \$0

- No, the Lead Agency does not waive family contributions/co-payments

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

- Limits the maximum co-payment per family.

Describe:

- Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit.

Describe:

- Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5.

Describe:

- Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

- Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

- Other.

Describe:

The LA will continue its current practice of not requiring a sliding fee, given that more than

50% of households in our Territory are below poverty. (Source: 2010 Census)

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Parents that qualify for help with paying for child care through the American Samoa Child Care Program are issued a service certificate made out to the authorized provider of their choice. This certificate entitles them to up to 200 hours of child care for the duration of the period specified on said certificate. If they choose to transfer these services to another provider they may contact their LA caseworker to explore available options.

Effective March, 1, 2016, authorized child care Providers will receive the maximum allowable monthly payment for each CCDF child served. The maximum payment amount depends on the child's age (*children from birth to less than 3 years will be issued a maximum payment of \$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of \$180/ month*) or whether the child has special needs, as defined by the LA (*special needs children less than 18 years of age will issued a maximum payment of \$250/ month*).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements. These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

- 1.** An EIN (employer identification number) or TIN (tax identification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation;
- 2.** Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time);
- 3.** Use of an official payroll system that

clearly details employee and employer deductions related to wages for tax purposes; 4. Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.), (d) the provider's operations complies with all other required health, safety, quality requirements established by the LA.

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

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

Describe

4.1.3 Child Care Services Available through Grants or Contracts

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

- Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

the process for accessing grants or contracts

the range of providers available through grants or contracts

how rates for contracted slots are set for grants and contracts

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

if contracts are offered statewide and/or locally:

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts

for:

Programs to serve children with disabilities

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve homeless children

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

Urban

Rural

Other.

Describe:

Improve the quality of child care programs with grants or contracts for:

Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

- Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
- Programs to serve children with disabilities or special needs
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

The LA informs and reminds parents and child care providers of the various Parent Rights and Responsibilities under the American Samoa Child Care Program. One such parental right is that they are to be afforded unlimited access to their child when s/he is being cared for in an authorized child care facility. Parents encouraged to make announced and unannounced visits to their selected child care provider to get to know the staff better staff, observe their child's care, familiarize themselves with the level of care their child is receiving.

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

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

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

Restricted based on provider meeting a minimum age requirement

Describe:

Restricted based on hours of care (certain number of hours, non-traditional work hours)

Describe:

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or medical condition

Describe:

This option is limited to in-home care for a child with special needs of an Applicant/ Co-applicant that meet the financial and non-financial eligibility requirements to receive assistance through the American Samoa Child Care Program. The Applicant/ Co-applicant will identify a child care provider that meets the following criteria: **(a)** is 18 years of age or older with at least a high school education or acceptable equivalent; **(b)** not an immediate, biological relation; **(c)** has a business license to provide child care services; **(d)** successfully maintains clearance for the LA's background screening requirement; **(e)** has a valid certification in pediatric and adult First Aid and CPR; any additional requirements established by the LA to protect the health, safety, and quality of care. In-home care may be provided for children who meet the definition of "special needs", as established by the LA. As long as the Applicant/ Co-applicant meets the financial and non-financial requirements for the American Samoa Child Care Program, in-home care

may be subsidized by the LA for an individual with special needs up until the individual turns 18 years of age. No more than 2 service certificates may be issued to a single in-home child care provider for identical service periods and the adult-to-child ratio for this type of in-home care is 1 adult for up to 2 children/ individuals (with at least one of them meeting the LA's definition of special needs). (Should the other certificate be for a child is not verified as having special needs, the LA is only able to provide subsidized child care services up until age 13.) Additionally, the home is subject to periodic visitations by the LA and recommendations for improved health and safety will be provided to the homeowners as warranted.

Restricted to in-home providers that meet some basic health and safety requirements

Describe:

Other

Describe:

No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators,

local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

MRS

Alternative Methodology.

Describe:

Both.

Describe:

The LA evaluated Market Rate Survey (MRS) results as well as comparative ACF700 data collected over the past 5 years using the current service Tracker system, along with feedback from parents served to develop a clearer understanding of the availability and access to services, as well as the costs being paid (if at all) by parents while they collect the verification documents they need to determine whether they qualify for assistance through the American Samoa Child Care Program.

Although the MRS form is designed to collect information about how much funding is received by a child care provider, where that funding comes from (CCDF, private paying clients, other sources), how much of that is used to cover personnel and other overhead costs, etc., the challenge is the accuracy of the numbers and how inconsistent they are from

the feedback from parents (that were formerly reported as having paid-out-of-pocket for services at a certain rate by a Provider, yet the parent advises the provider was kind enough to waive fees).

It is important to reiterate that prior to American Samoa being awarded the CCDF about 20 years ago, child care facilities did not exist in the Territory. Prior to the receipt of this award, parent struggled with raising a family on a single income so the other could stay home with the kids or a relative cared for children while both parents worked. The American Samoa Child Care Program was the driving force that *created* child care facilities and it continues to be the primary reason whew facilities continue to be established...to serve children whose parents receive subsidized child care assistance.

In reviewing these results, we can confirm (according MRS results and trend data over the past 5 years) the LA can confirm that the current rate is adequate and falls in line with the 75% percentile of costs. However, by making systemic improvements, the LA has taken steps to increase Provider access to resources to improve quality, while maintaining funding resources that supports the demand for services within our Territory.

Other.

Describe:

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

To date, American Samoa's State Advisory Council (SAC) for Early Learning and Care, also referred to as the Governor's Children's Cabinet, remains inactive. Requests to the Office of the Governor to have the SAC revitalized under a newly proposed structure is pending review. However, numerous key agencies and other representatives at the Program-level continue to meet consistently for increased collaboration, leveraging of resources, and overall improvements in early care and education services for families and their children.

Inter-agency collaborative with various key Program/ Service Providers that serve families with young children have proven invaluable in the development of CCDF initiatives that are outlined in this Plan, including payment rates, access to services, etc. (refer to section 1.4 for examples of some of these program/ service partners).

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

The LA evaluated Market Rate Survey (MRS) results as well as comparative ACF700 data collected over the past 5 years using the current service Tracker system, along with feedback from parents served to develop a clearer understanding of the availability and access to services, as well as the costs being paid (if at all) by parents while they collect the verification documents they need to determine whether they qualify for assistance through the American Samoa Child Care Program.

Although the MRS form is designed to collect information about how much funding is received by a child care provider, where that funding comes from (CCDF, private paying clients, other sources), how much of that is used to cover personnel and other overhead costs, etc., the challenge is the accuracy of the numbers and how inconsistent they are from the feedback from parents (that were formerly reported as having paid-out-of-pocket for services at a certain rate by a Provider, yet the parent advises the provider was kind enough to waive fees).

It is important to reiterate that prior to American Samoa being awarded the CCDF about 20 years ago, child care facilities did not exist in the Territory. Prior to the receipt of this award, parent struggled with raising a family on a single income so the other could stay home with

the kids or a relative cared for children while both parents worked. The American Samoa Child Care Program was the driving force that *created* child care facilities and it continues to be the primary reason whew facilities continue to be established...to serve children whose parents receive subsidized child care assistance.

In reviewing these results, we can confirm (according MRS results and trend data over the past 5 years) the LA can confirm that the current rate is adequate and falls in line with the 75% percentile of costs. Rigorous methodologies were employed to ensure that the datat provides an accurate reflection of the available resources and how they are applied to raise the level of early care and eduction within the existing child care system. However, by making systemic improvements, the LA has taken steps to increase Provider access to resources to improve quality, while maintaining funding resources that supports the demand for services within our Territory.

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

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

It is important to reiterate that prior to American Samoa being awarded the CCDF about 20 years ago, child care facilities did not exist in the Territory. Prior to the receipt of this award, parent struggled with raising a family on a single income so the other could stay home with the kids or a relative cared for children while both parents worked. The American Samoa Child Care Program was the driving force that *created* child care facilities and it continues to be the primary reason whew facilities continue to be established...to serve children whose parents receive subsidized child care assistance.

As of the submission date of this Plan, MRS and ACF comparative data over the past 5 years (where applicable) was reviewed by the LA for 25 active Authorized Providers, representing 100% of child care facilities currently operating in American Samoa.

b) Type of provider:

As of the submission date of this Plan, MRS and ACF comparative data over the past 5 years (where applicable) was reviewed by the LA for 25 active Authorized Providers, representing 100% of child care facilities currently operating in American Samoa. Of these,

23 are Center-based and the remaining 2 are Family Child Care Homes.

c) Age of child:

Of the 791 children receiving services: **87%** (688) are between the age of **1 year to less than 7 years old**, **7%** (54) are children **between the ages of 7 to less than 13 years**, **6%** (49) are **less than 12 months**. Also, at the time of the submission of this Plan, all 25 child care Providers report that they are not serving privately paying families. At this time 100% of the children they are serving are CCDF-supported.

d) Describe any other key variations examined by the market rate survey, such as quality level

Other than data described in this and previous sections of 4.2, any other key variations were not noted in the review.

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

03/01/2016

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 03/30/2016

c) How the report containing results was made widely available and provide the link where the report is posted if available

The report will be made available to the general public via the Department of Human and Social Services website at <http://dhss.as/> by or before March 30, 2016.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

Note - If the payment rates are not set by the State/Territory, check here

Describe how many jurisdictions set their own payment rates

Effective March, 1, 2016, authorized child care Providers will receive the maximum allowable monthly payment for each CCDF child served. The maximum payment amount depends on the child's age (*children from birth to less than 3 years will be issued a maximum payment of \$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of \$180/ month*) or whether the child has special needs, as defined by the LA (*special needs children less than 18 years of age will issued a maximum payment of \$250/ month*).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements. These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

1. An EIN (employer identification number) or TIN (tax identification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation; 2. Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time); 3. Use of an official payroll system that clearly details employee and employer deductions related to wages for tax purposes; 4. Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.), **(d)** the provider's operations complies with all other required health, safety, quality requirements established by the LA.

a) Infant (6 months), full-time licensed center care in most populous geographic region

Rate \$ 200 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

b) Infant (6 months), full-time licensed FCC care in most populous geographic region

Rate \$ 200 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

c) Toddler (18 months), full-time licensed center care in most populous geographic region

Rate \$ 180 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region

Rate \$ 200 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 180 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 180 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

Rate \$ 180 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 180 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 100

i) Describe the calculation/definition of full-time care:

Full-time child care means the parent needs at least 10 hours or more per week, Sunday through Saturday, for their non-school age child(ren) or school-age child(ren) when school **is not** in session or when care is required during non-traditional hours. For school-age children, when school **is** in session, full-time weekly is defined as 8 hours or more per week Sunday through Saturday.

Effective March, 1, 2016, authorized child care Providers will receive the maximum allowable monthly payment for each CCDF child served. The maximum payment amount depends on the child's age (*children from birth to less than 3 years will be issued a maximum payment of \$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of*

\$180/ month) or whether the child has special needs, as defined by the LA (special needs children less than 18 years of age will issued a maximum payment of \$250/ month).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements. These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

1. An EIN (employer identification number) or TIN (tax identification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation;
2. Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time);
3. Use of an official payroll system that clearly details employee and employer deductions related to wages for tax purposes;
4. Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.

(d) the provider's operations complies with all other required health, safety, quality requirements established by the LA.

j) Provide the effective date of the payment rates : [March 01, 2016](#)

k) Provide the link to the payment rates : <http://bit.ly/asccdf2016>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours.

Describe:

Tiered rate/rate add-on for children with special needs as defined by the State/Territory.

Describe:

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory.

Describe:

Tiered rate/rate add-on for programs serving homeless children.

Describe:

Other tiered rate/rate add-on beyond the base rate.

Describe:

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

Effective March, 1, 2016, authorized child care Providers will receive the maximum allowable monthly payment for each CCDF child served. The maximum payment amount depends on the child's age (*children from birth to less than 3 years will be issued a maximum payment of*

\$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of \$180/ month) or whether the child has special needs, as defined by the LA (special needs children less than 18 years of age will issued a maximum payment of \$250/ month).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements. These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

1. An EIN (employer identification number) or TIN (tax identification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation;
2. Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time);
3. Use of an official payroll system that clearly details employee and employer deductions related to wages for tax purposes;
4. Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.),

(d) the provider's operations complies with all other required health, safety, quality requirements established by the LA.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

Taking into consideration that providing higher quality child care costs money, the cost of goods and services on our remote island poses and even bigger challenge, and that economy does not show signs of improvement any time soon, the LA has taken steps to

eliminate its previous attendance-driven payment system where Providers were only paid for hours of direct service delivery documented by attendance records generated by the LA-issued biometric system units for each child every month. Despite fluctuations in a child's attendance because they took ill, went to a WIC appointment, traveled off-island, etc. the requirements for the Provider to comply with staff-to-child ratio requirements, needing to pay staff for being present (even on days when the child unexpectedly does not show), having to plan and provide for adequate meals and other supplies for children remain constant.

As a result, effective March 1, 2016, direct child care services delivered by authorized Providers serving families who are receiving assistance through the American Samoa Child Care Program will be paid using an enrollment-driven system. Providers will receive the maximum allowable monthly payment for each CCDF child served. The maximum payment amount depends on the child's age (*children from birth to less than 3 years will be issued a maximum payment of \$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of \$180/ month*) or whether the child has special needs, as defined by the LA (*special needs children less than 18 years of age will issued a maximum payment of \$250/ month*).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements. These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

1. An EIN (employer identification number) or TIN (tax identification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation;
2. Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time);
3. Use of an official payroll system that clearly details employee and employer deductions related to wages for tax purposes;
4. Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.),

(d) the provider's operations complies with all other required health, safety, quality requirements established by the LA.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to

Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey.

Describe:

- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.

- Rates based on data on the cost to the provider of providing care meeting certain standards

Describe:

- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.

Describe:

- Data on the proportion of children receiving subsidy being served by high-quality providers.

Describe:

- Data on where children are being served showing access to the full range of providers. .

Describe:

In American Samoa, all child care facilities that operate in our Territory were established with the intent of serving children whose parents qualify for assistance through the American Samoa Child Care Program. Prior to American Samoa receiving a CCDF award, child care facilities (centers, family child care homes, or in-home providers) did

not exist. Although the Market Rate Survey aims to (amongst other things) ensure that the the rates being paid by the CCDF do not exceed those being paid by families that are not served by the CCDF, the data collected from 10 out of 25 Authorized Providers that received a MRS form indicates that periodically non-CCDF families are served, but only for short periods of time (no more than 30-days). These same families use this time to secure the needed supporting documentation to complete their eligibility determination process.

MRS respondents indicated that they often waived payment requirements for families while they worked to secure CCDF assistance. And, Provider feedback indicates that set rates coupled with the previous attendance-based payment system was inadequate in meeting the financial demands of operating a facility capable of consistently maintaining the high quality standards.

- Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

- Feedback from parents, including parent survey or parent complaints.

Describe:

- Other.

Describe:

Taking into consideration that providing higher quality child care costs money, the cost of goods and services on our remote island poses and even bigger challenge, and that economy does not show signs of improvement any time soon, the LA has taken steps to eliminate its previous attendance-driven payment system where Providers were only paid for hours of direct service delivery documented by attendance records generated by the LA-issued biometric system units for each child every month. Despite fluctuations in a child's attendance because they took ill, went to a WIC appointment, traveled off-island, etc. the requirements for the Provider to comply with staff-to-child ratio requirements, needing to pay staff for being present (even on days when the child unexpectedly does not show), having to plan and provide for adequate meals and other supplies for children remain constant.

As a result, effective March 1, 2016, direct child care services delivered by authorized

Providers serving families who are receiving assistance through the American Samoa Child Care Program will be paid using an enrollment-driven system. Providers will receive the maximum allowable monthly payment for each CCDF child served. The maximum payment amount depends on the child's age (*children from birth to less than 3 years will be issued a maximum payment of \$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of \$180/ month*) or whether the child has special needs, as defined by the LA (*special needs children less than 18 years of age will issued a maximum payment of \$250/ month*).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements. These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

1. An EIN (employer identification number) or TIN (tax indentification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation;
2. Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time);
3. Use of an official payroll system that clearly details employee and employer deductions related to wages for tax purposes;
4. Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.),

(d) the provider's operations complies with all other required health, safety, quality requirements established by the LA.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

The enrollment-driven payment system that replaces the attendance-driven system effective

March 1, 2016 will increase the level of funding that Providers receive and provide a more consistent and accurate projection of the level of income they can expect each month. This will improve their ability to budget and plan for operational quality improvements, starting with increasing their ability to secure and retain energetic, enthusiastic, and qualified early care and education professionals.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory -

so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

- Pays prospectively prior to the delivery of services.

Describe:

- Pays within no more than 21 days of billing for services.

Describe:

The LA receives documentation of attendance from each Authorized Provider on the first working day of each month. From this first day through to the tenth business day, the LA will verify the validity of the documentation (specifically the biometric system-generated attendance record that confirms the physical attendance of each child during the previous month). Once this is completed billing invoices are generated that are processed, which takes an additional 2 days. From this point, the LA submits an invoice for each Provider, along with a detailed listing of the children served during the billing period, to generate their payment through via American Samoa Government's payment system, consisting of reviews by its Budget, Procurement, and Treasury Departments as well as a review by the Office of the Governor. A coordinated agreement between the LA and these other Departments allows for the timely processing and release of payments. The period from when billing invoices are generated to when payments are released shall be no more than 21 days.

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

Describe including the State/Territory's definition of occasional absences

Effective March 1, 2016, the LA will delink payments to authorized Providers from a child's occasional absences by employing an enrollment-driven payment system. This system will allow Providers to receive the maximum allowable monthly payment for each CCDF child served by the facility. The maximum payment amount depends on the child's

age (children from birth to less than 3 years will be issued a maximum payment of \$200/ month; children ages 3 to less than 13 years will be issued a maximum payment of \$180/ month) or whether the child has special needs, as defined by the LA (special needs children less than 18 years of age will issued a maximum payment of \$250/ month).

This enrollment-driven payment system will be applied as long as **(a)** the child is enrolled with a valid certificate, **(b)** the LA can verify the child's attendance during the payment period, **(c)** the Provider adheres to specific re-investment verification requirements.

These requirements aims to expand the quality of child care services by strengthening the continuum of care through improved staff retention strategies: By October 1, 2016, all authorized Providers must provide documented proof of:

1. An EIN (employer identification number) or TIN (tax indentification number) that correlates to the entity named on the current American Samoa Business License/ Articles of Incorporation; **2.** Compliance with all applicable Department of Labor regulations (including but not limited to minimum wage and over-time); **3.** Use of an official payroll system that clearly details employee and employer deductions related to wages for tax purposes; **4.** Employer and employee shares that are deducted are paid to the American Samoa Tax Office at least once per quarter.), **(d)** the provider's operations complies with all other required health, safety, quality requirements established by the LA.

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

Specify percent and describe

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

The LA issues certificates that allow for up to 200 hours of child care services, subsidized through the American Samoa Child Care Program. The LA recognizes that the qualifying activities that parents are engaged in: working, attending school or an approved training

program, or actively seeking employment requires this level of full-time support in order to improve self-sufficiency and increase success.

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

The LA will inform the authorized Provider within 5-business days via e-mail and/ or by telephone regarding any changes to the family's eligibility status that may impact payment. Information regarding the family's circumstances, why/ how it may impact payment, and contact with the Provider will be documented in the client file.

- Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

Authorized Providers are made aware and understand that payment inaccuracies and disputes must be received by the LA within 60-calendar days from the date the inaccuracy/ dispute was to have occurred. Failure to do so automatically nullifies any such claim.

However, if the Provider submits a claim within this prescribed time frame, it must be submitted in writing and clearly explains the circumstances that prompted the claim. The LA will conduct a thorough review of the claim and issue a decision within 10-business days from the date the claim is received. Should the LA verify the error, the correction will be made in the provider's subsequent payment and include notation of why the payment adjustment is being made as part of the Payment Authorization Report (PAR).

However, should the Provider dispute the LA's disposition, s/he may submit a written request for reconsideration and appeal to the Executive Review Panel, which consists of the Department of Human and Social Services Director and/ or Deputy Director, the State Administrator, the Program Evaluation Assistant Director, and the Department's designated legal advisor (assigned Assistant Attorney General). The Executive Review Panel will review all relevant information and documentation related to the matter and render a decision within 30-days from the date the appeal request was received.

Other.

Describe:

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

The following is an explanation for each of the options above that were not checked:

- Pays prospectively prior to the delivery of services: ***The LA only pays for services after they have been rendered. This is to confirm that a child is enrolled and parents accessed services for their child, pursuant to the need they expressed when they applied for services.***
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time.: ***By employing an enrollment-driven payment system that does not emphasize how much time the child is served, but rather focuses on supporting fixed costs of providing quality care -namely increasing staff retention, this option does not apply.***
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.: ***Same as above.***
- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.): ***This option does not apply to child care providers, as all of the families that enroll for services, do so with the intent of applying for assistance through the American Samoa Child Care Program.***

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments.

Describe length of time:

The LA will maintain a schedule for payment processing to ensure that the time between the generation of billing invoices to when payments are released shall be no more than

21 days.

Track and monitor the payment process

Describe:

The LA and the Department of Human and Social Services Finance Team tracks and

monitor the progression of the payment requests for Authorized Providers through the American Samoa Government payment processing system to help ensure that it is on track to meet the 21-day requirement policy, whereby the LA will maintain a schedule for payment processing to ensure that the time between the generation of billing invoices to when payments are released shall be no more than 21 days.

Use of electronic tools (e.g., automated billing, direct deposit, etc.)

Describe:

Other.

Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes.

Describe data sources

The LA analyzed ACF 700 data from 2010 - 2015 to evaluate the supply and demand levels.

No.

If no, how does the State/Territory determine most critical supply needs?

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

a) Infants and toddlers (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The LA has restructured payments to allow for enrollment-driven payments and now allows the maximum payment level (\$200 per child, per month) for children from birth to less than 3 years of age. Additionally, it is anticipated that this change in payments and the new system, which took effect March 1, 2016 will aid in the recruitment of Providers.

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The maximum payment for a special needs child has been increased from \$200 to \$250 per month and since the payments to Providers has been delinked from attendance, whereby the minimum number of hours or percentage of service hours required has been eliminated and the Provider to qualifies to receive the maximum payment amount for all children as long as they are enrolled and there is documented proof that they were served at some point during the billing period. Additionally, the option for parents of children with special needs to secure the services of an in-home child care provider that is authorized by the LA will provide more care options for this equally important population.

The LA will advocate for community members to explore becoming an in-home child care

Provider who meets the LA's health, safety, and other quality requirements and promote this additional care option for families with special needs children.

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

This currently does not apply. However, in a post-disaster situation where parents may need to access care during non-traditional hours, the LA is prepared to coordinate this through the existing network of Authorized Providers so that families directly impacted by a disaster and children of first-responders and other parents directly involved with rescue and recovery efforts have options.

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The LA will provide training and technical assistance to all authorized child care Providers to raise their level of awareness regarding the McKinney-Vento Act (section 725 of subtitle VII-B) and what it means in relation to child care services in American Samoa. Additionally, these capacity building efforts will advise as to the resources available to children/ youth that are or are at risk for homelessness.

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it

uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above.

Describe

The most recent statistics reports indicates that more than half of our Territory's families are below the national poverty level. The mid-year estimates in the most current Statistical Yearbook (2013), American Samoa's population is 55,600. According to the most recent Census report (2010), there were 8,834 family households (70% of them are "married couple families with own children less than 18 years of age" and 10% of families have a female as the head of the household with her own children less than 18 years old and "no husband present") and 57.8% of all persons or 54.4% families in American Samoa were below the national poverty level. Therefore, the LA does not necessarily have to look very far to identify potential eligible families.

However, the LA continues to take steps to increase community awareness of the availability of child care assistance for eligible families and works to find ways to expand ways for families to access eligibility determination assistance, including but not limited to:

- Securing and maintaining a centralized office location in the village of Fagatogo in an office space that is easily accessible to public transportation and less than a five-minute walk from the Fagatogo marketplace (which serves as main hub for east and west-bound buses);
- The LA's centralized, more convenient location houses the Training and Lending Center (TLC), which is a resource center for child care providers and their staff. The TLC provides access to electronic and print materials available at no cost that help providers improve the quality of developmentally appropriate activities they offer. The TLC also serves as the venue for most of the quality-targetted training and technical assistance sessions coordinated/facilitated by the LA.
- Large signage at the front of the office is exposed to high traffic and designed to catch the attention of passers-by incorporating CCDF children and bright color scheme;
- Public awareness/ outreach efforts are offered in both English and Samoan

languages and includes the use of various types of media, work through partnerships (providers, public, and private organizations), partners, one-on-one contact with clients and other community members, participation in community events/ activities, etc.

- Providing translations for materials, where practicable, helps to further quality initiatives for our unique populations.
- The LA, through its STARS Program (American Samoa's Quality Rating & Improvement initiative), capacity-building is provided to help child care providers and their staff address areas for improvement by giving them the training and technical assistance/ coaching needed for success.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced.
(658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

To legally operate a child care facility in American Samoa, regardless of its category or type, an entity (individual, partnership, and organization) must secure a valid business license from the Department of Commerce. Non-profit or faith-based organizations that own and operate a child care facility must provide verifiable proof that their Articles of Incorporation specifies "owning and operating a child care facility" as one of its activities, in lieu of presenting a valid business license.

If that child care facility wishes to receive CCDF payments by serving children whose parents qualify for child care assistance through the American Samoa Child Care Program, this entity will need to apply for **authorization** through the LA. In becoming authorized the LA has verified that the child care provider:

- Meets the basic requirements to legally operate a child care facility in American Samoa;
- Understands the current health, safety, and quality regulations and other requirements established by the LA to protect the welfare of, and increase the quality of care for, all children under their care
- Not only understands the health, safety, and quality regulations and other requirements, but has met the basic requirements to receive authorization and will work collaboratively with the LA to maintain full compliance;
- Recognizes the importance of Parent Rights and Responsibilities, as it pertains to child care, and will work in partnership with the parent(s) to support these and provide an environment that will help each child thrive.

Effective July 1, 2016, the following types of child care providers, or categories of care, will be recognized and monitored by the LA are center-based, group/ child care home, and in-home care.

Center-based Child Care: Type of setting where child care services are provided in a non-residential structure. A center-based provider must meet the requirements to legally operate in American Samoa to provide child care services. If a center-based facility is to receive CCDF payments, it must be authorized by the LA. Once authorized, the center-based provider is subject to the established health, safety, and other quality regulations/ requirements, including staff-to-child ratios, in place to help all children thrive. One such health and safety requirement is the maximum capacity for the facility, which allows for 35-square feet of usable space for each child that is enrolled, regardless of whether the child is receiving CCDF services. The maximum capacity for a center is calculated using measurements taken by the LA.

Family Child Care Home: Type of setting where child care services are provided in the

provider's residence, where at least one-half of the children are not direct biological relatives of said provider. A group/ child care home provider must meet the requirements to legally operate in American Samoa to provide child care services. If a group/ child care home provider is to receive CCDF payments, it must be authorized by the LA. Once authorized, the group/ child care home provider is subject to the established health, safety, and other quality regulations/ requirements in place to help all children thrive. One such health and safety requirement is the maximum capacity for the facility, which allows for 35-square feet of usable space for each child that is enrolled, regardless of whether the child is receiving CCDF services. A group/ child care home is to serve a minimum of 3, but not more than 12 children less than 13 years of age. The LA will measure the residence to confirm that there is at least 35-square feet of usable space for up to 12 children. If there is not, the maximum capacity for the group/ child care home will be reduced accordingly.

In-Home Child Care: A type of setting where the child is cared for in his/ her own home. This option is available only to child(ren) with special needs (as defined by the LA) of an Applicant/ Co-applicant that meet the financial and non-financial eligibility requirements to receive assistance through the American Samoa Child Care Program. The Applicant/ Co-applicant will identify a child care provider that meets the following criteria: **(a)** is 18 years of age or older with at least a high school education or acceptable equivalent; **(b)** not an immediate, biological relation; **(c)** has a business license to provide child care services; **(d)** successfully maintains clearance for the LA's background screening requirement; **(e)** has a valid certification in pediatric and adult First Aid and CPR; any additional requirements established by the LA to protect the health, safety, and quality of care.

As long as the Applicant/ Co-applicant meets the financial and non-financial requirements for the American Samoa Child Care Program, in-home care may be subsidized by the LA for an individual with special needs up until the individual turns 18 years of age. No more than 2 service certificates may be issued to a single in-home child care provider for identical service periods and the adult-to-child ratio for this type of in-home care is 1 adult for up to 2 individuals (with at least one of them meeting the LA's definition of special needs). (Should the other certificate be for a child is not verified as having special needs, the LA is only able to provide subsidized child care services up until age 13.) Additionally, the home is subject to periodic visitations by the LA and recommendations for improved health and safety will be provided to the homeowners as warranted.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition:

For the purposes of the American Samoa Child Care Program, an infant is a child that is less than 12-months old.

- Ratio:

1:3 (1 adult for every 3 infants)

- Group Size:

There shall be no more than 3 infants in a group and infant groups are never to be mixed in age. This means that only children less than 12-months old will be cared for in these types of groups.

2. Toddler

- State/Territory age definition:

For the purposes of the American Samoa Child Care Program, a toddler is a child that is 1 year to less than 3 years of age.

- Ratio:

1 adult for every 6 children.

- Group Size:

A mixed age group, comprised of children between the ages 1 year to less than 7 years is allowable, but there must be one adult for every 6 children that make up a single group.

3. Preschool:

- State/Territory age definition:

For the purposes of the American Samoa Child Care Program, a preschool child is 3 years old, but less than 5 years.

- Ratio:

1:6 (1 adult for every 6 children)

- Group Size:

A mixed age group, comprised of children between the ages 1 year to less than 7 years is allowable, but there must be one adult for every 6 children that make up a single group.

4. School-Age

- State/Territory age definition:

For the purposes of the American Samoa Child Care Program, the LA recognizes two age ranges for school-age children:

Age Range 1: a child that is 5 years old, but less than 7 years old.

Age Range 2: a child that is 7 years old, but less than 13 years old.

- Ratio:

Age Range 1: a child that is 5 years old, but less than 7 years old and the ratio requirement for this age range is 1:6 (1 adult for every 6 children);

Age Range 2: a child that is 7 years old, but less than 13 years old and the ratio requirement for this age range is 1:12 (1 adult for every 12 children).

- Group Size:

Age Range 1: a child that is 5 years old, but less than 7 years old and the ratio

requirement for this age range is 1:6 (1 adult for every 6 children). A group comprised of children within this age range may be mixed in age, but shall not include children that are 7 years or older nor include infants (as defined by the LA);

Age Range 2: a child that is 7 years old, but less than 13 years old and the ratio requirement for this age range is 1:12 (1 adult for every 12 children). A group comprised of children within this age range may be mixed in age, but shall not include children less than 7 year of age.

However, it is important to note that enrollment is the total combined number of CCDF and non-CCDF children on record for the Center and at least one-half of the enrollment are not direct biological relatives of the provider.

5. If any of the responses above are different for exempt child care centers, describe:

Not applicable.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

For infants less than 12 months old, the ratio requirement 1 adult for every 3 children (1:3). Infant groups may not be mixed in age.

For children between the ages of 1 year and less than 7 years, the ratio is 1 adult for every 6 children (1:6). Groups may be comprised of children that range in age from 1 year to less than 7 years, but each group must consist of no more than 6 children and there must be 1 adult for every group of 6. These groups must never include infants or children older than 7 years of age.

For children between the ages of 7 to less than 13 years, the ratio is 1 adult for every 12 children (1:12). Groups may be comprised of children that range in age from 7 year to less than 13 years, but each group must consist of no more than 12 children and there must be 1 adult for every group of 12. These groups must never include infants or children less than 7 years of age.

However, it is important to note that enrollment is the total combined number of CCDF and non-CCDF children being served at the Center, and at least one-half of the enrollment are not directly related to the provider, either biologically or through marriage.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

- Ratio:

- Group Size:

2. Toddler

- State/Territory age definition:

- Ratio:

- Group Size:

3. Preschool:

- State/Territory age definition:

- Ratio:

- Group Size:

4. School-Age

- State/Territory age definition:

- Ratio:

- Group Size:

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

6. If any of the responses above are different for exempt group child care homes, describe

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Same as that for Center-based care providers.

Describe the group size:

Same as that for Center-based care providers.

However, it is important to note that enrollment is the total combined number of CCDF and non-CCDF children on record for the Family Care Home and at least one-half of the enrollment are not directly related to the provider, either biologically or through marriage.

Describe the threshold for when licensing is required:

Licensing/ authorization requirements apply to all family child care home providers that serve children whose parents qualify for assistance through the American Samoa Child Care Program.

Describe the maximum number of children that are allowed in the home at any one time:

A maximum of 12 children may be allowed in the home at any one time. This maximum number can never be increased for Family Child Care Home Providers. However, the LA may reduce this number if it cannot verify that the amount of usable space in the residence allows for at least 35 square feet for at least 12 children.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

At least one half of the children being served in a Family Child Care Home setting must not be related to the Provider, either biologically or through marriage.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

No more than 12 children, regardless of age, may be present at one time in a Family Child Care Home setting as long as the applicable staff-to-child ratios are observed and the LA has verified there is adequate usable space in the home for 12 children.

2. If any of the responses above are different for exempt family child care home providers, describe

Not applicable.

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

IN-HOME CHILD CARE SETTING: A maximum of 2 children (whose parents qualify for assistance through the American Samoa Child Care Program) may be served by an in-home care provider that is authorized by the LA and one of these two children must meet the LA's definition of a special needs child and neither child may be related, either biologically or through marriage, to the in-home care provider.

Describe group size:

1 adult for no more than 2 children, one of whom must meet the LA's definition of a special needs child.

Describe the threshold for when licensing is required:

A threshold for when licensing is required does not apply.

Describe maximum number of children that are allowed in the home at any one time:

No more than 2 children, one of whom must meet the LA's definition of a child with "special needs", may be allowed in the home at one time.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Children served in an in-home setting may be related to one another, but never to the in-home care provider authorized by the LA.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

No more than 2 children, one of whom must meet the LA's definition of a child with "special needs", may be allowed in the home at one time, regardless of their age.

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

and assistant teacher qualifications:

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

2. Toddler lead teacher

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or

LA-prescribed alternative aptitude determination protocols/ assessment.

and assistant teacher qualifications:

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

3. Preschool lead teacher

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

and assistant teacher qualifications:

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

4. School-Age lead teacher

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

and assistant teacher qualifications:

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

5. Director qualifications:

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

and assistant qualifications:

2. Toddler lead teacher

and assistant qualifications:

3. Preschool lead teacher

and assistant qualifications:

4. School-Age lead teacher

and assistant qualifications:

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

MINIMUM REQUIREMENTS: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

d) Other eligible providers qualifications:

IN-HOME CHILD CARE PROVIDER minimum requirements: Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(l)(i)) This requirement is applicable to all child care providers receiving CCDF

regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

[As of March 1, 2016, the LA certifies that it has health and safety requirements in the following areas are in place for authorized CCDF providers in American Samoa:](#)

1. Prevention and control of infectious diseases (including immunization)
2. Prevention of sudden infant death syndrome and use of safe sleeping practices
3. Administration of medication, consistent with standards for parental consent
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical

- hazards, bodies of water, and vehicular traffic
6. Prevention of shaken baby syndrome and abusive head trauma
 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
 9. Precautions in transporting children (if applicable)
 10. First aid and cardiopulmonary resuscitation (CPR) certification is required for everyone employed in an authorized child care facility

The LA will provide capacity-building and technical assistance opportunities to help facilitate compliance. However, Providers understand that a pattern of consistent non-compliance without a demonstrated level effort to become compliant are grounds for the LA to immediately suspend or rescind Authorization.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Although the LA certifies that health and safety requirements are in place, in terms of what needs to be implemented/ completed and when. Unfortunately, at present, we are not in a position to confirm that *all* of the topics for this require are included in a single Basic Certification/ orientation course for child care providers and their staff. A few of the topics are introduced during an orientation, with a timeframe for the individuals to participate in sessions that are offered for the remaining topics. Under our current orientation protocol, the topics in **bold** font below *are* included. (Noted next to the topics that are not are the timeframes and other relevant information specific to that topic.)

1. **Prevention and control of infectious diseases (including immunization)**
2. Prevention of sudden infant death syndrome and use of safe sleeping practices- *covered in the First Aid & CPR certification course, which the individual must achieve within 90-days from being approved to own, operate, and/ or be employed in an authorized facility.*
3. Administration of medication, consistent with standards for parental consent- *covered in the First Aid & CPR certification course, which the individual must achieve within 90-days from being approved to own, operate, and/ or be employed in an authorized facility.*
4. Prevention of and response to emergencies due to food and allergic reactions- *covered in the First Aid & CPR certification course, which the individual must achieve within 90-days from being approved to own, operate, and/ or be employed in an authorized facility.*
5. **Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic**
6. Prevention of shaken baby syndrome and abusive head trauma- *covered in the First Aid & CPR certification course, which the individual must achieve within 90-days from being approved to own, operate, and/ or be employed in an authorized facility.*
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))- *Emergency preparedness and response planning for emergencies resulting from disaster is covered, but we will need to update this session to ensure that "man-caused events within the meaning of terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))" are met.*
8. **Handling and storage of hazardous materials and the appropriate disposal of bio contaminants**

9. Precautions in transporting children (if applicable)

10. First aid and cardiopulmonary resuscitation (CPR) certification is required for everyone employed in an authorized child care facility- *the individual must achieve within 90-days from being approved to own, operate, and/ or be employed in an authorized facility.*

We will need time to revise and further strengthen our system for basic certification for full compliance. In addition to updating existing rules, regulations, protocols, and compliance monitoring strategies for the unmet requirements, the LA will also explore avenues to further strengthen our pre-service orientation model as follows:

Effective September 30, 2016, the LA will coordinate with our various program/ service partners with expertise and other resources relevant to effectively implement its redesigned **BASIC CERTIFICATION model**:

Anyone seeking to become an Authorized child care Provider or to be sanctioned by the LA to serve as a caregiver, **must first** provide documented proof that all of the following elements for **BASIC CERTIFICATION** have been satisfied:

1) Successful clearance of the LA's comprehensive background screening

(completed within the last 6-months, then every 6-months thereafter as long as s/he remains an Authorized Provider or sanctioned caregiver)

2) Meets the minimum qualification requirements established by the LA (Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.)

3) Holder of a valid health card for food handling purposes that is recognized by the Department of Health

4) Certified in Pediatric and Adult First Aid and CPR (It is preferred, but not required, that this certification is through the American Heart Association because several of the elements under this requirement are included as part of this certification course.)

5) Complete the *Good Beginnings Orientation*, which is a combination of 20-hours of classroom instruction and 20-hours of hands-on experiential learning at a designated model learning center. The classroom instruction portion of the PST will provide information for all 10 elements under this requirement. Where practicable, the LA may provide additional training on any of these 10 elements after Basic Certification has been completed.

This redesigned Basic Certification model will incorporate all of the topics noted for this requirement and they will be introduced prior to the individual may be considered to serve as an authorized provider or serve as a caregiver within an authorized facility. In addition, authorized child care providers and existing caregivers will be required to complete the classroom instruction portion of the **Good Beginnings Orientation** every two years, so they remain current on best practices and other relevant early care and education information.

The LA will begin offering *Good Beginnings Orientation* sessions starting June 2016 and will continue to offer at least one session each month thereafter, depending on the need. A minimum of 10 registrants will be required to carry out a session.

Providers that were authorized providers as of March 1, 2016, along with members of their caregiver staff that were employed after May 31, 2016 will have until December 31, 2016 to comply with all of the Basic Certification requirements, including the completion of the classroom instruction portion only for Good Beginnings orientation (given their experience working with children).

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA will coordinate with our various program/ service partners with expertise and other resources relevant to effectively redesign and implement its Basic Certification requirements. Effective 09/30/2016, this redesigned model will require anyone seeking to become an Authorized child care Provider or to be sanctioned by the LA to serve as a caregiver, **must first** provide documented proof that all of the following elements for **BASIC CERTIFICATION** have been satisfied:

1) Successful clearance of the LA's comprehensive background screening

(completed within the last 6-months, then every 6-months thereafter as long as s/he remains an Authorized Provider or sanctioned caregiver)

2) Meets the minimum qualification requirements established by the LA (Must be an adult, 18 years or older, with at least a high school diploma or acceptable equivalent (including but not limited to a GED, verified completion of the equivalent of a high school from a non-American education system, or LA-prescribed alternative aptitude determination protocols/ assessment.)

3) Holder of a valid health card for food handling purposes that is recognized by the Department of Health

4) Certified in Pediatric and Adult First Aid and CPR (It is preferred, but not required, that this certification is through the American Heart Association because several of the elements under this requirement are included as part of this certification course.)

5) Complete the *Good Beginnings Orientation*, which is a combination of 20-hours of classroom instruction and 20-hours of hands-on experiential learning at a designated model learning center. The classroom instruction portion of the PST will provide information for all 10 elements under this requirement. Where practicable, the LA may provide additional training on any of these 10 elements after Basic Certification has been completed.

This redesigned Basic Certification model will incorporate all of the topics noted for this requirement and they will be introduced prior to the individual may be considered to serve as an authorized provider or serve as a caregiver within an authorized facility. In addition, authorized child care providers and existing caregivers will be required to complete the classroom instruction portion of the ***Good Beginnings Orientation*** every two years, so they remain current on best practices and other relevant early care and education information.

The LA will begin offering *Good Beginnings Orientation* sessions starting June 2016 and will continue to offer at least one session each month thereafter, depending on the need. A minimum of 10 registrants will be required to carry out a session.

Providers that were authorized providers as of March 1, 2016, along with members of their caregiver staff that were employed after May 31, 2016 will have until

December 31, 2016 to comply with all of the Basic Certification requirements, including the completion of the classroom instruction portion only for Good Beginnings orientation (given their experience working with children).

This redesigned Basic Certification will include the following topics, pursuant to this requirementa:

1. Prevention and control of Infectious Diseases (including Immunization)
2. Prevention of sudden infant death syndrome and use of safe sleeping practices
3. Administration of medication, consistent with standards for parental consent
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
6. Prevention of shaken baby syndrome and abusive head trauma
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
9. Precautions in transporting children (if applicable)
10. First aid and cardiopulmonary resuscitation (CPR) certification

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Various program/ service partners with expertise and other resources relevant to the Basic Certification requirements, along with (prospective) Providers and their staff members that will be responsible for caring for children (even if only on a part-time basis).

Unmet requirement - Identify the requirement(s) to be implemented ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update on-going training requirements to supplement pre-service training areas, as well as other areas that aim to further the provision of quality early care and education for children in child care settings in American Samoa. By September 30, 2016, the LA will have a clear and comprehensive on-going training plan and calendar so Providers and their staff are informed about when capacity building opportunities will be offered.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Various program/ service partners with expertise and other resources relevant to the topic(s) to be covered, along with current Authorized Providers and their staff members that are responsible for caring for children (even if only on a part-time basis).

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding).

Describe:

The LA requires that all Authorized child care Providers take every practicable step to make sure all children under their care are given consistent, age appropriate, and nutritious meals. Some ways the LA helps to facilitate this requirement includes, requiring

all Authorized Providers to utilize resources made available through the American Samoa School Lunch Program, which administers CACFP (Child and Adult Care Food Program) resources for the Territory, offering training and technical assistance through its **Project Lauolaola** (Samoan word for "thrive") initiative- aimed at increasing positive health outcomes for children. Project Lauolaola will consist of coordinated efforts between the LA and its colleagues across related program/ service streams to build capacity, increase access to resources, and employ a 2-Generate approach to improving the health of all children across their lifespan.

Access to physical activity.

Describe:

The LA will provide training and resources aimed at helping Child Care Providers promote practices to help achieve **"Let's Move" Child Care** goals.

Screen time.

Describe:

The LA will provide training and resources aimed at helping Child Care Providers promote practices to help achieve **"Let's Move" Child Care** goals.

Caring for children with special needs.

Describe:

The LA, in coordination with its service/ program partners that offer specialized services and resources to support children with special needs, will offer training sessions and other resources that promote inclusion, as well as provide information about how Authorized Providers can help families access comprehensive and effective screening, treatment, and/ or other support systems.

Recognition and reporting of child abuse and neglect.

Describe:

The LA works collaboratively with its counterparts of the DHSS Children and Family Services Division, which includes the Child Welfare/ Child Protective Services Units to provide a standing training session that focuses on **Child Abuse and Neglect Prevention (offered at least once per month)** to all child care Providers and their staff to enhance the introduction to this topic that was provided as part of the Pre-Service Training (they are required to complete to secure Basic Certification). This training session reinforces information about mandatory reporting, recognizing signs and symptoms of abuse/ neglect, localized information and data about child abuse and neglect, as well as protocols for reporting.

- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

- Yes, all relatives are exempt from all health and safety training requirements.
If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.
- Yes, some relatives are exempt from health and safety training requirements.
If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.
- No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

The LA requires all child care providers, regardless of their category of care, that are applying for authorization to serve children receiving assistance through the American Samoa Child Care Program to provide verifiable proof that they are legally able to operate a child care facility in the Territory of American Samoa. (At minimum the prospective provider must furnish a valid business license issued by the Department of Commerce specifically for child care services; or in the cases of non-profit/ faith-based organizations Articles of Incorporation specifying the provision of child care services. In both cases, the prospective provider must also provide a valid IRS-issued Employer Identification Number or Tax Identification Number that matches the individual(s) named on the business license or entity named in the Articles. Additionally, the LA will require person(s) identified as the owner, operator, and/ or primary point-of-contact to submit to and successfully clear all 4 components of the comprehensive background screening requirement and satisfy the LA's prescribed requirements for Basic Certification before application for authorization. Should a prospective provider be unable to fulfill any one of these requirements, their request will not be processed.

However, once documented verification is received for all the aforementioned preliminary requirements are received, the LA will conduct an initial inspection of the facility that is being proposed for the delivery of child care services. This initial inspection will give the provider information about improvements that need to be made so that they comply with applicable health and safety requirements. References to the applicable health and safety requirements are noted in publications offered through the LA: *Rules and Regulations Governing the Health, Safety, and Sanitation of Child Care Facilities, current Policies and Procedures, and Facilities Inspection Checklist*. Once the provider is confident that all of the improvements are in place, they can schedule a follow up visit. (There aren't any limits to the number of follow-up visits that the LA can/ will conduct to ensure that the prospective provider is compliant with applicable requirements.) Once compliance is verified, the the authorization will be forwarded for final approval by the State Administrator and Authorized Official for the LA.

It is important to note that an Authorized In-home Child Care Provider may request the parent(s)/ homeowner to provide a self-declaration form, certifying that they will comply with

facility safety requirements.

Site visits/ inspections: Center-based and Family Child Care Home providers understand that the LA will conduct **at least** one unannounced site visit/ inspection every quarter. To ensure the accuracy of information regarding compliance with health, safety, and other quality requirements, the LA exercises its discretion to increase the frequency of unannounced site visits.

The LA will conduct periodic unannounced visits to verify the quality of services provided and confirm that only children/ individuals with valid certificates are being cared for. Should these visits identify health and safety concerns related to the facility, the LA will make recommendations for improvements, but the parent/ homeowner's access to services will not be adversely impacted if said recommendations are not implemented.

All Authorized Providers, regardless of the type, will be subject to scheduled visits if it is to follow up on an issue that was identified in a recent unannounced visit. (Normally, the Provider will be given at least two weeks to address a deficiency/ violation. Extensions may be granted depending on the risk and level of resource allocation needed to become compliant.)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.

(658E(c)(2)(K)(i)(I))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned

activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Collectively, there is an average almost 11 years of experience between the 5 members of the LA's Provider Services Team \(PST\) currently working as inspectors with the American Samoa Child Care Program to ensure regulatory compliance requirements for human services programs. The PST is responsible for working directly with prospective and authorized providers to achieve and maintain compliance with regulations and policies that are in place to protect and promote health, safety, and overall quality care for children in child care settings in American Samoa. PST members are required to participate in and help facilitate all capacity building initiatives geared towards improving the quality of care. However, the LA recognizes the need to formalize minimum requirements and training for inspectors beyond what is currently in place.](#)

Unmet requirement - Identify the requirement(s) to be implemented [ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Effective September 30, 2016, all PST inspectors must meet the minimum requirements established by the Department of Human Resources under the American Samoa Government to secure and/ or maintain employment. Additionally, the LA requires that each inspector participates in the classroom instruction segment \(20 hours\) of the Pre-Service Training session that is offered for Providers](#)

and their staff). A refresher must be completed if the training curriculum for the Pre-Service Training is ever modified from its initial September 30, 2016 version.

Additionally, the Provider Services Team will have an updated Standard Operating Procedures Manual by September 30, 2016.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Various program/ service partners with expertise and other resources relevant to the topics covered as part of the Pre-Service Training curriculum/ plan

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

Site visits/ inspections: Center-based and Family Child Care Home providers understand that the LA will conduct **at least** one unannounced site visit/ inspection every quarter. To ensure the accuracy of information regarding compliance with health, safety, and other quality requirements, the LA exercises its discretion to increase the frequency of unannounced site visits.

The LA will conduct periodic unannounced visits to verify the quality of services provided and confirm that only children/ individuals with valid certificates are being cared for. Should these visits identify health and safety concerns related to the facility, the LA will make recommendations for improvements, but the parent/ homeowner's access to services will not

be adversely impacted if said recommendations are not implemented.

All Authorized Providers, regardless of the type, will be subject to scheduled visits if it is to follow up on an issue that was identified in a recent unannounced visit. (Normally, the Provider will be given at least two weeks to address a deficiency/ violation. Extensions may be granted depending on the risk and level of resource allocation needed to become compliant.)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) -
It will have policies and practices that require licensing inspectors (or qualified monitors

designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

There aren't any license-exempt providers in American Samoa. All Child Care Providers, regardless of type, must provide proof they are legally licensed to provide child care services in the Territory and a Provider that is Authorized by the LA to serve CCDF children are required to meet health, safety, and quality requirements.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

Effective March 1, 2016, the LA certifies that the ratio of child care inspectors to authorized child care providers is 1 inspector for every 12 providers. This number is sufficient maintain the number of unannounced visits established by the LA. Should the total number of authorized providers result in this ratio to be exceeded, the LA will take steps where practicable to increase the number of inspectors by re-assignment of existing personnel or adding new personnel if funding resources are available.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i) (658E(c)(2)(L))

Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

Pursuant to the requirements of the American Samoa Code Annotated, Title 45: Chapter 20, all child care providers -regardless of their category of care (as well as other specified occupations)- are mandated to report confirmed or suspected cases of child abuse and/or neglect. As direct counterparts within the same Department, the LA continues its partnership with the Children and Family Services Division (CFSD) -who oversees Child Protective Services and the women's and children shelters- to provide a monthly training session for child care providers and their staff to raise their levels of awareness and understanding regarding child abuse and neglect: signs/ symptoms, responsibilities under the law, protocols for reporting, and other relevant information.

Additionally, the LA will implement a Level I Certification requirement that includes child abuse and neglect prevention awareness for providers seeking authorization and anyone that will be employed by an authorized after September 30, 2016. (To clarify, the LA's redesigned Basic Certification model introduces Child Abuse and Neglect Prevention information, as well as that about American Samoa's Child Abuse Law and mandatory reporting requirements. However, the capacity building opportunities for Level I Certification expand on many of the the topics introduced in Basic Certification. For instance, this session with our colleagues from the Child Protective Services Unit gives participants more information about child abuse and neglect, expanding on the issue from a local perspective and reiterating the protocols for reporting.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

[5.3 Criminal Background Checks](#)

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor

committed as an adult against a child.

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

Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) [09/30/2017](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The LA requires anyone that owns/ operates a child care facility that seeks](#)

authorization to receive CCDF funding, anyone who is to be employed by a child care provider, anyone 18 years of age or older that is to be granted constant and consistent and/ or unsupervised access to a child care facility (including residents of a home used to operate a family child care home) to first clear all 4 elements of the LA's comprehensive background screening.

The LA's Provider Services Team will assist with completing the needed authorization forms and collect documentation that verifies the successful completion of each of these 4 elements: **1) Police clearance** (this is the equivalent of a State Criminal Registry that is managed by the Department of Public Safety (DPS), or police department. Individuals submit to fingerprinting and a screening at the Territorial level using available data resources between the DPS and District and High Courts of American Samoa.); **2) International background screening** by the Department of Homeland Security (which checks with all the jurisdictions that the individual reports having lived in within the past 5 years); **3) Cross-check against the Sex Offender Registry** that is managed by the DPS; and **4) Cross-check against the Child Abuse & Neglect Registry**. The aforementioned individuals must successfully complete the comprehensive background screening requirement before the LA can sanction their ability to operate or access an authorized child care facility. The screening requirement must be completed every 6-months thereafter to ensure the individual remains in good standing, further increasing the protection of the health and safety of all children in child care settings.

However, as of the deadline for the State Plan submission, the LA cannot certify that it is fully compliant with this requirement because verification is pending for the following:

1. DPS Police Clearance, equivalent of a State criminal registry, checks against all States/Territories the person has resided in past 5 years, in addition to data managed in American Samoa;
2. Child abuse and neglect check also includes places where person has lived in past 5 years;
3. The international check that is conducted by the Department of Homeland Security includes cross-checking with the National Crime Information Center (run by the FBI) and the National sex offender registry;
4. Whether any of the entities that carries out background checks have access to and use of the FBI fingerprint check using Next Generation Identification as part of their protocols.

Unmet requirement - Identify the requirement(s) to be implemented. [National Crime Information Center \(run by the FBI\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[As of the deadline for the State Plan submission, the LA cannot certify that it is fully compliant with this requirement because verification is pending as to whether the international check that is conducted by the Department of Homeland Security includes cross-checking with the National Crime Information Center \(run by the FBI\). A request has been submitted to the Deputy Director for the Department of Homeland Security. The LA will continue to follow up and is committed to working with them and other relevant entities to comply with this element.](#)

Projected start date for each activity: [03//0/1/2016](#)

Projected end date for each activity: [09/30/2017](#)

Agency - Who is responsible for complete implementation of this activity [LA](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Department of Homeland Security](#)

Unmet requirement - Identify the requirement(s) to be implemented. [FBI fingerprint check using Next Generation Identification](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[As of the deadline for the State Plan submission, the LA cannot certify that it is fully compliant with this requirement because requests for information is pending the Department of Homeland Security and the Department of Public Safety \(DPS, which is our local police force\) to that carries out background checks have access to and use of the FBI fingerprint check using Next Generation Identification as part of their protocols. The DPS takes fingerprints of everyone that requests a police clearance, but it is unknown if this information is submitted to a national database or whether they have access to and/ or use of the FBI fingerprint check using Next](#)

Generation Identification. The LA will continue to follow up with partner agencies listed below to help ensure compliance by 09/30/2017.

Projected start date for each activity: 03//01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Department of Homeland Security

Department of Public Safety

Unmet requirement - Identify the requirement(s) to be implemented. National Sex Offender Registry.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

As of the deadline for the State Plan submission, the LA cannot certify that it is fully compliant with this requirement because verification is pending for the following child abuse and neglect check also includes a check of the National Sex Offender Registry and encompasses places where person has lived in past 5 years.

Projected start date for each activity: 07/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Children & Family Services Division, who manages the Child Abuse & Neglect Registry for American Samoa

Department of Homeland Security, which conducts the the the international background check requests in American Samoa

Unmet requirement - Identify the requirement(s) to be implemented. Ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

As of the deadline for the State Plan submission, the LA cannot certify that it is fully compliant with this requirement because we have several items that are pending verification from other Departments that implement the background check requests. Additionally, the consumer education website is undergoing a redesign and updates to comply with this and other CCDBG Act of 2014 requirements.

Projected start date for each activity: 03//01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Department of Homeland Security

Department of Public Safety

DHSS Children & Family Services Division

Web-developer

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

Anyone that refuses to provide authorization for a background screening will automatically be considered unfit to operate or be granted access to an authorized child care facility in American Samoa. Additionally, should s/he agree to be screened, but is found to have made materially false statements related to the screening, they will be considered unfit, regardless of the results.

To initiate the screening process, the LA's Provider Services Team will assist the individual with filling out a background screening authorization form, using the following documentation (for the individual being screened): social security card and valid State-issued ID (as defined

by the LA). This form collects demographic information about the individual: name and aliases, social security number, and residence information for the past 5 years. Also, this form is designed to simultaneously authorize the screening by the Department of Homeland Security (DHLS) who conducts an international check using various databases, the Department of Public Safety (DPS) who manages the Sex Offender Registry, and the Department of Human and Social Services Children and Family Services Division (DHSS CFSD) who manages the Child Abuse/ Neglect Registry. The turn-around time for this part of the screening can take anywhere from 2-4 weeks, primarily because the response times for the international check varies. While awaiting these results, the individual is advised to complete the police clearance process at the DPS Main Station. The police clearance requires fingerprinting and screens the person's background at the local level. The individual receives police clearance results directly, while screening results from DHLS, DPS, and DHSS CFSD are released to designated LA members only. These results are picked up in person and hand-carried from the screening entities to the LA office. Results are maintained in accordance with appropriate confidentiality protocols to protect the privacy of the screened individual, including secure filing of results and limiting access to these files by authorized LA-personnel only and the person screened.

Should the background screening generate results that would bar an individual from accessing a child care facility, a written notice is issued to the associated child care provider, copying the screened-individual. This notice advises the recipients that results received for the screened-individual has generated issues that prevents the LA from sanctioning the said individual's ability to be given access to a facility with children present. The notice further advises that details of the results will be released only to the screened-individual and that they may contact LA for more information and grievance options.

An individual registered or required to be registered on the State or National Sex Offender Registry and/ or Child Abuse/ Neglect Registry, have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, and/ or drug use, possession, or distribution will not be sanctioned by the LA and will be barred from operating, being granted employment, or access to an authorized child care facility.

5.3.3 Describe how the State/Territory is assisting other States process background

checks, including which agency/entity is responsible for working with other states

Describe:

The Department of Homeland Security receives and responds to requests from other States for background screening. Inter-agency cooperatives between the Department of Homeland Security and the Department of Public Safety of American Samoa provides for timely responses to said requests.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes.

Describe:

No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Yes.

Describe:

No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed

the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

No fees are charged by any of the entities involved in the screening process.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

The LA will provide access to the policies and procedures for background screening via its consumer education website, which is currently under re-design to meet this and all other requirements. In the interim, information about the background screening requirement and protocols are available on the Department of Human and Social Services website.

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes.

List types of crime included in the aggregated data:

An individual registered or required to be registered on the State or National Sex Offender Registry and/ or Child Abuse/ Neglect Registry, have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, and/ or drug use, possession, or distribution will not be sanctioned by the LA and will be barred from operating, being granted employment, or access to an authorized child care facility. This information will be collected and shared in its aggregated form, without any personal identification data, and updated quarterly by the LA via its website.

Data will be presented as follows for each month during the quarter:

1. Total Number of People Needing Screening: XX
2. Total Number of People Who Authorized Screening: XX
3. Total Number of People Who Refused to Authorize (and were automatically disqualified and not sanctioned by the LA): XX
4. Total Number of People Who Were Unsuccessful in Clearing Screening (and

- were disqualified and not sanctioned by the LA): XX
5. Total Number of Reconsideration Requests: XX
6. Total Number of People Who Successfully Cleared Screening: XX

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and

learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports

an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The LA continues to strengthen its professional development system to improve the knowledge and skills of the child care workforce to further promote the social, emotional, physical, and cognitive development of children in child care settings in](#)

American Samoa. We have leveraged partnerships and are always looking for innovative and culturally relevant approaches to be more child-focused, family friendly, fair to providers, and supportive of workers.

Unmet requirement - Identify the requirement(s) to be implemented Developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The LA worked collaboratively with service/ program partners, along with consumer and child care provider feedback to develop an updated professional development framework that aims to comply with the CCDBG requirements and improve the quality of early care and education for all children in child care settings.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity LA

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Program/ Service partners

Child Care Program consumers

Authorized Child Care Providers and their staff members

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

- State/Territory professional standards and competencies.

Describe.

An individual that is to be employed by an authorized child care facility to provide at least part-time care for children must first complete pre-service protocols to receive *basic certification*. A candidate has achieved Basic Certification when s/he provides verifiable proof of the following: **1)** has successfully cleared a comprehensive background screening within the last 6-months (and every 6-months thereafter as long as s/he is employed to care for children or owns/ operates a child care facility), **2)** completed high school or an acceptable equivalent thereof, **3)** holds a valid certification for pediatric and adult first aid and CPR, **4)** and has completed the Pre-Service Training for Providers and their staff (a combination of 20-hours of classroom instruction and 20-hours of hands-on experiential learning at a designated model learning center. Authorized child care provider and employee candidates must secure Basic Certification BEFORE they can be sanctioned by the LA. Subsequent supplemental training hours will be required once the individual achieves Basic Certification.

- Career ladder or lattice.

Describe.

- Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

The LA will expand its registry efforts to actively engage individuals that would like to work in a field that can directly improve the lives of young children. Through public outreach efforts, the LA can work to engage individuals who meet or are willing to meet the minimum requirements to care for children in a child care setting. Upon satisfying the documentation requirements for the four elements: **1)** has successfully cleared a comprehensive background screening within the last 6-months (and every 6-months

thereafter), **2)** completed high school or an acceptable equivalent thereof, **3)** holds a valid certification for pediatric and adult first aid and CPR, **4)** and has completed the Pre-Service Training for Providers and their staff, the LA will add them to the registry of child care professionals that can be paired with authorized child care providers.

Existing staff will continue to have their professional development efforts documented by the LA.

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

The LA will continue to actively pursue the revitalization of the State Advisory Council (SAC) for Early Childhood Education and Care to help identify proven, effective strategies to strengthen professional development opportunities, and increase resources. In the interim, the LA continues to leverage its program and other community partnerships to share best practices and other resources related to this area.

- Continuing education unit trainings and credit-bearing professional development.

Describe.

- State-approved trainings.

Describe.

The LA's Operations and Training (Op&T) team is responsible for identifying/ developing and implementing capacity building opportunities to enable child care providers and their staff to further advance the quality of care for American Samoa's children. The Op&T team initiates this process by overseeing pre-service protocols for the Basic Certification of prospective authorized child care providers and employees that will be directly working with children at least part-time.

Additionally, the Op&T team continues to offer capacity building opportunities through a series of scheduled training sessions to further build on topics initiated during pre-service session (good beginnings; child development, dispositions, and guidance; as well as health and safety) and introduce other initiatives for more comprehensive quality child care services.

Inclusion in state and/or regional workforce and economic development plans.

Describe.

Other.

Describe.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

For the development of this Plan, the LA consulted with partner programs/ service providers highlighted in earlier sections of this document. This partnership continues to promote networking, sharing of best-practices and other resources, etc. In the interim, the LA will continue to actively pursue the revitalization of the SAC for American Samoa through the Governor's Office.

The LA developed its professional development strategies and structure and presented it to program/ service partners over three of our standing meeting sessions. Partners were afforded opportunities to ask questions, learn about what types of training/ technical assistance support is needed by the LA, given the option of lending assistance to these areas or approached by the LA to consider teaming up to enhance the professional development strategies/ structure.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

Developmental and early learning standards (also referred to as DELS) are introduced during the pre-service training and integrated throughout capacity-building efforts. The LA encourages care-givers recognize the developmental stages of children and use this information to identify strategies that are cognizant of early learning guidelines for increased effectiveness. Caregivers must also be aware of how health and safety standards help to improve the child's experiences under their care. Social-emotional/behavioral and early childhood mental health intervention models, including but may not be limited to positive behavior intervention and support models are new concepts with regards to child care in American Samoa. Although information is made available, positive behavior intervention and other social-emotional strategies will need to be formally identified and emphasized by the LA. Support systems, such training in evidence-based practices to address these areas will be explored and implemented. In addition, the LA will expand partnerships with behavioral health specialists to provide guidance, training, and other resources for caregivers and/ or parents.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

N/A

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

The majority of providers, staff members, and children in child care settings in American Samoa are predominantly native Samoans. There are some other ethnicities present (other Pacific Islanders and Asians), but the majority are Samoan. Therefore, much of the training and professional development strategies are developed with the integration of the Samoan

language where practicable. Although dual-language learning sparks much debate in our community, the LA encourages child care providers and their staff to provide learning activities in both the English and Samoan languages.

Additionally, the LA works with program/ service partners to provide training and other support resources for providers that serve children with special needs and remain mindful of the language and cultural diversities that are to be addressed to increase the effectiveness of these support systems. Additionally, parents are kept involved throughout the entire transition and monitoring periods for their children while in child care.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees.
Describe.

Financial incentives linked to education attainment and retention.
Describe.

Registered apprenticeship programs.
Describe.

Outreach to high school (including career and technical) students.
Describe.

Policies for paid sick leave.
Describe.

Policies for paid annual leave.
Describe.

Policies for health care benefits.
Describe.

Policies for retirement benefits.

Describe.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

The LA coordinates with specialized partner programs/ service providers to raise the level awareness around and emphasize the importance of mental health, as well as available consultation, screening, and other support services/ strategies.

Other.

Describe.

The LA will work with the Council for Professional Recognition to explore the feasibility of identifying candidates to become Child Development Associate (CDA) Professional Development (PD) Specialist within the LA and offer CDA certification as a professional development option for qualified candidates working directly with children. If successful, the LA will explore possible funding allocations to assist CDA candidates with securing their credentials.

Additionally, the LA will work towards revitalizing continuing education opportunities through the American Samoa Community College.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

Based on the most current Demographic Profile for American Samoa (2010), the 88.9% of the population (55,519) is Samoan. The primary language in American Samoa is Samoan. For most people in our community, English is our second language; therefore, the LA workforce is equipped to serve clients, providers, and general community members in both the Samoan and English languages.

Given this data, the LA does not have to look very far to recruit providers whose primary

language is not English. In fact, we can attest that all of the providers that have been and are authorized to serve CCDF-supported children are Samoan and that the majority of families served by the American Samoa Child Care Program are also Samoan.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

Other.

Describe.

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

(1) Samoan, (2) Tongan, (3) Tagalog: the LA has the ability to provide translation and interpretation in Samoan and plans are underway to offer translation of materials for the secondary language.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

In section 3.2.2, the LA indicates that there are unmet requirements related to services for children who meet the definition of a homeless child/ youth prescribed by the McKinney-Vento Act (section 725 of subtitle VII-B) because cross-agency systems/ structures for providing intervention and other meaningful supports for these children and their families are under development.

However, by March 1, 2016, the LA will initiate staff and provider training sessions to clarify its recognized definition of a homeless child/ youth as prescribed by the McKinney-Vento Act (section 725 of subtitle VII-B); Homelessness and foster care is included under the definition of "Protective Services" and as such children that are or at risk of homelessness and/ or in foster care can have financial, non-financial, and other eligibility requirements waived for as long as they are under protective care, so that child care assistance can be accessed as quickly as possible. The assigned LA caseworker will work closely with the protective service provider(s) and the family to secure as much of the required financial and non-financial documentation as best and as soon as possible, depending on their situation and ability to secure them. Additionally, the LA will provide information to Providers about support systems that are available under the current structure through other program/ service partners. It will be noted that agencies, including the LA, are working to develop a more comprehensive, complimentary, and cohesive system for referring families to these services.

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds](#)

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

[The LA, via the CCDF award, covers most, if not all of the costs, associated with](#)

identifying, developing, translating, coordinating, and delivering capacity building opportunities for our Territory's child care workforce. Additionally, the LA also uses a portion of the CCDF award to assess the progress and improvements associated with increased workforce capacity.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe:

All services and activities related to the American Samoa Child Care Program is funded completely and solely by American Samoa's CCDF award, including professional development and impact assessments.

Other funds.

Describe:

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

The LA will raise the level of awareness of Providers and their staff, as well as parents, regarding Developmental Early Learning Standards (DELS), along with the CDCs Child Development Checklists and the systems in place for screening, treatment, and/ or other support services.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

The LA will provide capacity building activities and other strategies aimed at informing Providers and their staff, along with parents, regarding the current expulsion policy and the effective strategies to promote social-emotional development and early childhood mental health, including screening, treatment, and other support services.

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

The LA will promote strategies aimed at engaging parents and encouraging them to actively exercise their parental rights and become more directly involved with their children's early care and education. Additionally, the LA will work to expand the effectiveness of these efforts by ensuring that these strategies are culturally and linguistically appropriate for the families that we serve, as well as our community-at-large.

- Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

As part of the DELS promotion and capacity-building strategies, the LA will assist Providers in identifying activities/ curricula that promotes DELS for children across their lifespan.

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

- Using data to guide program evaluation to ensure continuous improvement.

Describe:

The LA will continue to explore every opportunity possible to assess the effectiveness of capacity-building strategies. Data, including but not limited to number of participants, pre and post evaluations, and/ or satisfaction surveys will be used to identify areas for improvement.

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

- Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

The LA will work collaboratively with specialized program/ service partners to provide

capacity-building opportunities and resources for improve the quality and availability of care for special needs children. These efforts will include information about DELS/ developmental milestones across a child's lifespan, recognizing signs that may require screening, available screening, treatment, and other support services available to Providers, their staff, as well as families.

Supporting positive development of school-age children.

Describe:

As part of the DELS promotion and capacity-building strategies, the LA will assist Providers in identifying activities/ curricula that promotes DELS for children across their lifespan.

Other.

Describe:

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other.

Describe:

The LA will work with the Council for Professional Recognition to explore the feasibility of identifying candidates to become Child Development Associate (CDA) Professional Development (PD) Specialist within the LA and offer CDA certification as a professional development option for qualified candidates working directly with children. If successful, the LA will explore possible funding allocations to assist CDA candidates with securing their credentials.

No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child

care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

To either become an Authorized Provider or an employee that will provide care for children (even if only at a part-time basis), the individual must meet the Basic Certification requirements, including a total of 40-hours of training make up the *Good Beginnings* Orientation Training. This orientation consists 20-hours of classroom instruction plus an additional 20-hours of hands-on experiential learning in a designated Model Learning Center.

The 20-hours of classroom instruction will cover the following information:

1. Developmental and Early Learning Standards
2. Prevention and control of infectious diseases (including immunization)
3. Prevention of sudden infant death syndrome and use of safe sleeping practices
4. Administration of medication, consistent with standards for parental consent
5. Prevention of and response to emergencies due to food and allergic reactions
6. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
7. Prevention of shaken baby syndrome and abusive head trauma
8. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
9. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
10. Precautions in transporting children (if applicable)
11. First aid and cardiopulmonary resuscitation (CPR) certification.

The LA may wave the 20-hours of hands-on experiential learning for individuals that are verified to have at least 12-months of experience working in a child care setting and/ or has already completed this portion within the last 6-months.

2) Number of on-going hours and any required areas/content

After meeting the Basic Certification requirements, an individual that works as an early care and education provider in a child care setting that is authorized by the LA will be encouraged to work towards Level I Certification. To secure Level I Certification, the individual needs to complete an additional 20 hours (at minimum) of training through a combination of any of the following training sessions that will either introduce additional quality improvement measures and/ or build on topic areas introduced through the Basic Certification Pre-Service Training:

1. Prevention and control of infectious diseases (including immunization)
2. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
3. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
4. Child Abuse/ Neglect Prevention and Reporting facilitated by the DHSS Children and Family Services Division
5. Renewing certification for First Aid & CPR (as applicable)
6. Project Lauolaola/ Let's Move Child Care
7. Inclusion Training/ Caring for Children with Special Needs
8. Other relevant training sessions coordinated by the LA

Also, the LA also has developed a system for supporting individuals work towards a Child Development Associate (CDA) attained through the *Council for Professional Recognition*. This includes having members of the LA's workforce secure CDA Profesional Development Specialists to further reinforce this system and allow for us to observe and recommend candidates for CDA credentials locally. This is especially important given our remote location and limited resources.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

N/A

2) Number of on-going hours and any required areas/content

N/A

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content
Same as that required for Center-based Providers.

2) Number of on-going hours and any required areas/content
Same as that required for Center-based Providers.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
In-home Child Care Providers will be required the same pre-service requirements as Center-based Providers.

2) Number of on-going hours and any required areas/content
In-home Child Care Providers will be required the same pre-service requirements as Center-based Providers.

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

The LA coordinates training opportunities to help Providers strengthen their business practices/ systems, including but not limited to:

- Fiscal management/ budgeting
- Marketing and public relations
- Identifying and retaining qualified and enthusiastic early care and education professionals
- Promoting professional development strategies

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be

consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[6.3 Early Learning and Developmental Guidelines](#)

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

[6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.](#)

- The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency

The Developmental Early Learning Standards (DELS) for American Samoa was updated as part of this Plan submission.

In addition, for future State Plan developments, the LA is committed to revisit the current DELS to determine whether updates/ amendments are needed. This process will be carried out at least 90-days before the submission of subsequent CCDF State Plans.

- Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

Birth-to-three

Provide a link:

Three-to-Five

Provide a link:

Birth-to-Five

Provide a link:

<http://bit.ly/asccdf2016>

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities

- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

Raise the level of awareness of Providers and their staff regarding DELS and strategies/ activities that promote and reinforce developmental milestones for children from birth to age 5.

- The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

American Samoa's STARS program evaluates the Provider's level of effort in implementing activities/ strategies that promotes/ reinforces DELS. Although, the STARS initiative (American Samoa's QRIS) will not be implemented, technical assistance outlined in this section, (offered through the LA) aims to build the capacity of child care providers and their staff so that they have a firm understanding of the DELS for each age group. More importantly, they will learn skills that will help to foster and reinforce the age-appropriate child development for children from birth to 5 years. This will lay a sound foundation for child care providers and their staff from now through 09/30/16 to increase their readiness for delivering meaningful experiences for children up to age 5.

- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Raise the level of awareness of Providers and their staff regarding DELS and strategies/ activities that promote and reinforce developmental milestones for children from birth to age 5.

- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Raise the level of awareness of Providers and their staff regarding DELS and

strategies/ activities that promote and reinforce developmental milestones for children from birth to age 5.

- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Raise the level of awareness of Providers and their staff regarding DELS and strategies/ activities that promote and reinforce developmental milestones for children up to age 5. The LA includes 5-year olds as part of its definition of "school-age".

b) Indicate which funds are used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF Quality set-aside](#)

- Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

- Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children

- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

The LA will work to promote NACCRA's (National Association of Child Care Resource & Referral Agencies') 38 evidence-based indicators that demonstrates:

- Adequate adult supervision
- Qualified staff
- Promotion of developmental early learning strategies
- Compliance with health and safety requirements
- Effective program management/ administration strategies
- Parent engagement

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF Quality and Infant-Toddler target funds](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF Quality and Infant-Toddler target funds](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF Quality target funds](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF Quality and Infant-Toddler target funds](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS.

Describe:

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs

- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other.

Describe:

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

The LA will launch its **STARS** (Striving to Achieve Real Success) quality rating and improvement system. Aimed and promoting comprehensive strategies to further raise the level of care for American Samoa's Children, the STARS Project with work with child care providers that volunteer to participate in intensive assessments, as well as training and technical assistance opportunities to build their capacities in the following areas of their operations: Learning Environment, Family Engagement, Qualifications and Experience, and Leadership and Management.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply

(see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Promotion of DELS with a series of sessions focused on activities/ strategies that effectively promotes child development at every stage.

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

Continue to work with specialized program/ service partners (Part B, Part C, Children with Special Health Care Needs, etc.) to provide training and other support resources for Providers, their staff, as well as families.

- Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

STARS strategies that focus on promoting DELS for children from birth to less than 3 years.

- Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

- Developing infant and toddler components within the early learning and development guidelines.

Describe:

The DELS that the LA will be promoting covers child development from birth through kindergarten entry.

- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

- Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

STARS evaluation methodologies, provider's demonstrated ability to work towards systems and care improvements, satisfaction surveys completed by Providers, their staff, and consumers will be used to determine the effectiveness of the various quality advancement

strategies described herein.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

Given the available funding levels and the size of our Territory, CCR&R services are provided by the LA through its organizational teams:

- **The entire LA workforce is equipped to provide families with information about the full range of child care options available through the American Samoa Child Care Program (including faith-based/ community-based child care centers and family child care homes, and emergency child care assistance).**
- **The LA's Eligibility and Client Services teams work directly with families who receive child care assistance to offer support and assistance in making an informed decisions about child care options and ensure families are enrolling their children in the most appropriate child care setting to suit their needs.**
- **The LA collects data and provides information about coordinated services and supports that are available, including those available through the Individuals with Disabilities Education Act for children with disabilities**
- **The LA strives to foster and maintain partnerships with public agencies and private entities, including faith- based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in American Samoa.**



State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide

Describe:



State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs

and services in the State/Territory

Describe:

Satisfaction surveys completed by Providers, their staff, as well as consumers will be used to collect information about the effectiveness of these specific quality expansion strategies.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

The LA will provide training and technical assistance to Providers to help build their capacity to comply with health, safety, and other quality standards, including but not limited to clarifying requirements, including the rationale behind each, as well as recommended approaches for more consistent compliance.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Satisfaction surveys completed by Providers, their staff, as well as consumers will be used to collect information about the effectiveness of these specific quality expansion strategies.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

The LA will launch its **STARS** (Striving to Achieve Real Success) quality rating and improvement system. Aimed and promoting comprehensive strategies to further raise the level of care for American Samoa's Children, the STARS Project with work with child care providers that volunteer to participate in intensive assessments, as well as training and technical assistance opportunities to build their capacities in the following areas of their operations: Learning Environment, Family Engagement, Qualifications and Experience, and Leadership and Management.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Satisfaction surveys completed by Providers, their staff, as well as consumers will be used to collect information about the effectiveness of these specific quality expansion strategies.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Not applicable at this time.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

The LA will be employing strategies, including training and technical assistance, to promote NACCRRRA's (the National Association of Child Care Resource & Referral Agencies) 38 research-based indicators of high quality child care.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Satisfaction surveys completed by Providers, their staff, as well as consumers will be used to collect information about the effectiveness of these specific quality expansion strategies.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Not applicable at this time.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

Program policies have been reviewed and updated, LA management team was provided the same materials and access to resources related to the development of 2016 State Plan, monthly professional development sessions for staff have been designated and employed to start training on how program changes/ improvements affects what we do and how we do it, along with the LA leadership's commitment providing services that are child-focused, family-friendly, fair to providers, and supportive of workers.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies.

Describe:

The LA management team will work collaboratively to ensure that close monitoring for at least the first 12 months of systems changes is carried out. Staff will be encouraged to share feedback about what works and what may need to be revisited for further improvements. Monthly professional development sessions, along with an open-door policy that continues to be promoted by the State Administrator/ Assistant Director is also in place to help facilitate this transition period.

- Other.

Describe:

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients,

including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

Not applicable.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types)

Describe:

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types)

Describe:

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified:

Clients that are confirmed by the LA as intentionally providing false information to secure/maintain assistance through the American Samoa Child Care Program will have their services discontinued immediately. The LA may also impose an additional requirement that bars the individual(s) from re-applying for assistance for a period of not less than 6 months, even if they can provide verifiable proof of eligibility.

If the client wishes to have this decision reconsidered, s/he may submit a written request for reconsideration and appeal to the Executive Review Panel within 30-days of being notified of the corrective action. The Executive Review Panel consists of the Department of Human and Social Services Director and/ or Deputy Director, the State Administrator, the Program Evaluation Assistant Director, and the Department's designated legal advisor (assigned Assistant Attorney General). The Executive Review Panel will review all relevant information and documentation related to the matter and render a decision within 30-days from the date the appeal request was received.

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified:

A Provider that is confirmed by the LA with a demonstrated pattern of intentional payment violations will have their authorization discontinued immediately. The LA may also impose an additional requirement that bars the individual(s) from re-apply to become an Authorized Provider for the American Samoa Child Care Program.

If the provider wishes to have this decision reconsidered, s/he may submit a written request for reconsideration and appeal to the Executive Review Panel within 30-days of being notified of the corrective action. The Executive Review Panel consists of the Department of Human and Social Services Director and/ or Deputy Director, the State Administrator, the Program Evaluation Assistant Director, and the Department's designated legal advisor (assigned Assistant Attorney General). The Executive Review Panel will review all relevant information and documentation related to the matter and render a decision within 30-days from the date the appeal request was received.

Prosecute criminally

Other.

Describe: