

Arkansas 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 Arkansas 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 Arkansas 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 Arkansas CCDF Plan** - The Plan describes the CCDF program to be administered by Arkansas 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 Arkansas 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](http://www.acf.hhs.gov)

June 14, 2016

Cindy Gillespie, Department Director  
Arkansas Department of Human Services  
PO Box 1437, Slot S260  
Little Rock, AR 72203

Dear Director Gillespie:

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 Arkansas 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 Arkansas 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 Arkansas program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(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, Child Care Program Manager, Office of Child Care at (214) 767-3849 or [Gwendolyn.jones@acf.hhs.gov](mailto: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: Tonya L Williams, Director  
Ivory Daniels, Program Administrator  
Gwendolyn Jones, Regional Program Manager, Office of Child Care Region VI

# Child Care and Development Fund (CCDF) Plan For Arkansas FFY 2016-2018

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## 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: [Arkansas Department of Human Services](#)

Address of Lead Agency: [PO Box 1437, Slot S260, Little Rock, AR 72203](#)

Name and Title of the Lead Agency Official: [Cindy Gillespie, Department Director](#)

Phone Number: [501-682-8647](#)

E-Mail Address: [cindy.gillespie@dhs.arkansas.gov](mailto:cindy.gillespie@dhs.arkansas.gov)

Web Address for Lead Agency (if any): <http://humanservices.arkansas.gov/>

### 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: [Tonya L Williams](#)

Title of CCDF Administrator: [Director](#)

Address of CCDF Administrator: [PO Box 1437, Slot S140 Little Rock, AR 72203](#)

Phone Number: [501-320-8953](#)

E-Mail Address: [tonya.l.williams@dhs.arkansas.gov](mailto:tonya.l.williams@dhs.arkansas.gov)

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

Name of CCDF Co-Administrator: [Ivory Daniels](#)

Title of CCDF Co-Administrator: [Program Administrator](#)

Phone Number: [501-320-8927](#)

E-Mail Address: [ivory.daniels@dhs.arkansas.gov](mailto:ivory.daniels@dhs.arkansas.gov)

Description of the role of the Co-Administrator:

[Administrator of the CCDF Programs](#)

**c) Primary Contact Information for the CCDF Program:**

Phone Number for CCDF program information (for the public) (if any): [1-800-322-8176](#)

Web Address for CCDF program (for the public) (if any):  
<http://humanservices.arkansas.gov/dccece/Pages/default.aspx>

Web Address for CCDF program policy manual (if any):  
<http://humanservices.arkansas.gov/dccece/Pages/default.aspx>

Web Address for CCDF program administrative rules (if any):  
<http://humanservices.arkansas.gov/dccece/pages/childcareassistance.aspx>

**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 [DHS DCCECE Better Beginnings, Professional Development](#)

Name of Lead Contact [Ivory Daniels](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [DHS DCCECE Family Support, Finance and Compliance Unit](#)

Name of Lead Contact [Ivory Daniels](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [DHS DCCECE Licensing Unit](#)

Name of Lead Contact [David Griffin](#)

Child Care Workforce (section 6)

Agency/Department/Entity [Department of Workforce Services](#)

Name of Lead Contact [Ivory Daniels](#)

Quality Improvement (section 7)

Agency/Department/Entity [DHS DCCECE Better Beginnings, Professional Development](#)

Name of Lead Contact [David Griffin](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [DHS DCCECE Family Support, Compliance Unit](#)

Name of Lead Contact [Ivory Daniels](#)

## [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

County

If 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.

[The Temporary Assistance for Needy Families \(TANF\) program is a federally funded](#)

program that provides case management services to assist families with children under age 18 with finding employment. Arkansas's TANF program is called Transitional Employment Assistance (TEA). While looking for a job, the family will receive a cash assistance payment based on household size. The family's income must be equal to or less than \$223 per month. SSI income is not counted in this total. The family's resources must be \$3000 or less. Supportive services also will be provided to the recipient if needed while looking for employment. TANF also provides cash assistance to children being cared for by caretaker relatives other than the parent.

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.

The Department of Workforce Services (DWS) administers the first six months of services for eligible families.

Other State/Territory agency.

Describe.

- Local government agencies such as county welfare or social services departments

Describe.

[The Division of Children and Family Services caseworkers assist foster parents in locating approved child care assistance programs.](#)

- Child care resource and referral agencies

Describe.

[ASU Childhood Services ACQUIRE \(Jonesboro and West Memphis\), Child Care Connections, Children of Northcentral Arkansas, DCCECE, JCCSI Child Care LINKS, Northwest Arkansas Child Care Resource and Referral Center - All agencies provide services and information to the community, child care providers and families to enhance the quality and availability of child care across the State of Arkansas.](#)

- Community-based organizations

Describe.

[Human Services Workers in the School Initiative - places caseworkers in schools to help children and families. Wraparound Services](#)

- Other.

Describe.

[Access Arkansas website and Search for Child Care on the DCCECE homepage](#)

c) Who issues payments?

- 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.

### 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](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)(1)(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 draft plan was shared statewide with governmental agencies to receive feedback. Public hearings were also held throughout the state.

[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:

DCCECE forwarded a draft of the state plan to each member of the Arkansas Early Childhood Commission/Statewide Advisory to obtain additional feedback. Commission members include representation from various state and local education, health, mental health professionals, child care and early childhood education providers, community leaders, parents, and Head Start.

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

DCCECE consulted with the Division of Children and Family Services (DCFS), Department of Workforce Services (DWS), and the Head Start Collaboration Office in the development of the plan.

DCCECE meets regularly with members from DCFS and DWS to discuss child care and early education initiatives in Arkansas, as well as any updates or changes regarding child care assistance policies and procedures.

[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:

The plan was shared with the Arkansas Department of Education which is the

administrative arm of the State Board of Education.

- 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:

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

Describe:

The plan was made available via newspaper, website, etc. to university systems.

- State/Territory agency responsible for child care licensing.

Describe:

The plan was made available to child care licensing which is a part of the DHS Division of Child Care and Early Childhood Education.

- State/Territory office/director for Head Start State collaboration

Describe:

Representatives from the Head Start Collaboration Office are an integral part of the DCCECE team and the plan was also made available to that entity.

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

Describe:

The plan was made available for comments to the following Early Head Start grantees: University of Arkansas at Pine Bluff (UAPB), Community Services Office (CSO) Head Start in Hot Springs, and Arkansas Early Learning in Jonesboro, Arkansas.

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

Describe:

The plan was shared with CACFP, an organizational unit of DHS DCCECE.

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

Describe:

The plan was shared with representatives from the Arkansas Department of Health who are a part of the Arkansas Early Childhood Commission.

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

Describe:

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

Describe:

The plan was shared with representatives from the Arkansas Department of Health who are a part of the Arkansas Early Childhood Commission.

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

Describe:

The plan was shared with the DHS Division of Medical Services for comment.

- McKinney-Vento State coordinators for Homeless Education.

Describe:

The plan was shared with the Department of Education.

- State/Territory agency responsible for public health.

Describe:

The plan was shared with representatives from the Arkansas Department of Health who are a part of the Arkansas Early Childhood Commission.

- State/Territory agency responsible for mental health.

Describe:

The draft CCDF plan was reviewed and shared with the DHS Division of Behavioral Health Services. In addition, DCCECE shared information with University of Arkansas for Medical Sciences (UAMS) partners who conduct mental health consultation services.

- State/Territory agency responsible for child welfare.

Describe:

The plan was shared with DHS Division of Children and Family Services (DCFS) who is responsible for the safety of children in foster care or protective services.

- State/Territory liaison for military child care programs.

Describe:

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

Describe:

The Department of Workforce Services goal is to enable the Arkansas workforce to

compete in the global economy by linking a comprehensive array of services for employers and job seekers.

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

Describe:

The plan was shared with The Department of Workforce Services.

State/community agencies serving refugee or immigrant families.

Describe:

Child care resource and referral agencies.

Describe:

The plan was shared with local child care resource and referral agencies.

Provider groups or associations.

Describe:

The plan was shared with local groups and associations including, but not limited to, the AR Out of School Network (AOSN), Arkansas Head Start Associations, and the Arkansas Early Childhood Association.

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

The plan was shared with members of the Statewide Fatherhood Initiative and State Parent Advisory Council.

Other.

Describe:

AR Advocates for Children and Families/Invest Early Coalition: Public education and information sharing related to policies for young children and their families.

**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: [01/20/2016](#)

**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.

[Public hearing notifications were made via Facebook, Twitter, Better Beginnings Buzz, Child Care Billing Site, DCCECE contractors, and statewide newspaper.](#)

Website link:

[http://humanservices.arkansas.gov/dccece/dccece\\_documents/Notice%20of%20State%20Plan%20FY16-18%20Public%20Hearing.pdf](http://humanservices.arkansas.gov/dccece/dccece_documents/Notice%20of%20State%20Plan%20FY16-18%20Public%20Hearing.pdf)

c) Date(s) of public hearing(s): [02/11/2016](#)

**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 [Hearing sites were held across the state in the cities of Texarkana \(2/11/2016\), West Memphis \(2/12/2016\), Little Rock \(2/16/2016\) and Springdale \(2/19/2016\).](#)

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) [DHS distributed information on the CCDF plan through the DHS website and shared links to Facebook, Child Care Billing site, and partner agencies.](#)

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [DHS DCCECE has reviewed all public comments and has made adjustments to the plan as needed.](#)

**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:

DCCECE shared the CCDF State Plan as well as any amendments by email and discussed highlights of the plan during committee meetings.

Working with child care resource and referral agencies.

Describe:

DCCECE shared the CCDF State Plan and will share any amendments to the plan with them on the DCCECE website.

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

<http://humanservices.arkansas.gov/Pages/default.aspx>

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

Describe:

DCCECE shared the CCDF State Plan and will share any amendments to the plan with them on the DCCECE website.

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

Describe:

Information was made available using the DCCECE website, Facebook, and Twitter.

Other.

Describe:

The State Plan contains several rules and policy changes. The public is given the notice of rule changes and the opportunity for public input electronically and during the public hearing.

## 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:

DCCECE is responsible for providing Pre-K in the State including federal expansion funds. This allows coordination for Arkansas Better Chance (ABC) summer care and wrap around services for extended time. DCCECE also coordinates with School-Age Head Start to provide the same. Pre-K and Head Start programs provide seven (7) to eight (8) hours of early childhood education which allows CCDF to provide extended time for up to ten (10) hours of high quality early childhood education. Additionally, the ABC summer program has been established to prevent learning loss and promote continuity of care.

- [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:

DCCECE works closely with and layers funding with Early Head Start-Child Care Partnership grant recipients to expand accessibility of services to infants and toddlers. DCCECE staff serve on Arkansas's Inter-Agency Coordinating Council to address the needs of infants and toddlers with disabilities. Children with special needs are considered a high priority for service and programs receive higher reimbursement rates for children with disabilities.

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

Describe:

DCCECE offers differential eligibility for homeless families. Expedited enrollment allows the state to enroll the children to help meet the parent's need. Staff are assigned to work directly with homeless shelters and organizations that serve the homeless to coordinate the provision of early learning opportunities.

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

Describe:

DCCECE is collaborating with the DHS Division of Children and Family Services (DCFS) Program to ensure that children who are in foster care are placed in quality early learning environments to help minimize multiple placements. Targeted professional development opportunities are being explored to educate caseworkers and early childhood professionals who work with children who have experienced trauma.

State/Territory agency responsible for child care licensing.

Describe:

DCCECE Licensing updated rules and regulations to help improve quality. All CCDF programs must meet minimum licensing and Better Beginnings standards.

State/Territory agency with Head Start State collaboration grant.

Describe:

DCCECE works with the Head Start Collaboration Office to develop shared goals and plans to meet families and children's needs.

State Advisory Council authorized by the Head Start Act.

Describe:

Arkansas Early Childhood Commission was in place prior to the Head Start Act. The commission meets on a quarterly basis and establishes goals for DCCECE, including providing input to the CCDF State plan.

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

Describe:

DCCECE is a critical partner in guiding and facilitating training and support to grantees, as well as referrals of CCDF-eligible recipients, including some waitlist clients, to expand accessibility. Working with these grantees increases our capacity to serve more infants and toddlers which is a goal of the Arkansas Early Childhood Commission. DCCECE has a liaison who works directly with partnership grantees.

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

Describe:

DCCECE plans to work with the Arkansas Department of Education (ADE) homeless coordinator to facilitate the transition of children from early learning environments to schools. DCCECE will also partner with Arkansas Out of School Network (AOSN) to review and ensure that school days are optimized to ensure the successful transition and alignment.

- Child care resource and referral agencies.

Describe:

DCCECE provides financial support in the form of contracts to six (6) Child Care Aware Resource and Referral Agencies. These agencies offer on-site professional development trainings and materials to help promote positive early learning experiences and age appropriate learning experiences for children in school-age care settings. Child Care Aware agencies help increase the number of high-quality child care providers in local communities by working with faith-based entities, community-based organizations, and non-traditional partners.

- State/Territory agency responsible for public education.

Describe:

DCCECE has worked extensively with ADE to coordinate and collaborate on staff trainings, alignment of school standards, licensing and accreditation certificates, and the requirements needed to help transition the child effectively from early childhood learning environments to school. Some school sites are now funded by the state to offer enhanced or expanded pre-k programs. ADE and DCCECE also review and ensure that school days are optimized to ensure accessibility and continuity of care for a full-day. DCCECE will partner with ADE and AOSN to review and ensure that school days are optimized to ensure the successful transition and alignment. ADE is the administrative arm of the State Board of Education. They are responsible for state and federal education laws, disbursing state and federal

funds, holding schools and districts accountable for performance and licensing all educators.

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

Describe:

DCCECE works directly with the Department of Higher Education (DHE) and with the University and College Systems to increase professional development opportunities. Representatives from this group are a part of the professional development steering committee.

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

Describe:

DHS DCCECE Health and Nutrition Unit works closely with the DCCECE Family Support Unit and share a common commitment to serving families with high quality care and education for all children served in licensed care. Arkansas's Health and Nutrition program serves as a resource to licensed child care facilities to provide information and support so that children receive balanced and nutritious meals.

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

Describe:

The Arkansas WIC Program is administered by the Arkansas Department of Health through a grant provided by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). Representatives from DCCECE are members of the Arkansas Coalition for Obesity Prevention and serve on various workgroups including the Access to Healthy Foods and Early Childhood and Schools Teams.

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

Describe:

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

Describe:

DCCECE partners with the Arkansas Department of Health which receives federal grant funds to implement the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. DCCECE also refers qualifying families to this program.

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

Describe:

DCCECE staff serve on the Interagency Coordinating Council of which DHS Division of Medical Services is a key partner.

State/Territory agency responsible for public health.

Describe:

Arkansas DHS DCCECE collaborate with staff from the Department of Health to ensure that children in child care facilities are referred and provided EPSDT screenings.

State/Territory agency responsible for mental health.

Describe:

DCCECE staff serve on the Interagency Coordinating Council with the Division of Behavioral Health Services to ensure the provision of public mental health and substance abuse prevention, treatment and recovery services are provided throughout the State of Arkansas. In addition, DCCECE partners with University of Arkansas for Medical Sciences (UAMS) partners who conduct mental health consultation services for CCDF children.

State/Territory agency responsible for child welfare.

Describe:

DCCECE staff serve on the Interagency Coordinating Council with the Division of Behavioral Health Services to ensure the provision of public mental health and substance abuse prevention, treatment and recovery services are provided throughout the State of Arkansas. In addition, DCCECE partners with University of Arkansas for Medical Sciences (UAMS) partners who conduct mental health consultation services for CCDF children.

State/Territory liaison for military child care programs.

Describe:

DCCECE staff serve on the Interagency Coordinating Council with the Division of Behavioral Health Services to ensure the provision of public mental health and substance abuse prevention, treatment and recovery services are provided throughout the State of Arkansas. In addition, DCCECE partners with University of Arkansas for Medical Sciences (UAMS) partners who conduct mental health consultation services for CCDF children.

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

Describe:

DCCECE staff serve on the Interagency Coordinating Council with the Division of Behavioral Health Services to ensure the provision of public mental health and substance abuse prevention, treatment and recovery services are provided throughout the State of Arkansas. In addition, DCCECE partners with University of Arkansas for Medical Sciences (UAMS)

partners who conduct mental health consultation services for CCDF children.

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

Describe:

DCCECE works with DWS to help families work toward self-sufficiency through multiple programs. Recipients receive child care assistance for approved work, job search, job readiness and educational services through Career Pathways of Arkansas.

State/Territory community agencies serving refugee or immigrant families

Describe:

DCCECE has begun partnering and making referrals to community agencies, such as Arkansas Family Network, The Crisis Intervention Center, Peace at Home Women's Shelter, and St. Raphael Food Pantry, in the northwest Arkansas areas that serve the Hispanic community. This allows Arkansas to expand services to serve this population.

Provider groups or associations.

Describe:

DCCECE works with local groups and associations including, but not limited to, the Arkansas Out of School Network (AOSN), Arkansas Head Start Association, Arkansas Family Child Care Association, and the Arkansas Early Childhood Association to educate providers to ensure that children are appropriately referred to quality settings.

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

DCCECE partners with the Arkansas Head Start Collaboration Office to implement a Statewide Fatherhood Initiative and State Parent Advisory Council. In 2014, the Statewide Fatherhood Initiative was created to engage fathers in the well-being of their children. Resources and activities were implemented to improve fatherhood engagement in the state. As a result of this partnership, an Arkansas Guide for Promoting Family Engagement was created.

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](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"

CCDF Funds are used to provide services to children who are already receiving services from DCCECE using multiple funding sources.

Which funds will you combine

CCDF funds are used to provide summer care for children who are currently enrolled in an Arkansas Better Chance (ABC) program. ABC funding is provided by the state and by

TANF. CCDF funds are used to provide before and after school care (wrap-around service). CCDF funds are also combined with IV-E funds to provide services for children who are in foster care or who have recently exited foster care but are still in protective custody. Finally, CCDF funds are used with other funds to pay partners for conducting research and providing resources, training, and technical assistance to our child care providers.

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

The goals are

1. to expand accessibility of care and to ensure that children enrolled in early childhood programs and school-age care programs (which includes children up to age 12) receive year-round services;
2. to extend the day of services for working families;
3. to provide continuity of care;
4. to ensure a smooth transition;
5. to provide quality services to the vulnerable foster care population.

The expected outcome is to develop, enhance, and increase the quality and efficiency of services to develop simplified processes and alignment across programs to promote child development and minimize learning loss for children.

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

Each of these services has its own funding cost center/internal order combinations. This is to ensure proper tracking of expenditures.

How are the funds tracked and method of oversight

DCCECE uses a coding guide which is updated as needed. Reports are generated at least monthly, more frequently if needed, and reconciled with invoices and claims.

DCCECE is legislatively audited annually.

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.**

DCCECE partners, at the state level, with a variety of public and private organizations and has developed extensive networks and long-standing partnerships with the following agencies and organizations/commissions to further promote the goals established by the Arkansas Early Childhood Commission:

Arkansas Department of Education,  
Arkansas Department of Higher Education,  
Arkansas Department of Health,  
Arkansas Early Childhood Commission,  
Arkansas Department of Workforce Services,  
Arkansas Head Start Association,  
Arkansas Out of School Network,  
Arkansas Interagency Coordinating Council,  
Arkansas Head Start Collaboration Office,  
Arkansas Maternal, Infant, and Early Childhood Home Visiting Program,  
Arkansas Coalition for Obesity Prevention,  
Arkansas Department of Human Services (AR DHS) Division of Medical Services,  
AR DHS Division of Developmental Disabilities,

AR DHS Division of Children and Family Services and the AR DHS Division of Behavioral Health.

Working with partners, we collaborate to ensure that the following goals are being met and addressed :

1. Improve the overall quality of care in infant and toddler programs
2. Engage families in the child's education through research-based programs that enhance child outcomes and success in school
3. State policies should create an integrated system of professional development uniting the early childhood sectors- child care; HS; pre-k; public schools; early intervention and special education services. (Adopted from Workforce Designs Nation Association for the Education of Young Children)
4. Support restructuring, expanding and growing Better Beginnings/Quality Rating Improvement System
5. Strengthen and expand local and state partnerships with other agencies and organizations for connected action (Established April 2009)
6. Create awareness of Health and Nutrition Programs and educate parents, children and child care providers on the benefits of a healthy lifestyle.

DCCECE meets on a quarterly basis with the Arkansas Early Childhood Commission to update them on how we are doing to address each of the aforementioned goals. DCCECE staff routinely participate in meetings held by each entity which at a minimum meets quarterly. As a result of these partnerships, DCCECE has been able to receive valuable input to develop grant applications such as the Race to the Top, Kellogg Foundation, and Pre-K Expansion and Development grant. Although not a current state recipient of the Early Head Start grants, DCCECE worked with statewide entities to engage local organizations in submission of grant applications and offered technical assistance and support, where needed. These collaborations have helped the Division of Child Care and Early Childhood Education (DCCECE) to receive a federal Pre-K Expansion and Development grant that supports the expansion and improvement of high quality preschool programs for four (4) year olds only in eleven (11) high need communities. County/Local Programs DCCECE collaborates with Resource and Referral agencies (Child Care Aware) and university systems to offer technical assistance and trainings statewide to help increase the quality of child care services offered. For example, effective January 1, 2016, all child care providers participating in the CCDF program must meet Better Beginnings Level 1 requirements through the state's quality rating improvement system. DCCECE hosts, at a minimum, quarterly meetings with Child Care Aware agencies. DCCECE also works with these entities to educate providers and staff on expulsion and suspension rules and leverages local resources to help address the needs of children who have experienced traumatic events .

## 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:

[DCCECE supports CCR&R efforts through contractual agreements](#) Child Care Resource and Referral agencies are responsible for serving as the lead to support implementation

of the Ages and Stages Questionnaires, offer Family Child Care Business Management training, promote NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care), and offer Pre-Licensing and Emergency Preparedness trainings for child care providers. Offering these services allows the state to foster one-on-one relationships with providers, provide on-going technical assistance where needed, and increase the supply of agencies (public, private, and faith-based) that offer child care services.

- 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

[DCCECE has a statewide child care disaster plan which falls under the umbrella of DHS' Emergency Response Plan. DCCECE's plan includes our response to the health and nutrition needs of children during disasters as well as our response when child care facilities are not operational or closed due to disasters. Arkansas meets all the above criteria, except for the criteria regarding lock-down procedures. All other criteria is covered in the Arkansas Minimum Licensing Requirements for Centers, Homes, Registered and Out-of-School Time facilities in Section 1200. Arkansas plans to add lock-down training to New Director Orientation and Pre-Licensing Training. The Child Care Licensing Procedure Manual will be revised to include a list of required components for emergency preparedness plans that will include lock-down procedures. Arkansas' Emergency Response plan can be found at <http://www.adem.arkansas.gov/aem/>. Arkansas departments, agencies, commissions, and offices having roles in emergency response also participate in preparedness and recovery. As provided in Arkansas Code Annotated § 12-75-116, each state agency has appointed an Emergency Management Liaison Officer \(EMLO\). The EMLO is ADEM's point of contact at that agency. In addition, certain agencies have taken responsibility for coordination of an Emergency Support Function. Each of these has a point of contact \(ESF POC\) who may or may not be the EMLO to ADEM. Many agencies appoint the same person to both positions. The plan is designed to ensure the continuation of service delivery after a disaster, including CCDF-funded assistance and child care will include lock-down procedures.](#)

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.)

Add to training requirements and implement professional development trainings as well as training staff on administrative procedures. Lock-down procedures will be added to requirements for New Director Orientation and Pre-licensing Training.

The following procedures will need to take place:

- Initial discussion with the contract agents to include training modules on disaster preparedness and response planning. (estimated time frame - already accomplished)
- Meeting with our Contract Unit to review the terms of the existing contracts and amend as necessary to include the new training modules (estimated time frame - 2 months)
- Work with the contract agents to develop the new training modules (estimated time frame - 3 months)
- Review and approve the proposed new training modules as submitted by our contract agents. (estimated time frame - 2 months)
- Fully implement the new training modules for all ongoing training sessions (estimated time frame - 2 months)

Projected start date for each activity: [04/11/2016](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity  
[Department of Human Services, Division of Child Care and Early Childhood Education.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead



agency to complete implementation of this activity

Child Care providers and professional development (training) contractors

## 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?)

DCCECE works with contractors including Northrup Grumman, UAMS, and UA Fayetteville, to develop data dashboards, surveys, and reports to identify high need locations.

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.

DCCECE uses the Child Care Resource and Referral Agencies, provider associations, and agency contractors to distribute information to families. In addition, DCCECE works with The Communication Group, a marketing, advertising and public relations firm, to design messages to target education and outreach in Arkansas communities.

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

DCCECE uses community partners, child care providers, and staff to conduct outreach to vulnerable communities. Further, DCCECE informs families of availability of services using DHS websites, print media, radio, social media, face-to-face meetings, training sessions (parent-teacher meetings), and written materials.

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

Electronically via online application, mobile app or email.

Provide link <https://access.arkansas.gov/> Child care applications can also be found at: [http://humanservices.arkansas.gov/dccece/dccece\\_documents/DCCECE%20Child%20Care%20Assistance%20Application.pdf](http://humanservices.arkansas.gov/dccece/dccece_documents/DCCECE%20Child%20Care%20Assistance%20Application.pdf)

In-person interview or orientation.

Describe agencies where these may occur:

Parents seeking child care assistance may go to any local DHS County Office or DHS Little Rock Central Office.

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:

Parents can apply for various assistance such as SNAP, TEA, Medicare, and Child Care Assistance at <https://access.arkansas.gov/>.

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)

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

**2.2.2 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 DCCECE makes information on child care services available to parents, providers, and the public through various mechanisms such as DHS websites, Child Care Aware Resource and Referral agencies, contractors, State agencies, Arkansas Out of School Network (AOSN), community-based organizations, and faith-based organizations. DCCECE works with a contractor, The Communications Group, to ensure that materials developed are designed at an appropriate reading level. Efforts are underway to be sure that DCCECE's websites and materials on the websites are literacy levels that are consumer-friendly and in multiple languages. DCCECE will focus specifically on making printed materials available in both

English and Spanish. DCCECE is fortunate to have staff on board who have the ability to translate some easy handout materials to parents in Spanish. Staff in the DCCECE Family Support Unit work directly with parents and currently require face-to-face meetings with their caseworker to discuss quality child care options and community resources based on their family needs. CCDF caseworkers describe the full range of child care provider options including licensed child care centers, licensed school-age programs, licensed child care family homes, and registered child care family homes. The information is made available through written material and the Internet.

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

DCCECE provides parents with a checklist to use as a guide in choosing appropriate child care. Articles are written and included in a variety of publications that are specifically designed to reach parents. DCCECE is currently collecting email addresses of providers and parents so that emails can be sent directly to these groups.

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

DCCECE partners with child care providers, resource and referral agencies, AR DHS DCFS, community leaders, and AR Department of Workforce Services staff to make information available to parents.

### **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

A complete list of consumer-friendly educational materials can be found by visiting DCCECE's Better Beginnings website at <http://arbetterbeginnings.com/>. These materials (brochures and one-pagers) are developed to educate parents, providers and the general public on quality child care options. DCCECE also offers providers professional development opportunities to enhance their knowledge of quality programs.

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

Advertisements are included in various publications which are strictly designed for parents. DCCECE is working with an advertising agency to ensure that informational materials and websites are at appropriate literacy levels and that information is available in both English and Spanish

c) Describe who you partner with to make information about child care quality available  
DCCECE partners with child care providers, resource and referral agencies, DCFS, DWS, and The Communications Group, an advertising agency.

#### **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)

DCCECE promotes parents' use of Access Arkansas, an online program that links them to a variety of human services programs at <https://access.arkansas.gov/>. Efforts are underway to explore use of a universal application throughout the agency to make it easier and more efficient for families to apply for programs. In addition, information about the TANF programs is provided to eligible parents through a brochure that describes the programs and includes contact information.

b) Head Start and Early Head Start Programs

DCCECE staff refer parents to these programs when conducting community outreach efforts and at re-evaluation. Families are given links to websites where brochures and other informational materials can be found. These options are discussed during face-to-face meetings and when applicants call.

c) Low Income Home Energy Assistance Program (LIHEAP)

DCCECE staff refer parents to this program during their community outreach efforts and

during the re-evaluation process.

During face-to-face meetings with parents, links are provided to websites and brochures and/or flyers are given to parents as a reference.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)  
DCCECE promotes and informs parents about the availability of other human services programs through Access Arkansas at <https://access.arkansas.gov/>. They are routinely given this link to apply for other services offered by AR DHS.

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

DCCECE staff routinely refer parents to this program during community outreach efforts and during the re-evaluation process. Staff provide the name and number of the individual that can be contacted directly at the Arkansas Department of Health to assist families with WIC.

f) Child and Adult Care Food Program(CACFP)

DCCECE staff refer parents to these programs when they conduct community outreach efforts and during the re-evaluation process. CACFP program is administered by DCCECE, therefore, making it easy to refer clients to particular staff when questions arise.

g) Medicaid

DCCECE provides parents access to other human services programs through Access Arkansas at <https://access.arkansas.gov/>. The following link to the Medicaid Services website is <https://www.medicaid.state.ar.us/Consumer/Consumer.aspx>.

h) Children's Health Insurance Program (CHIP)

DCCECE staff refer parents to these programs during community outreach efforts and the re-evaluation process.

i) Individuals with Disabilities Education Act (IDEA)

DCCECE staff refer parents to these programs through community outreach efforts and during the re-evaluation process.

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

DCCECE staff discuss Pre-K programs and refer parents to these programs when they conduct community outreach efforts and during the re-evaluation process.

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

DCCECE staff discuss the MIECHV program and refer parents, particularly teen parents to these programs when they conduct community outreach efforts and during the re-evaluation process. DCCECE works closely with the MIECHV to help support the teen parent initiative.



## **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&R outreach, 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)

Information is shared with providers through CCR&R and community outreach efforts. Local collaboration occurs between DCCECE and Workforce Services that oversees TANF.

### b) Head Start and Early Head Start Programs

During training sessions, brochures and other informational materials are shared to educate these providers. Additionally, DCCECE works closely with local Head Start and Early Head Start programs to help link families to this resource.

### c) Low Income Home Energy Assistance Program (LIHEAP)

Child care providers, CCR&R, Educational Cooperatives, Department of Workforce Services and DHS Division of County Operations staff share information about this resource.

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

Child care providers, CCR&R, Educational Cooperatives, Department of Workforce Services and DHS Division of County Operations staff share information about this resource.

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

Information is given to providers, CCR&R agencies, Educational Cooperatives, Workforce Services and the DHS Division of County Operations to share with families. Additionally, information about this program can be accessed on their website at <http://www.healthy.arkansas.gov/programsServices/WIC/Pages/default.aspx>. In many counties, local health departments that provide WIC services are housed very close to local county offices making it easy for families to go there, if necessary.

### f) Child and Adult Care Food Program(CACFP)

This information is made available online for providers to apply or find out more information through our website at <https://dhs.arkansas.gov/DCCECE/SNP/WelcomeSNPM.aspx>.

### g) Medicaid

Information is given to providers, CCR&R agencies, Educational Cooperatives, Workforce Services and the DHS Division of County Operations to share with families. Some DCCECE

staff are housed in county offices where this service is provided.

h) Children's Health Insurance Program (CHIP)

Information is given to providers, CC R & R agencies, Educational Cooperatives, Workforce Services and the DHS Division of County Operations to share with families.

i) Individuals with Disabilities Education Act (IDEA)

Information is given to providers, CC R & R agencies, Educational Cooperatives, Workforce Services and the DHS Division of County Operations to share with families. DCCECE works closely with the DHS Division of Developmental Disabilities and serve on the Interagency Coordinating Council to ensure that accurate information is shared between programs.

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

The State's Pre-K program is housed in DCCECE making information and referrals to resources for providers. DCCECE collaborates with staff that oversee Pre-K programs to conduct training sessions for child care providers, CC R & R agencies to familiarize them with program offerings to share with families.

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

DCCECE shares information on MIECHV during informal visits made by Program Eligibility Specialists.

**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

DCCECE publishes information on the DHS and Better Beginnings websites and distributes information to CCR&R agencies, DCCECE staff, contractors, State agencies, Community Based organizations, Faith-Based organizations.

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

DCCECE and its contractors distribute brochures during training sessions and houses this information in electronic format on various websites. Information is routinely emailed to contractors and providers, and CCR&R agencies.

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

DCCECE partners with child care providers, contractors, CCR&R agencies, university systems, commissions and the Head Start Collaboration Office to ensure that research and best practice information is shared with providers, parents, and the general public.

**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

DCCECE makes information (brochures, one-pagers, and other written materials) available using the DHS and Better Beginnings websites. Additionally, these resources are distributed through Resource and Referral agencies, DCCECE staff and collaborative partners including contractors, State agencies, community based organizations, faith-based organizations. Mental health consultation services are available statewide to child care programs. DCCECE also contracts with a marketing and advertising agency to distribute information in various publications such as CitiScapes, Peekaboo, Little Rock Family and Savvy magazines. Social media (Facebook) is also used as a means to distribute information.

ii. Providers

DCCECE makes information (brochures, one-pagers, and other written materials) available using the DHS and Better Beginnings websites. Additionally, these resources

are distributed through Resource and Referral agencies, DCCECE staff and collaborative partners including contractors, State agencies, community based organizations, faith-based organizations. Mental health consultation services are available statewide to child care programs. DCCECE also contracts with a marketing and advertising agency to distribute information in various publications such as CitiScapes, Peekaboo, Little Rock Family and Savvy magazines. Social media (Facebook) is also used as a means to distribute information.

iii. General public

DCCECE posts information on DHS websites and encourages state agencies and providers to create links to their sites. Facebook and other social media channels are used to distribute information to the public.

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

DCCECE contracts works and also works with various partners such as child care providers, interagency divisions (Behavioral Health, Children and Family Services, Developmental Disabilities), mental health consultants, Interagency Coordinating Council and the Arkansas Early Childhood Commission to make information available. Arkansas is continuing to review and develop tools and resources for child care providers and staff via the Expulsion and Suspension Workgroup, a multi-disciplinary team, to make information available.

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

The Arkansas Better Chance Program (ABC) forbids the use of corporal punishment. Other unacceptable methods of discipline include, but are not limited to, suspension, expulsion, isolation, inappropriate verbal comments, yelling and withholding of food or activities. Information regarding this policy is made available during training sessions with providers and parents, providers, and the general public can access requirements by going to <http://www.arkansas.gov/childcare/abc/pdf/0910/PUB0910-Program%20Manual.pdf>. Mental health consultants are also used to distribute

information and tools that will be helpful to all.

DCCECE and its contractors share information on social-emotional/behavioral and early childhood mental health of children and related policies during training sessions. An Arkansas Expulsion and Suspension Workgroup was established as a result of receiving the US Department of Education's *Policy Statement on Expulsions and Suspensions in Early Childhood Settings* in December 2014, the Child Care and Development Block Grant Reauthorization Bill and the federal Office of Child Care's Child Care and Development Fund Pre-Print. The multi-disciplinary workgroup consists of leaders and administrators who oversee DCCECE's Child Care and Development Fund, Licensing (Quality Rating Improvement System), Professional Development, Arkansas Better Chance (ABC) state-funded Pre-K Program, Health and Nutrition Program, Compliance, as well as statewide leaders who provide Mental Health Consultation services. The first meeting of the workgroup was held on January 7, 2015. By July 2016, all providers receiving CCDF funds will be required to adhere to the expulsion policies as part of their Participant Agreement. This information will be provided in trainings to educate child care providers, DCCECE staff, and the public. All licensed/registered facilities must adhere to the Minimum Licensing Requirements to address child development and behavior. Additionally, mental health consultants provide information to parents and providers and document interactions.

The Arkansas Expulsion and Suspension workgroup has plans to help providers add information into Parent Handbooks to help educate parents on expulsion and suspension policies within their centers. Language templates are being discussed for use as well as posters, infographics and other materials to educate parent, child care providers and the general public on policy revisions.

During the public hearings held throughout the state, community members and providers voiced the need for supports to assist them in their efforts. Therefore, the DCCECE, with input from the Expulsion and Suspension Workgroup, is working on establishment of a Triage System that will enable providers, families, and others to report and receive supports and technical assistance when challenging behaviors arise. DCCECE staff will offer initial guidance on easier to resolve issues and contracted agencies will provide essential training and on-site consultation to providers, parents to serve the whole child. Mental Health Consultation services have

been expanded around the state to provide more intensive counseling and guidance. The intent of this model is to focus in on prevention of occurrences and more effective management of challenging behaviors within the classrooms and at home.

As the workgroup continues their work, child care providers will be asked to provide input to ensure that plans consider workable options to support their needs.

- Update and revise current Participant Agreement to include Expulsion and Suspension Completed December 2015
- Revise Participant Agreement Test to include questions on Expulsion and Suspension Completed December 2015
- Implement Test and Sign New Updated Participant Agreement May 2016
- Develop and distribute Infographic, templates and other materials to educate parents, providers, and community March 2016

No.

Should 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:

[Described below](#)

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

[DCCECE requires all eligible families to have a current EPSDT on each eligible child requesting assistance. A physician appointment card is necessary at the time of the initial application process. Documentation for this requirement will only be accepted if it's current within the last 12 months or follows the Medicaid/AR Kids schedule for well-child visits.](#)

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

[In Section 1400 of DCCECE's licensing regulations, it states that all child care facilities are required by IDEA to refer a child with any suspected delays or disabilities to the appropriate lead agency \(as determined by the child's age\).](#)

- 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

A substantiated parental complaint is defined as a founded complaint that was reported by a parent that involves the violation of licensing requirements.

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)

Currently, there is no system in place to record or make available substantiated parental complaints except those related to licensing issues which are available on the licensing website . Substantiated complaints appear online after 60 days, and stay online for 425 days. Monitor visits appear online after 60 days, and stay online for 305 days. The 60 day delay is to allow the provider the right to appeal. The number of child fatalities, serious injuries and number of instances of substantiated child abuse and neglect in child care settings is collected and can be gathered upon request, however, is not currently available on the website. Arkansas is currently in the process of building an enhanced computer system. Our intent is to build that information into the new computer system.

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

Currently there is no system in place to record or make available substantiated parental complaints except those related to licensing issues which are available on the licensing website.



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

The Child Care Licensing Unit maintains complaints from parents and others. These are maintained as a part of the licensing record and information on substantiated complaints is available to the public on DCCECE's website. Substantiated or founded complaints related to licensing issues are made available on the licensing website by individual provider at <https://dhs.arkansas.gov/dccece/cclas/FacilitySearch.aspx>.

### 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

Spanish

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

DCCECE is expanding collaborations with the DHS Division of Developmental Disability Services to develop linkages that will help serve children with disabilities. DCCECE is coordinating efforts to train staff and contractors who work with children from birth to five (5) years and provide resources to enable them to engage families.

## **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) [11/19/2017](#)

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 public website, http://humanservices.arkansas.gov/dccece/Pages/default.aspx](http://humanservices.arkansas.gov/dccece/Pages/default.aspx) which is maintained by DHS DCCECE, contains information on the outcome of all monitor visits and complaints of licensing violations investigated by the Licensing Specialists. There is a mandatory sixty (60) day delay in posting monitoring and

complaint information to the website to allow providers time to appeal cited non-compliance or founded complaints before this information is made public. The information that is available for all licensed and registered centers and homes is listed by the date of the visit, for monitor visit information and for complaints, by the date the complaint was received and the date the complaint was founded or unfounded. Only founded complaints are listed, although there is still a record of unfounded complaints in the facility record.

The search for child care website allows providers and clients to search for child care facilities, including star-rated facilities. The website is easy to navigate and requires minimal clicks to navigate it successfully. Consumers can search easily for child care by county, age group served, facility type, and hours of operation. Facility visit dates and violations are also listed, if there are any. Work is in process to be sure that information is accessible to consumers in Spanish.

A description of the process related to licensing, background checks, monitoring, and offenses that prevent individuals from being providers as well as health and safety requirements can be found at

<http://hs.arkansas.gov/dccece/Pages/ChildCareLicensing.aspx>.

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 data system that is currently being built will have this capability. This system is anticipated to be operational within the next 12 to 18 months.

Projected start date for each activity: 07/01/2015

Projected end date for each activity: 01/01/2017

Agency - Who is responsible for complete implementation of this activity  
Department of Human Services, Division of Child Care and Early Childhood Education

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

IT Contractor - Northrop Grumman

### 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/months/years) to 12 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: A child who has a physical or mental condition which substantially limits one or more major life activities, who has a record of such an impairment, or who is regarded as having such an impairment, or and has been diagnosed by a licensed medical or psychological practitioner.



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 18 (may not equal or exceed age 19)



No.

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

a) residing with -

Living with or in a household with a parent or legal guardian or other individual standing in loco parentis.

b) in loco parentis -

"In place of a parent." A foster parent, a county custodial agency or a boarding school which is assuming the parental obligations for the minor, including protecting his/her rights, may be referred to as being in loco parentis. In loco parentis infers that the person or entity is standing in the role of the parent of a minor, without having gone through the formal adoption

process.

### 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:

To do work, to be employed and receive payment for the work either in cash or in-kind, seeking or obtaining employment, making contact with potential employers, apply for vacancies, and interviewing for jobs. Arkansas is continuously monitoring work hour requirements and places a priority on applicants meeting thirty (30) or more work hours with consideration given to those working a minimum of twenty-five (25) hours based upon availability of funds.

\* attending job training

Any activity that builds or enhances upon job skills that lead to further employability skills.

\* attending education

A minimum of part-time attendance of a college, university, technical institute, and training program.

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

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 DCFS to a family to prevent further abuse or neglect and to strengthen family functioning and overall well-being of children. If the Lead Agency

deems that the child is in danger of being institutionalized or at-risk, they will be considered eligible for care.

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 -

Income can be classified as earned or unearned. The family is required to report all income at the time of application, including any income that is anticipated to be regularly received during the certification period. All earned and unearned income of each household member is counted unless specifically excluded in policy.

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	N/A	N/A	N/A	N/A	no second tier	no second tier
2	\$4060	\$3451	\$2436	60	no second tier	no second tier
3	\$4295	\$3651	\$2577	60	no second tier	no second tier
4	\$5040	\$4284	\$3024	60	no second tier	no second tier
5	\$5665	\$4815	\$3399	60	no second tier	no second tier

**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

<http://www.census.gov/hhes/www/income/data/statemedian/index.html> - 2016

d) These eligibility limits in column (c) became or will become effective on: [March 1, 2016](#)

e) Provide the link to the income eligibility limits

<http://humanservices.arkansas.gov/dccece/pages/childcareassistance.aspx>.

### 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 an "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

Eligibility is continued regardless of the parents' loss of employment. Eligibility is re-determined after the twelve (12) month authorization period and if the parent's employment is terminated or he or she stops attending a job training or educational program, DCCECE will have the option of terminating child care assistance. DCCECE will exercise the option of serving clients up to 85% SMI if the client's income exceeds the income threshold of 60% SMI during the re-determination period. If the client's income exceeds the income threshold of 85% SMI, DCCECE will implement a thirty (30) day notice before terminating the client's voucher for child care assistance. Upon approval of the 2016 CCDF State Plan, Arkansas will modify its Procedural Manual to reflect the policy citation for graduated phase out. The proposed implementation date is June 1, 2016 for voucher clients who have exceeded the 85% SMI

- 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

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 status toward complete implementation for any 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

[N/A](#)

Unmet requirement - Identify the requirement(s) to be implemented [A process for initial determination and redetermination take into account irregular fluctuations in earnings.](#)

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.)

[Procedural change](#)

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 [DHS](#)

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

[N/A](#)

### [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:

This information is maintained in the Kidcare data system. The Social Security Number for the child, parent identification, driver's license, birth certificate for the child, court records are collected as documentation.

Applicant's relationship to the child.

Describe:

DCCECE verifies the applicant's relationship to the child using birth certificates, other DHS shared data, and other legal documentation. This information is maintained in our Kidcare data system.

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

Describe:

Eligibility for the child is determined by validating age through birth certificates, and other DHS shared data systems. This information is maintained in our Kidcare data system.

Work.

Describe:

Check stubs, verification of employment form and/or income tax statements.

Job Training or Educational Program.

Describe:

Educational schedule or verification of earnings form. This information is maintained in our KidCare data system.

Family Income.

Describe:

Check stubs, Verification of Earnings form, and W-9 income tax statements are required. This information is maintained in our KidCare data system.

Household composition.

Describe:

State or other Governmental systems shall be used to identify and verify household structure for every eligible application. This information is maintained in our KidCare data system.

Applicant Residence.

Describe:

Apartment lease contracts, bills, and mail. This information is maintained in our KidCare data system.

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 :

The Family Support Unit has a maximum of ten (10) business days from the date the application is received by the Program Eligibility Specialist. The application shall be waitlisted, pending, approved or denied.

Waitlisted- Due to limited funding, eligible applicants are placed on a waitinglist for child care assistance.

Pending- DCCECE is waiting on required information to determine eligibility.

Approved- Applicant is determined eligible and removed from the waitlist, pending availability

of funds.

**Denied-** Applicant is determined ineligible because they don't meet eligibility requirements or fail to provide required documentation to determine eligibility

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 [Department of Workforce Services](#)

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

"appropriate child care":

[Child care that meets the minimum health and safety standards and guidelines](#)

[established by DCCECE Licensing Rules and Regulations. All care must be provided in a center or licensed or registered child care family home.](#)

"reasonable distance":

The travel time from the parents' home to his or her place of employment must not exceed more than one (1) hour one way, in order to be required to place a child in child care.

"unsuitability of informal child care":

Care which does not meet the developmental needs of the child or care that has been determined not to be in the best interest of the child or parent.

"affordable child care arrangements":

Care provided at no charge to the family for the first year after the family's TANF case closes due to employment assures affordable care. The sliding fee scale is applied after the first year.

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:

List the citation to this TANF policy.

List:

**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": The classification given to a child who requires child care because of a condition documented by a physician, a licensed psychologist or a court order.

and describe how services are prioritized:

This group is given priority over other CCDF-eligible families. DCCECE reimburses at higher rates for providers caring for children with special needs who require additional care.

b. Provide definition of "Families with very low incomes": Children whose family income falls below the federal poverty level.

and describe how services are prioritized:

Eligibility determination is based on Arkansas' sliding fee scale @ 60% SMI and/or up to 85% of SMI?. Families with very low income could receive free child care assistance with no co-payment if their income is at or below the federal poverty level. Prioritization for child care assistance are given to TANF, children in foster care, teen parents, grandparents, and homeless families. Applicable waivers are given to this priority population with very low incomes at or below the federal poverty level.

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) When a TEA case closes due to employment, services can be extended through Extended

Support Services (ESS). The first twelve (12) months is provided at no cost to the client. There is a minimal twenty (20) hour work requirement. After their twelve (12) months of child care has been exhausted, the ESS recipients' case will be re-evaluated by the caseworker and eligibility will be established using the low-income eligibility standards. TEA and ESS each have a twenty-four (24) month lifetime limit.

### **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)(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

Eligibility requirements are waived for children who are homeless and those who are in foster care. The Program Eligibility Specialist provides case management services to obtain the information to establish eligibility.

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

Program Eligibility Specialist provides community outreach efforts to homeless shelters across the state and partnerships are established. Staff are assigned to various homeless shelters in various areas of the state to ensure access to 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

Foster Care eligibility is established through the DCFS. A referral is sent to DCCECE to further process the child care assistance application using CCDF funds. Authorizations for childcare assistance is imminent for Homeless Children and Families. The CCDF Program Eligibility Specialists allows 10 to 15 business days for families to schedule a Health and Wellness visit and works with the family to get all necessary documents to complete the eligibility requirements including pulling information from integrated systems.

- 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

### 3.3 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 Family Support Unit updated the procedure manual to be consistent with the required changes made by CCDBG Act of 2014 and implemented the change in January 2015. Eligibility is continued regardless of the parents' loss of employment. Eligibility is re-determined after the twelve (12) month authorization period and if the parent's employment is terminated or he or she stops attending a job training or educational program, DCCECE will have the option of terminating child care assistance.

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
- 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

TANF recipients are transitioned to Extended Support Services (ESS) once they have found employment through the Department of Workforce Services. The first twelve (12) months the recipient receives ESS Child Care will be at no cost. Eligibility for non-TANF recipients is continued regardless of the parents' loss of employment. Eligibility is re-determined after the twelve (12) month authorization period and if the parent's employment is terminated or he or she stops attending a job training or educational program, DCCECE will have the option of terminating child care assistance.

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

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	NA	NA	NA	NA	NA	NA
2	\$1624	2% - 8% of facility rate	Based on facility rate	\$2436	2% - 8% of facility rate	Based on facility rate
3	\$1718	2% - 8% of facility rate	Based on facility rate	\$2577	2% - 8% of facility rate	Based on facility rate
4	\$2016	2% - 8% of facility rate	Based on facility rate	\$3024	2% - 8% of facility rate	Based on facility rate
5	\$2266	2% - 8% of facility rate	Based on facility rate	\$3399	2% - 8% of facility rate	Based on facility rate

a) What is the effective date of the sliding fee scale(s)? **March 2016**

b) Provide the link to the sliding fee scale

<http://humanservices.arkansas.gov/dccece/pages/childcareassistance.aspx>

**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 family's copay is a percentage of the facility's rate and varies from 2% - 8% depending on the quality level of the facility. No Quality Level - 8%; Quality Level 1 - 6%; Quality Level 2 - 4%; Quality Level 3 - 2%

### 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.

Better Beginnings Level - None - 8%

Better Beginnings Level - 1 - 6%

Better Beginnings Level - 2 - 4%

Better Beginnings Level - 3 - 2%

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 \$ 20,622.73

- 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:

Only for TEA and Foster Care clients

Other.

Describe:

Providers at Better Beginnings Level 2 or higher have the option of charging clients the difference in their rate and the cap rate.

## 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))**

Each licensed facility in the State of Arkansas has the option of participating in the Child Care Assistance program; however, they must sign a participant agreement and complete an online test to be reimbursed for services rendered. Parents are informed of eligible providers during their face to face interview with their assigned caseworker and given the option to select a provider of their choice. In addition parents may visit our better beginnings website that list all approved providers by geographic area and star rating.

##### **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

Child care providers must sign the CCDF Program Participant Agreement which specifies that any case head has access to their children at all times and providers are required to maintain complaint forms that the case head can use to file a complaint if they have issues.

**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:

Relatives are expected to satisfy the same requirements as other providers.

Restricted to care for children with special needs or medical condition

Describe:

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

Describe:

These providers must be Registered Child Care Family Home providers and meet similar standards that licensed homes are required to meet.

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 UAMS evaluation team developed cost models for multiple child care submarkets in 2013 and 2014. Cost modeling was completed for center-based and family child care homes across proposed urban/rural markets described below. Cost models were estimated across program quality levels; minimum licensing and all Better Beginnings levels. These cost models were used to inform DCCECE on the rate structure for tiered reimbursement. The Market Price Study will inform DCCECE about the implemented rate structure.

In 2014-2015, DCCECE implemented an urban/rural geographic distinction for CCDF reimbursement. Counties within metro areas with populations under 250,000 (continuum codes 1, 2, or 3) were classified as urban based on the 2013 Rural-Urban Continuum Codes from the US Department of Agriculture's Economic Research Service ("USDA Economic Research Service - Rural-Urban Continuum Codes," 2013). Although this method for population sampling is simple to understand and implement, market price study

recommendations (Grobe, Weber, Davis, Kreader, & Pratt, 2008) note that there are limitations of using this classification (i.e., clusters are likely to contain more than one market within a geographic unit and not based on empirical evidence of price differences). A market price and cost modeling study was conducted using a priori rural-urban distinctions.

For the market price and cost modeling study, the UAMS evaluation team was provided data from DCCECE on all licensed facilities (including the type of program and number of children licensed to serve by child age), market prices, CCDF children by age and facility, state-funded program (e.g., Arkansas Better Chance for School Success, High Quality Preschool Program, etc.) children by age and facility. Further, data were attained from the Head Start collaboration office on the number of children in Early Head Start and Head Start by facility. This permitted the calculation of an adjusted number of private pay slots for each facility by each child care submarket (e.g., child age, type of care, and location).

The UAMS evaluation team developed cost models for multiple child care submarkets in 2013 and 2014. These cost models were used to inform DCCECE on the rate structure for tiered reimbursement. The Market Price Study will inform DCCECE about the implemented rate structure.

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:

Changes to the market rates were presented to the Arkansas Early Childhood Commission prior to implementation.

### **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:

For the market price study, the UAMS evaluation team was provided data from DCCECE on all licensed facilities (including the type of program and number of children licensed to serve by child age), market prices, CCDF children by age and facility, state-funded program (e.g., Arkansas Better Chance for School Success, High Quality Preschool Program, etc.) children by age and facility. Further, data were attained from the Head Start collaboration office on the number of children in Early Head Start and Head Start by facility. This permitted the calculation of an adjusted number of private pay slots for each facility by each childcare submarket (e.g., child age, type of care, and location).

Market price data are collected by DCCECE as administrative data as per day prices across multiple statuses (e.g., full-time, part-time, night and weekend care). Private tuition prices are provided at the initiation of licensing and are updated by licensing and child care development fund (CCDF) staff in the 1st trimester of each year. In addition to the use of prices for this and ongoing studies of private tuition rates, rates provided to DCCECE are published in the child care search engine for parents. Therefore, there is incentive for programs to reflect their current rates.

Although the data are administrative, the response rate calculated from the 2015 market price data is 70.8%. Because our market price data were not available for at least 90% of the sample, we tested the representativeness of the data across child care submarkets (Grobe, Weber, Davis, Kreader, & Pratt, 2008). Data were examined for outliers by age group.

Outliers were winsorized, which rescales outliers to the next lowest or highest value in the

distribution (Ghosh & Vogt, 2012).

Using data from all licensed programs, there were not significant differences in having data reported from Urban (71.3%) versus Rural (70%) programs. However, there were marginally or statistically significant differences in having data across the following submarkets: 1) center-based (71.8%) versus FCCH (67.8%) programs ( $2(2448,1)=3.54$ ;  $p=.06$ ); 2) programs that operate summer only programs are statistically less likely to have pricing data (13.4%) than school year (69.5%) and all year (76%) programs ( $2(2448,2)=210.08$ ;  $p<.001$ ); 3) ABC (77.3%) versus other (69.2%) programs ( $2(2448,1)=11.93$ ;  $p=.001$ ); 4) Better Beginnings (77.5%) versus other (61.4%) programs ( $2(2448,1)=74.09$ ;  $p<.001$ ); and 5) programs that take CCDF vouchers (76.9%) versus those that do not (65.3%;  $2(2448,1)=39.58$ ;  $p<.001$ ).

In addition to meeting national recommendations (Branscome, 2015; Grobe et al., 2008), differences in response rates for programs that receive state funding make it necessary to use sample weights. To compute sampling weights, each combination of the categories which significantly predicted having pricing data was calculated (i.e., each classification of program type, yearly schedule, ABC, Better Beginnings and voucher acceptance). Sample weights were computed as the ratio of the total percentage of programs in multiple sampling types by the percentage with pricing data.

Because the vast majority of programs in Arkansas receive state or federal support for children in their care (88.1%), UAMS also weighted pricing by the number of private pay slots. For each age group and type of provider, an adjusted capacity number was estimated by reducing the licensed capacity by the number of children receiving support from state or federal funds. The purpose of calculating the price per private pay child care slot was to represent the actual prices available to consumers in the community.

The methods for the cost modeling are detailed in *Making Quality Ends Meet* (McKelvey and Chapin-Critz, 2014). The UAMS evaluation team adapted two cost models developed by Louise Stoney and Anne Mitchell at the Alliance for Early Childhood Finance, one for center-based and one for family child care programs, to fit Arkansas' regulatory and economic landscape. The team discussed formula adjustments with Stoney and Mitchell and then populated a base model for Arkansas with data gathered from: State Occupational Employment and Wage Estimates from the Bureau of Labor Statistics; Arkansas Better Chance operational guidelines; Division of Child Care and Early Childhood Education data;

Child Care Resource & Referral staff; Arkansas Advocates for Children and Families; and ASU Early Childhood Services.

In a series of focus groups and individual interviews, UAMS vetted the base model with directors and specialists involved in each of the following child care settings: centers and family child care homes in urban and rural settings, ABC programs operating in a school district, and ABC programs operating in community settings. The first section of each interview collected data about program size; operation times; and demographics including the number of children and ages served in each classroom, months and hours of operation, tuition source (ABC, private, voucher), and income mix of children. During the second section of the interview, UAMS asked directors to report expenses and revenue in the past year for categories relating to personnel and non-personnel expenses.

UAMS used directors' feedback to generate new models for specific child care settings. Then the research team tested increases in subsidy rates at various levels of quality and changes in licensing regulations.

#### **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):

Urban vs. Rural based on USDA Rural-Urban Continuum Codes

b) Type of provider:

There were differences in having market price data based on type of provider. Sample weights were computed to adjust for missing data as described above.

c) Age of child:

Market prices were computed for full-time rates for infants, toddlers, preschool aged, and school aged children. Weights were also computed by each age group to adjust for programs with large numbers of subsidized children as described above.

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

None.

#### 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)

01/01/2016

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 01/01/2016

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

2015/2016

<http://humanservices.arkansas.gov/dccece/Pages/ChildCareAssistance.aspx>

### 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

Payment rates were set based on an evaluation of six (6) combinations of multipliers to determine final reimbursement amounts. These rates were entered in the UAMS cost models and slightly revised to reflect greater reimbursement levels for infants and toddlers in addition to greater reimbursement at higher levels of quality.

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

Rate \$ 32.84 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 80

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

Rate \$ 32.84 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 98

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

Rate \$ 30.67 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 87

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

Rate \$ 30.67 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 98

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

Rate \$ 27.14 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 83

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

Rate \$ 27.14 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 97

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

Rate \$ 25.78 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 87

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

Rate \$ 25.78 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 98

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

Care is considered full time if the child is at a facility at least 5 hours and up to 10 hours.

j) Provide the effective date of the payment rates : July 1, 2014



k) Provide the link to the payment rates : This information is provided behind a provider portal page that requires a log in. Each provider is able to calculate the amount they would receive based off of custom settings such as age type, care type and number of children in the classroom.

**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:

Providers offering care during non-traditional hours such as Night care and Weekend care receive differential rates based on DCCECE's multipliers.

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

Describe:

Providers caring for children with special needs currently receive differential rates for assistance based on the documented evidence from a physician, medical professional or education professional that a child has needs beyond typically developing children.

Currently, the rates are set at 1 1/2 times the regular, reimbursed rate.

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:

Arkansas has increased it's rates for infant and toddlers as an incentive for providers to

serve more infants and toddlers in their programs. Providers receive a differential rate based on DCCECE's multipliers.

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

Describe:

DCCECE has increased the rates for programs meeting higher quality standards through our Better Beginnings Quality Rating Improvements System.

- 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:

Payment rates were set based on an evaluation of six (6) months of authorizations. DCCECE evaluated this data and used a base rate with a combination of multipliers to determine final reimbursement amounts. Those rates were entered in the UAMS cost models and revised slightly to reflect greater reimbursement levels for infants and toddlers in addition to greater reimbursement at higher levels of quality.

#### **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:

Arkansas has a multiplier that applies to an authorization based on the level of quality. The rates based off these multipliers were tested in the state's cost models developed by our evaluation team at UAMS across minimum licensing and all levels of quality in the QRIS (*Making Quality Ends Meet*; McKelvey and Chapin-Critz, 2014). Rates were adjusted such that programs with the greatest profit margins were programs with the highest levels of quality in the QRIS. This adjustment was done to promote moving up through quality levels and to prevent programs' stagnating at lower levels, which was an issue with the previous payment structure. Besides making sure that Level 3 subsidy rates were associated with the highest profit, we also wanted to ensure that rates incentivize care for infants and toddlers. The cost of moving up from one quality level to another is greatest in younger classrooms. Personnel costs of operating infant-toddler rooms are so expensive that providers cannot afford to high quality infant care, which ultimately means reducing staff-child ratios, without financial assistance.

#### 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:

Rates were set to promote the placement of low-income children in quality care. Rates

are higher at higher levels of quality. In AR, the QRIS has three levels. Level 1 requires very limited improvement over minimum licensing with the passing of revised licensing standards in 2015. Further, Level 1 does not require additional program oversight beyond minimum licensing. At Level 2, programs have an additional quality visit which includes an environmental assessment. At Level 2, programs are reimbursed at least at the 75th percentile.

When rates at Better Beginnings Level 1 do not meet the 75th percentile, they are primarily preschool rates. This is less cause for concern because the state provides high quality preschool for low-income families with different funds. In fact, a recent report regarding preschool in Arkansas reported that 56% of low-income preschoolers are served in high quality settings using state or federal funds (38% and 18% are served through ABC and Head Start, respectively).

The following rates at Level 1 were lower than the 75th percentile:

- Rural Centers Serving Preschoolers: Rate=\$17.40; 75th %ile=\$19.00. Rate Difference = \$1.60;
- Rural FCCH Serving Preschoolers: Rate=\$17.40; 75th %ile=\$19.00. Difference = \$0.60;
- Rural Centers Serving School Age: Rate=\$16.53; 75th %ile=\$19.00. Difference = \$0.47;
- Rural Centers Serving Toddlers: Rate=\$19.66; 75th %ile=\$20.00. Difference = \$0.34;
- Urban Centers Serving Preschoolers: Rate=\$23.60; 75th %ile=\$24.00. Difference = \$0.40.



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:

- 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:

#### **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

Arkansas has grouped market rate geographic areas by county which has caused large disparities in rates between more urban communities and rural Arkansas. Effective 7/1/2014 Arkansas utilized two geographic areas (rather than 75 counties) for purposes of market rate caps for providers who participated in our Quality Incentive Rate structure. Based on data derived from the 2013 Rural-Urban Continuum Codes from the US Department of Agriculture's Economic Research Service ("USDA Economic Research Service - Rural-Urban Continuum Codes," 2013), we segregated those counties classified as Urban from the rest of the state. In the course of our review we noted increased market rates in these

counties versus rural areas and determined that a distinct geographic area and a rate differential was needed in order to reasonably capture the market characteristics of these regions. Since Arkansas is largely rural the results were twenty (20) urban counties with the remaining fifty-five (55) counties classified as rural. DCCECE believes this provides a more reasonable basis for market rate classifications and that it will provide the ability for smaller markets to make the jump to quality care in the future as lightly populated counties often suffered under very low rate restrictions. DCCECE believes that the established urban and rural rates are sufficient to ensure equal access.

The UAMS market price study provides moderate support for the rural/urban distinction. UAMS conducted a two-step cluster analysis for each age group (IBM, 2001). The purpose of conducting a cluster analysis with the pricing data was to determine whether prices in the USDA geographic areas defined as urban and rural for the purpose of rate setting is appropriate. Cluster analysis groups programs that are similar based on the pricing structure using the pricing data themselves. To validate DCCECE's urban/rural rate structure, it would be ideal if number and membership of the clusters match the number and membership of the urban/rural classifications. Cluster membership was determined based on the Schwarz's Bayesian Criterion or BIC. Analyses for all age groups include programs for which the number of children estimated as private pay was at least one. Further, for preschool and school age programs, year-round operation was required to be included in cluster analyses. The sample of summer only school age programs was too small to include.

Results suggested significant associations between all cluster results and the rural/urban USDA classifications. Findings were stronger from rural than urban programs across analyses, suggesting that the urban counties may represent more heterogeneity than the rural counties. If this is the case, however, rates would be set too high, rather than too low.

- 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:  
Providers can bill the day after services are rendered and payment will be available within 3 - 5 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
- 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  
Providers are allowed to bill for 10 holidays per year and a maximum of 40 absentee days per child per year.
- Pays on a full-time or part-time basis (rather than smaller increments such as hourly)  
Describe:  
Providers are paid in increments of part time (up to 3 hours), half time (between 3 and 5 hours), and full time (between 5 and 10 hours).
- 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:  
Providers are notified through the Child Care Billing System electronically when a child's authorization is changed.
- Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

Other.

Describe:

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

#### 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:

Payments are deposited into the provider's account within 72 hours after the billing has been entered and processed.

Track and monitor the payment process

Describe:

All payments are tracked through the system and paid through a statewide system

Use of electronic tools (e.g., automated billing, direct deposit, etc.)

Describe:

All billing is entered electronically and providers are required to be paid through direct deposit.

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 following data sources are used by DCCECE to address supply to meet the needs of certain populations: Child Care Licensing and Accreditation System (CCLAS), KidCare, Enterprise Data Warehouse (EDW), Arkansas' Networked System for Welfare, Eligibility and Reporting (ANSWER), Head Start, Part B and Part C.

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

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

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

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

DCCECE Program Eligibility Specialists provide outreach to CCDF providers as well as providers not currently accepting voucher reimbursements. These staff encourage providers to move toward higher levels of quality and discuss the positive effects that quality environments have on the success of children outcomes.

**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

Arkansas has created a CCDF Pre-K initiative that will serve more eligible children in high-need communities and targeted underserved areas. DCCECE has set higher quality standards for these programs that are comparable to Arkansas's Arkansas Better Chance (ABC) program. DCCECE used characteristics such as the following in selecting programs:

**The extent to which the county is underserved**, measured by the difference between the number of eligible four-year-old children in the county and the number of children currently served by ABC and Head Start.

**Low-performing schools**, measured by whether the county included schools designated by the Arkansas Department of Education (ADE) as "Needs Improvement-Focus" schools or "Needs Improvement Priority."

In addition, DCCECE works collaboratively with our Early Head Start partners to pull eligible infant and toddlers off the waiting list in ten of Arkansas's most underserved counties.

DCCECE is currently working with Arkansas State University (ASU) to provide training and technical assistance to providers, including school-age programs, who do not have a high-quality program across the state.

- 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

The following are the categories of care and definitions:

Full Time Care - Between 5 and 10 hours

Half Time Care - Between 3 and 5 hours

Part Time Care - Up to 3 hours

Night Care - Between the hours of 6pm - 10pm

Weekend - From 6pm Friday to 6am Monday

-Licensed child care center - Center based facilities that serve more than 5 children for more than a total of 5 hours per day or a total of 10 hours a week.

-Licensed out-of-school-time facilities - Licensed facilities serving school age children, typically before-and-after school care or full day care during the summer months.

-Licensed child care family home - Homes are required to be licensed if more than 5 children are being cared for in the caregiver's own home or other suitable family type residence. Licensed homes may serve up to 16 children with up to 2 additional school age children in before and after school care.

-Voluntary registered child care family home - Registered homes serve 5 or fewer children, cared for in the caregiver's own home or other suitable family type residence.

**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:

Up to 18 months

- Ratio:

1:5

- Group Size:

10

2. Toddler

- State/Territory age definition:

Between 18 - 36 months

- Ratio:

1:8

- Group Size:

16

3. Preschool:

- State/Territory age definition:

30 months - 71 months

- Ratio:

1:15

- Group Size:

30

4. School-Age

- State/Territory age definition:

61 months and up

- Ratio:

1:18

- Group Size:

36

5. If any of the responses above are different for exempt child care centers, describe:

NA

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

Ratios for mixed age groups are based off the age of the youngest child in the room.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

Arkansas does not use the term group home.

- 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:

Adult Caregiver(s) Number of Children Ages of Children

301.1 - One Caregiver 1: 3-6 0-up (no more than 3 under 2 years)

1:7 0-up (no more than 2 under 2 years)

1: 8 0-up (no more than 1 under 2 years)

1: 9 2-up (no more than 3 between 2 & 3yr)

1:10 3-up

301.2 - Two Caregivers 2:3-6 0-up

2:7 0-up (no more than 4 under 2 years)

2:8 0-up (no more than 4 under 2 years)

2:9 0-up (no more than 4 under 2 years)

2:10-14 0-up (no more than 4 under 2 years)

2:15-16 0-up (no more than 2 under 2 years)

301.3 - Three Caregivers 3:7 0-up (no more than 5 under 2 years)

3:8 0-up (no more than 5 under 2 years)

3:9 0-up (no more than 5 under 2 years)

3:10-14 0-up (no more than 5 under 2 years)

Describe the group size:

16

Describe the threshold for when licensing is required:

no more than 5

Describe the maximum number of children that are allowed in the home at any one time:

16

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

pre-school children are included in both

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

additional school-age children can be in after care, not to exceed 3 hours per day, who are not counted in the ratio or capacity.

2. If any of the responses above are different for exempt family child care home providers, describe

NA

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:

NA

Describe group size:

NA

Describe the threshold for when licensing is required:

NA

Describe maximum number of children that are allowed in the home at any one time:

NA

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

NA

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

NA

**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

H.S. diploma or GED

and assistant teacher qualifications:

H.S. diploma or GED

2. Toddler lead teacher

H.S. diploma or GED

and assistant teacher qualifications:

H.S. diploma or GED

3. Preschool lead teacher

H.S. diploma or GED

and assistant teacher qualifications:

H.S. diploma or GED

4. School-Age lead teacher

H.S. diploma or GED

and assistant teacher qualifications:

H.S. diploma or GED

5. Director qualifications:

Directors shall be twenty-one (21) years of age or older, and provide documentation of one of the following educational levels (Directors previously approved prior to the

implementation of these requirements may continue in their position and do not have to meet these educational levels):

- a) Bachelor's Degree or higher Degree in Early Childhood, Child Development or a related field from a regionally accredited college or university. (Determination of "related field" shall be made by the Division)
- b) Bachelor's Degree in a non-related field from a regionally accredited college or university plus one of the following:
  - a. Four years of experience in early childhood education
  - b. Child Development Associate Credential (CDA)
  - c. Birth - Pre K Credential
  - c) Associate's degree in Early Childhood, Child Development or a related field, plus six (6) years of experience in Early Childhood Education
  - d) Eight years of experience in Early Childhood Education and completion of one of the following, within two years of employment:
    - a. Child Development Associate Credential
    - b. Birth - Pre K Credential
    - c. Director's Credential or the equivalent
    - d. Technical Certificate in Early Childhood Education

Individuals who have been employed in the position of Director or Site Supervisor at any time prior to implementation of this rule will not be required to meet the new director's qualifications. These individuals may change employers after this date and still qualify as director.

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

H.S. diploma or GED

d) Other eligible providers qualifications:

NA

**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)(I)(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

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

[Everything on this list except for references to food and allergic reactions is fully covered in the health section 1100 and safety section 1200 of the Arkansas Minimum Licensing Standards. Allergic reactions is addressed under 1100.1101.7 which requires a health plan to address children who have known food and other allergic reactions. These regulations can be found at:  
<http://hs.arkansas.gov/dccece/Pages/ChildCareLicensing.aspx>.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Prevention and control of infectious diseases \(including immunization\)](#)

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.)

We will add a training requirement for New Director Orientation and Pre-licensing Training and this will be covered by revising the Child Care Licensing Procedure Manual to include monitoring to ensure that all providers have included food allergy precautions and emergency response action in their emergency preparedness plans.

The following procedures will need to take place:

- Initial discussion with the contract agents to include training modules on disaster preparedness and response planning. (estimated time frame - already accomplished)
- Meeting with our Contract Unit to review the terms of the existing contracts and amend as necessary to include the new training modules (estimated time frame - 2 months)
- Work with the contract agents to develop the new training modules (estimated time frame - 3 months)
- Review and approve the proposed new training modules as submitted by our contract agents. (estimated time frame - 2 months)
- Fully implement the new training modules for all ongoing training sessions (estimated time frame - 2 months)

Projected start date for each activity: 04/11/2016

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

Agency - Who is responsible for complete implementation of this activity  
Department of Human Services, Division of Child Care and Early Childhood Education

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

Child Care providers and professional development (training) contractors

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) [Not yet started](#)

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

[Initial orientation training \(8 hrs\) does not currently include specific information on bio-contaminants from the above listing. This item will be addressed by referring providers to the Arkansas Department of Health \(ADH\) regulations.](#)

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.)

adding a mandatory review of the minimum licensing requirements to the required pre-service orientation and referring providers to ADH regulations

Projected start date for each activity: 07/01/2015

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

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

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

**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 Arkansas Department of Human Services ("DHS") administers the United States Department of Agriculture ("USDA") Summer Food Service Program ("SFSP") 7 CFR § 225 *et seq.* and the Child and Adult Care Center Program ("CACFP") 7 CFR § 226 *et seq.* which specifically requires that these programs shall be in compliance with the *Arkansas Department of Health Rules and Regulations Pertaining to Food Establishments, August 1, 2012* ("Department of Health Regulations.") The Department of Health Regulation 1-102.10 intent is to safeguard public health and provide consumer food that is safe, unadulterated, and honestly presented. The Scope 1-103.10 is to establish definitions, set standards for management and personnel, food operations, and equipment and facilities; and provide for food establishment plan review permit issuance, inspection, employee restriction and permit suspension.

Specifically the SFSP requires that food preparation sites, such as, self-preparation kitchens and vended preparation facilities shall comply with the Department of Health Regulations and Sponsor's kitchens that are place where food is stored, prepared, and served shall comply with the Arkansas Department of Health Regulations. The SFSP provides that according to 7 CFR §225.7(d)(6)(A)(B) and (C) DHS shall conduct inspections of self-preparation and vended sponsors' food preparation facilities; inspections of food service sites; and meal quality tests consistent with procedures used by the Arkansas Department of Health Regulations. DHS shall also respond promptly to complaints concerning food preparation facilities. If a food service management company fails to correct violations noted by DHS during a review, DHS shall notify the Sponsor and the food service management company that reimbursement shall not be paid for meals prepared by the food service management company after a date specified in the notification.

Additionally as provided by 7 CFR §225.16(a) Sponsors shall ensure that in storing, preparing, and serving food, proper sanitation and health standards are met which conform with all applicable State and local laws and regulations. Sponsors shall ensure that adequate facilities are available to store food or hold meals.

As provided by the CACFP 7 CFR §226.6(b), each new and returning Sponsor shall have food services that complies with Department of Health Regulation sanitation requirements. CACFP Sponsoring organizations, including Day Care Homes, are also required to immediately notify DHS or the Arkansas Department of Health of any imminent threat to health or safety upon discovering conduct or conditions that pose an imminent threat to the health and safety to participating children or the public and take action that is consistent with the recommendations and requirements of the recommending state agencies as provided by 7 CFR § 226.16(d.) At-risk afterschool Care Centers are required to meet Arkansas Department of Health Regulations as provided by 7 CFR § 226.17a(d.)

Finally, 7 CFR §226.20(I) ensures sanitation in storing, preparing, and serving food as required by the Arkansas Department of Health Regulations for meals served under *both* the SFSP and the CACFP.

All license types, including centers and homes, must follow USDA nutrition guidelines as required in the minimum licensing standards. This includes portion sizes, etc. The Health and Nutrition Unit also visits facilities that participate in their programs. The Arkansas

Department of Health also verifies that kitchen facilities meet health standards.

Access to physical activity.

Describe:

There is a basic requirement for one hour per day of outdoor time, regardless of age group. There is also a requirement for 30 minutes per day of moderate to vigorous physical activity, either outdoors or indoors. Outdoor play time may be suspended, or shortened, when weather conditions are too hot, too cold or dangerous (storms, lightening, high winds, etc.) During these situations, indoor activities may be substituted.

One (1) hour of outdoor time daily and a minimum of thirty (30) minutes of moderate to vigorous activity daily.

Screen time.

Describe:

The use of television, DVDs, video cassettes, and computer/video games and other screen time activities shall meet the following requirements;

- a) Shall be prohibited for children younger than two years of age. (The use of DVDs or other video programs for any activities with this age group would have to be approved through an alternative compliance request.)
- b) Shall be limited to programs of educational value which are age-appropriate
- c) Shall be scheduled and shall not exceed one (1) hour daily per child or group of children. Children shall not be required to participate in screen time activities and shall be offered other choices. (Viewing time may be extended for special events or occasions such as a current event, holiday or birthday celebration or for the occasional viewing of age appropriate movies or other programs that may exceed one hour in length.)
- d) Educational computer learning periods for children below 5 years of age may not exceed two (2) hours a day per child or group of children. Educational computer learning periods for children 5 years of age and older may exceed two hours per day.

Caring for children with special needs.

Describe:

All child care facilities shall comply with all applicable provisions as specified in IDEA: The facility shall enroll children with special needs without regard to disability. (Programs are required to provide space and care for a child who can be placed in their facility with existing services, as well as added supports from special educational services, and as long as the health and safety of the child can be met.)

- Recognition and reporting of child abuse and neglect.

Describe:

- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

Sections in the licensing requirements on Nutrition, Playgrounds, Health, Safety and Transportation are all designed to ensure a safe and healthy environment for children in care.

**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

Applicants for a license receive an initial pre-licensure visit and licensed providers are monitored on an unannounced basis a minimum of three (3) times per year for full year programs, two (2) times a year for nine (9) month programs and one (1) time per year for summer programs.

- 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) [11/19/2016](#)

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

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

[N/A](#)

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.)

[We will require that all newly hired Licensing Specialists, as of July 1, 2016, will take the cultural diversity and language courses offered by DHS Human Resources Section.](#)

Projected start date for each activity: [07/01//2016](#)

Projected end date for each activity: [07/01/2099](#)

Agency - Who is responsible for complete implementation of this activity [Activity has no end date and is ongoing; Department of Human Services, Division of Child Care and Early Childhood Education](#)

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

N/A

**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

Applicants for a license receive an initial pre-licensure visit and licensed providers are monitored on an unannounced basis a minimum of three (3) times per year for full year programs, two (2) times a year for nine (9) month programs and one (1) time per year for summer programs.

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:

Applicants for a license receive an initial pre-licensure visit and licensed providers are monitored on an unannounced basis a minimum of three (3) times per year for full year programs, two (2) times a year for nine (9) month programs and one (1) time per year for summer programs.

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:

[Our current caseload average for Licensing Specialists is 64 facilities per staff member.](#)

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):

[Section 108 of the Licensed and Registered Child Care Family Homes Requirements and Section 109 of the Licensed Child Care Center Requirements can be found at: http://humanservices.arkansas.gov/dccece/Pages/ChildCareLicensing.aspx.](http://humanservices.arkansas.gov/dccece/Pages/ChildCareLicensing.aspx)

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) [Not yet started](#)

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

[Above targeted completion date will be no earlier than July 1, 2017](#)

[Requirement for FBI Fingerprint for all child care facility owners/operators and employees.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [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.](#)

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: A law change can not be requested earlier than January 2017 legislative session. Projected end date: No earlier than July 2017 which would be the implementation date of any laws passed during the 2017 legislative session.](#)

Projected start date for each activity: 01/01/2017

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity This will be an Arkansas Department of Human Services initiative.

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

DHS is the responsible agency.

**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:

Arkansas has a dedicated staff to ensure timely processing and this is a priority area.

**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:

FBI audit issues related to the federal privacy act do not allow us to process requests or disseminate information to other entities.

**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:

State law allows DCCECE to consider a person with a felony drug conviction for employment when it has been at least 10 years since the date of conviction.

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:

***The following offenses are permanently prohibited:***

01. Abuse of an endangered or impaired person, if felony - §5-28-103
02. Arson - §5-38-301
03. Capital Murder - §5-10-101
04. Endangering the Welfare of an Incompetent person- 1st degree - §5-27-201
05. Kidnapping - §5-11-102
06. Murder in the First degree - §5-10-102
07. Murder in the Second degree- §5-10-103
08. Rape - §5-14-103
09. Sexual Assault in the First degree - §5-14-124
10. Sexual Assault in the Second degree - §5-14-125

Any person who has pled guilty, nolo contendere, or who has been found guilty of any one of the offenses listed below as prohibited above (Section 110.5, 0-62) may not work in child care unless:

- a. The date of the conviction, plea of guilty or nolo contendere for a misdemeanor offense is at least five (5) years from the date of the request for the criminal history records check and there have been no criminal convictions or pleas of guilty or nolo contendere of any type or nature during the five (5) year period preceding the background check request.
- b. The date of the conviction, plea of guilty or nolo contendere for a felony offense is at least more than ten (10) years from the date of the request for the criminal history records check and there have been no criminal convictions or pleas of guilty or nolo contendere of any type or nature during the ten (10) year period preceding the background check request.

01. Criminal Attempt to commit any offenses in MLR Section 100.110 - §5-3-201
02. Criminal Complicity to commit any offenses in MLR Section 100.110 - §5-3-202
03. Criminal Conspiracy to commit any offenses in MLR Section 100.110 - §5-3-401
04. Criminal Solicitation to commit any offenses in MLR Section 100.110 - §5-3-301
05. Assault in the First, Second, or Third degree - §5-13-205 - §5-13-207

06. Assault, Aggravated - §5-13-204
07. Assault, Aggravated on a Family or Household Member - §5-26-306
08. Battery in the First, Second, or Third Degree§5-13-201 - §5-13-203
09. Breaking or Entering - §5-39-202
10. Burglary - §5-39-201
11. Coercion - §5-13-208
12. Computer Crimes Against Minors - §5-27-601 et. seq.
13. Contributing to the Delinquency of a Juvenile - §5-27-220
14. Contributing to the Delinquency of a Minor - §5-27-209
15. Criminal Impersonation - §5-3-208
16. Criminal Use of a Prohibited Weapon - §5-73-104
17. Death Threats Concerning a School Employee or Students - §5-17-101
18. Domestic Battery in the First, Second, or Third Degree - §5-26-303 - §5-26-305
19. Employing or Consenting to the Use of a Child in a Sexual Performance - §5-27-402
20. Endangering the Welfare of a Minor in the First or Second Degree - §5-27-205 and §5-27-206
21. Endangering the Welfare of an Incompetent Person in the First or Second Degree - §5-27-201 and §5-27-202
22. Engaging Children in Sexually Explicit Conduct for Use in Visual or Print Media - §5-27-303
23. False Imprisonment in the First or Second Degree - §5-11-103 and §5-11-104
24. Felony Abuse of an Endangered or Impaired Person - §5-28-103
25. Felony Interference with a Law Enforcement Officer - §5-54-104
26. Felony Violation of the Uniform Controlled Substance Act - §5-64-101 - §5-64-508 et. seq.
27. Financial Identity Fraud - §5-37-227
28. Forgery - §5-37-201
29. Incest - §5-26-202
30. Interference with Court Ordered Custody - §5-26-502
31. Interference with Visitation - §5-26-501
32. Introduction of Controlled Substance into Body of Another Person - §5-13-210
33. Manslaughter - §5-10-104
34. Negligent Homicide - §5-10-105
35. Obscene Performance at a Live Public Show - §5-68-305
36. Offense of Cruelty to Animals - §5-62-103

37. Offense of Aggravated Cruelty to Dog, Cat, or Horse - §5-62-104
38. Pandering or Possessing Visual or Print Medium Depicting Sexually Explicit Conduct Involving a Child - §5-27-304
39. Patronizing a Prostitute - §5-70-103
40. Permanent Detention or Restraint - §5-11-106
41. Permitting Abuse of a Minor - §5-27-221
42. Producing, Directing, or Promoting a Sexual Performance by a Child - §5-27-403
43. Promoting Obscene Materials - §5-68-303
44. Promoting Obscene Performance - §5-68-304
45. Promoting Prostitution in the First, Second, or Third Degree - §5-70-104 - §5-70-106
46. Prostitution - §5-70-102
47. Public Display of Obscenity - §5-68-205
48. Resisting Arrest - §5-54-103
49. Robbery - §5-12-102
50. Robbery (Aggravated Robbery) - §5-12-103
51. Sexual Offense (any) - §5-14-101 et. seq.
52. Simultaneous Possession of Drugs and Firearms - §5-74-106
53. Soliciting Money or Property from Incompetents - §5-27-229
54. Stalking - §5-71-229
55. Terroristic Act - §5-13-310
56. Terroristic Threatening - §5-13-301
57. Theft by Receiving - §5-36-106
58. Theft of Property - §5-36-103
59. Theft of Services - §5-36-104
60. Transportation of Minors for Prohibited Sexual Conduct - §5-27-305
61. Unlawful Discharge of a Firearm from a Vehicle - §5-74-107
62. Voyeurism - §5-16-102

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.

Fees represent the actual charge of the agency (State Police, Child Maltreatment, and FBI) conducting the check.

**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 policies and procedures are contained within the licensing requirements that are published on DCCECE's website. All background check requirement are found in Section 100 of the Arkansas Minimum Licensing Requirements for Child Care Centers, Licensed Child Care Family Homes, Registered Child Care Family Homes and Out-of-School Time Facilities.

**5.3.9 Does the Lead Agency release aggregated data by crime?**

Yes.

List types of crime included in the aggregated data:

## 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)

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

**6.1.2 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.

Arkansas has professional standards and competencies in the document, Arkansas Key Content Areas and Core Competencies.

- Career ladder or lattice.

Describe.

Arkansas has two career lattice documents. One is titled the SPECTRUM. The second is the Traveling Arkansas' Professional Pathways (TAPP) Map.

- Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

A higher education cohort with representation from two- and four-year colleges formed in 2009. The group is currently working to develop articulation agreements between two- and four-year postsecondary early childhood education programs.

- 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 Arkansas Early Childhood Commission (AECC), Arkansas' State Advisory Council,

voted to create the State Professional Development Steering Committee to review the existing professional development system. The steering committee will provide recommendations.

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

The Arkansas Early Childhood Commission (AECC), Arkansas' State Advisory Council, voted to create the State Professional Development Steering Committee to review the existing professional development system. The steering committee will provide recommendations.

- Continuing education unit trainings and credit-bearing professional development.

Describe.

CCDF contracts require all professional development providers to offer the option of continuing education units and college credit.

- State-approved trainings.

Describe.

Arkansas contracts with institutes of higher education, educational cooperatives and non-profit organizations to provide trainings statewide. These trainings are approved by DCCECE annually upon contract renewal.

- 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.

The Arkansas Early Childhood Commission made recommendations for training and professional development that were included in the last major round of licensing revisions.

These became effective on January 1, 2015, and include:

-All new Directors and Assistant Directors/Site Supervisors shall attend New Directors Orientation, PAS (Program Administration Scale) and ERS (Environment Rating Scale) training (or other approved tools that are considered equivalent in the states QRIS) within six months of employment.

Topics appropriate for continuing early childhood education shall include, but are not limited to the following:

Child growth and development

Nutrition and food service

Parent communication and involvement

Curriculum development and implementation

Developmentally appropriate practice and learning environments

Behavior guidance and positive interaction

Emergency care and first aid

Program planning, management and leadership of early childhood programs

-All staff members who work directly with children shall obtain at least fifteen (15) hours of training each year in continuing Early Childhood Education. This training shall be registered with the Division of Child Care and Early Childhood Education Professional Development Registry or Department of Education or Department of Higher Education approved and shall be geared toward the age group they spend the majority of their time with.

-All new staff, including volunteers who are counted in the ratios, shall receive the following orientation (unless the staff has prior documented training in the required areas).

Introduction (8 clock hours) to be completed before being left alone with children:

Proper supervision of children

Behavioral guidance practices

Safe sleep practices for infants

Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208)

Appropriately responding to a crying/fussy infant/child

Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers.

Mandated reporter training

Administering medication

Caring for children with special needs / care plans  
Transportation and car seat safety

All staff shall have 15 hours of job specific training each year for the ages of children they work with. This shall be training focused on their job responsibilities, such as "Hands on Routine Care" for infants, or "Basics of Assessment" for preschool staff.

The Director, Assistant Director/Site Supervisor, and 50% of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and CPR from an approved organization.

**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.

Arkansas addresses this criteria in Section 400 of the Arkansas Minimum Licensing Standards for Child Care Centers.

All staff members who work directly with children shall obtain at least fifteen (15) hours of training each year in continuing Early Childhood Education

Topics appropriate for continuing early childhood education shall include, but are not limited to the following:

- a. Child growth and development
- b. Nutrition and food service
- c. Parent communication and involvement
- d. Curriculum development and implementation
- e. Developmentally appropriate practice and learning environments

- f. Behavior guidance and positive interaction
- g. Emergency care and first aid
- h. Program planning, management and leadership of early childhood programs

The Director, Assistant Director/Site Supervisor, and 50% of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and CPR from an approved organization.

During the past year, a team of child development experts met to revise and update early learning standards for use in Arkansas. On April 19, 2016, the Arkansas Early Childhood Commission approved use of the new standards in the state. DCCECE will be working with partners to communicate the new standards and include these standards into trainings that will be conducted by contractors.

DCCECE contracts works and also works with various partners such as child care providers, interagency divisions (Behavioral Health, Children and Family Services, Developmental Disabilities), mental health consultants, Interagency Coordinating Council and the Arkansas Early Childhood Commission to make information available. Arkansas is continuing to review and develop tools and resources for child care providers and staff via the Expulsion and Suspension Workgroup, a multi-disciplinary team, to make information available.

DCCECE offers contracted professional development that addresses social, emotional, physical and cognitive development of children available statewide.

**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 DCCECE Program and Professional Development Unit (PPD) is in a unique position of providing support services to child care providers, families, early care professionals and DCCECE staff. Through the Better Beginnings incentive and professional development contracts; Birth through Pre-K Teaching Credential; economic development grants; printed materials and early care curriculum; Child Care Aware Network; professional development opportunities; and the Technical Assistance System, the staff in the PPD Unit guide and direct improving the quality, availability and accessibility of care for Arkansas children, including school-age children.

All new staff members who provide direct care to children shall receive a basic orientation on the minimum licensing requirements, facility management policies, center schedules and emergency procedures prior to providing care. This shall be documented in the employee file.

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation (unless the staff has prior documented training in the required areas).

1. Introduction (8 clock hours) to be completed before being left alone with children:

- a. Proper supervision of children
- b. Behavioral guidance practices
- c. Safe sleep practices for infants
- d. Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208)
- e. Appropriately responding to a crying/fussy infant/child
- f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers.

- g. Mandated reporter training
- h. Administering medication
- i. Caring for children with special needs / care plans
- j. Transportation and car seat safety
- k. Policies regarding release of children to authorized individuals

2. All staff shall have 15 hours of job specific training each year for the ages of children they work with. This shall be training focused on their job responsibilities, such as "Hands on Routine Care" for infants, or "Basics of Assessment" for preschool staff.

**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.

Other.

Describe.

DCCECE has established higher reimbursement rates for providers who achieve Better Beginnings levels. Providers may use this source of funds to address the aforementioned areas.

**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.

DCCECE has three bilingual staff that works closely with families and partners to translate materials and to work with eligible families. Linkages have been established with the Mexican Consulate in Little Rock and other community-based agencies in highly populated areas of the state that serve the Hispanic population to provide outreach to eligible families.

**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

Spanish

**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

The State is currently working with CCDF child care providers throughout the state to serve homeless children and their families. DCCECE shared the document from Administration for Children and Families' early childhood self assessment tool for family shelters for staff to begin conversations with directors of child care centers. During outreach activities conducted by staff, information is being shared on how to serve this population. Arkansas has requested technical assistance by national partners to further address training needs for DCCECE staff, child care providers and their employees.

- 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 state is committed to using data to measure the state's progress in improving quality. All professional development contracts are monitored by DCCECE for quality and accessibility. Each contractor is required to submit monthly reports to DCCECE and must spend a portion of their funding to evaluate the effectiveness of their services. In addition, training participants provide teacher and class feedback through the TAPP Registry evaluation.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe:

DCCECE sets aside fourteen (14) percent of quality funds for professional development and training requirements.

Other funds.

Describe:

Arkansas Better Chance state funding, High Quality Preschool Program (HQPP) federal funds.

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:

DCCECE offers contracted professional development that addresses social, emotional, physical and cognitive development of children available statewide.

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:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity. DCCECE has established a multi-disciplinary workgroup to address challenging behaviors through training and development. In addition, a contractual agreement has been established to broaden professional development opportunities, resources, and consultation to providers.

- 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:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity.

- 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:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity.

- 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:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity.

- Using data to guide program evaluation to ensure continuous improvement.

Describe:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity.

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity.

- Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training that supports this activity.

- Supporting positive development of school-age children.

Describe:

All DCCECE contracted professional development training is available in the TAPP Registry. The state provides training, including the School-Age credential, that supports this activity.

- 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:

Arkansas currently does not provide financial incentives or resources for pursuing postsecondary education relevant for the early childhood and school-age workforce.

- 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

Eight (8) hours annually

2) Number of on-going hours and any required areas/content

Fifteen (15) hours annually

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

Eight (8) hours annually

2) Number of on-going hours and any required areas/content

Fifteen (15) hours annually

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

Eight (8) hours annually

2) Number of on-going hours and any required areas/content

Fifteen (15) hours annually

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

Eight (8) hours annually

2) Number of on-going hours and any required areas/content

Fifteen (15) hours annually

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

Arkansas requires training for providers (BAS/PAS/Youth Program Quality Assessment (YPQA) Form B). Arkansas is also requiring a budget for all new licensed center providers. Additionally, there is a full day of training provided during the New Director Orientation Training that focuses on risk assessment and risk management. Also, the CCR&R's have business trainings as part of the required pre-licensing orientation training. A specific training is provided, called "Dollars and Sense" that focuses on strengthening provider's business practices and includes detailed training on budgeting. There is also a Director's credential training, ACPAC, which includes training on fiscal management, budgeting and risk assessment.

- 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

Currently, the standards exist as two documents: the Arkansas Framework for Infant and Toddler Care and the Arkansas Early Childhood Education Framework Handbook for Three & Four Year Old Children. Under the revised format, each new standard will be presented as a seamless birth-to-60-month progression of child development and learning. This format will ensure alignment among the expectations for infants and toddlers and those for 3-, 4- and 5-year-old children. In addition, it will let practitioners and parents see the foundational skills upon which later skills are built, and allow teachers to use only one document that is inclusive of all children.

In addition, since the Arkansas standards were last published, new research has emerged on how children develop and learn and on what children should know and be able to do in order to be ready for kindergarten. Equally important, the child population in Arkansas continues to change with a growing number of children who speak a language other than

English at home. The revised standards will incorporate the latest research on school readiness, be appropriate for all children in the state, and be available in Spanish.

- 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:

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:

Currently, Arkansas' early learning and development guidelines exist as two documents: the Arkansas Framework for Infant and Toddler Care and the Arkansas Early Childhood Education Framework Handbook for Three & Four Year Old Children. Arkansas is in the process of revising the guidelines. Under the revised format, each new standard will be presented as a seamless birth-to-60-month progression of child development and learning.

Infant/Toddler Frameworks -

[http://humanservices.arkansas.gov/dccece/classroom\\_docs/infantframework.pdf](http://humanservices.arkansas.gov/dccece/classroom_docs/infantframework.pdf)

Three & Four Year Old Frameworks -

[http://humanservices.arkansas.gov/dccece/dccece\\_documents/aeceframwork.pdf](http://humanservices.arkansas.gov/dccece/dccece_documents/aeceframwork.pdf)

**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:

Arkansas provides professional development and technical assistance through contracts with educational entities to support providers in developing and implementing curriculum/learning activities based on the state's early learning guidelines.

- The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

As a requirement of meeting Level 2 of the state's QRIS system, providers must develop written daily plans for each group to include all areas of development as defined in the early learning guidelines. Technical assistance is available to assist providers in meeting this deliverable.

- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Technical assistance is available at no charge to all licensed/registered early care and education providers. Through a contract with DCCECE, consultants offer technical assistance by provider request or licensing referral.

- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Technical assistance is available at no charge to all licensed/registered early care and education providers. Through a contract with DCCECE, consultants offer technical assistance by provider request or licensing referral.

- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Although providers who care for school-age children are welcome to attend training on the state's early learning guidelines, the framework is for children from birth through age 5. Arkansas offers Program Quality Assessments (PQA) Youth Methods trainings and Youth Development Institute courses to help support school-age children.

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.)

Arkansas uses Quality Earmark and Infant and Toddler, School Age, Child Care Aware Resource & Referral Agencies categories for set aside funds.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

High Quality Preschool Program (HQPP) Grant Expansion and improvement in designated priority/focus areas - The Division of Child Care and Early Childhood Education (DCCECE) received a federal preschool expansion grant. The grant supports the expansion and improvement of high quality preschool programs for four (4) year olds only in high need communities located in designated priority or Focus school districts.

Arkansas Better Chance Program - a pre-kindergarten program that serves low-income three and four year olds in areas of high risk for academic failure with high quality pre-K services.

#### **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 Division of Child Care and Early Childhood Education uses the six goals of the Arkansas Early Childhood Commission (AECC) to direct quality improvement activities. These goals were developed by the AECC, which is a multi-disciplinary committee of early childhood professionals and other experts in the fields of health and education.

Goals for Child Care Quality improvement :

1. Improve the overall quality of care in infant and toddler programs
2. Engage families in the child's education through research-based programs that enhances child outcomes and success in school

3. State policies should create an integrated system of professional development uniting the early childhood sectors- child care; HS; pre-k; public schools; early intervention and special education services. (Adopted from Workforce Designs Nation Association for the Education of Young Children)
4. Support restructuring, expanding and growing Better Beginnings/Quality Rating Improvement System
5. Strengthen and expand local and state partnerships with other agencies and organizations for connected action (Established April 2009)
6. Create awareness of Health and Nutrition Programs and educate parents, children and child care providers on the benefits of a healthy lifestyle

**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 funds quality earmark, quality set aside for school-age and 4% quality required by the CCDF grant.
  - Other funds.  
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)  
Arkansas Better Chance (ABC) from the Arkansas Department of Education. High Quality Pre-K funds from the US Department of Education
- 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 Discretionary funds and the infant and toddler earmark.
  - 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.)  
[CCDF school age Resource and Referral earmark](#)
- 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 discretionary \(regulatory performed by licensing\)](#)
- 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.)  
[Quality earmark set-aside funds will be used to address the quality and effectiveness of child care services.](#)
- Other funds.  
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)  
[High Quality Pre-K Program funds provided by the US Department of Education](#)
- 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.)

DCCECE uses part of the quality set-aside for Incentive Grants provided to providers that achieve Better Beginnings status.

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 earmark, 4% quality.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

USDA Health and Nutrition funds, high quality pre-k program, Arkansas Better Chance (ABC)

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.)

CCDF quality earmark and infant and toddler, discretionary

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Arkansas Better Chance (ABC), high quality pre-k program.

## 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

The DHS DCCECE Licensing and Accreditation Unit administers and oversees the Better Beginnings Program, our state's QRIS. Information related to the Better Beginnings program can be found at <http://arbetterbeginnings.com/>.

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.)

Providers receiving subsidy are required to achieve a one (1) star Better Beginnings rating. Providers are reimbursed at higher rates for achieving higher star levels.

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:

Arkansas is currently working to combine licensing and Better Beginnings in a seamless system, with licensing as the entry point. This is projected to be accomplished by January 2018.

- 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

Higher levels of reimbursement are provided for those programs that meet a higher level of Better Beginnings.

- 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:

Program monitoring and review for compliance with BB standards, qualifications and professional development requirements, assessment of classroom environment using ERS, CCLAS and assessment of Youth Program Quality Assessment (YPQA) and/or SAPQA, assessment of management practices using PAS and BAS and/or PQA Form-B..

### **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:

Arkansas is fortunate to have three (3) directly funded organizations from the ACF Office of Child Care to support Early Head Start. DCCECE works closely with these providers to improve the quality of early childhood services provided and to help build supply of providers that can serve infants and toddlers in the state.

- 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:

Arkansas provides the following: Infant/Toddler Child Care Specialist Certificate, Infant and Toddler Framework training (20 CH), Hands-on Routine Care (10 CH), Creative Curriculum for Infants, Toddlers & Twos (12 CH), Infant/Toddler Environment Rating Scale - ITERS-R (3 CH), Conscious Discipline for Infants and Toddlers series, Introduction to OUNCE assessment tool (6 CH), Infant and Toddler Extravaganza Annual Conference, Early Care and Education Direct Orientation course(20 CH), Making First Experiences Count (brain development), Fundamental of Effective Teaching series, and Protecting Our Children (health and safety).

- 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:

Tiered reimbursement rates are provided for participants in Better Beginnings to encourage both the availability of infant-toddler care and to increase the quality of care.

- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

Coaching and technical assistance for Infants and Toddlers is offered through contract with a state network of qualified infant-toddler specialists to provide site visits upon request and offered at no cost to the provider. Areas of coaching and technical assistance include curriculum, schedule, ratio, room arrangement, behavior guidance, transportation, ITERS-R, OUNCE assessment tools.

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act

(20 U.S.C. 1431 et seq.)

Describe:

The licensing requirements mandate this screening and appropriate intervention services.

- Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

Specific requirement in the QRIS system include ITERS-R training, Infant and Toddler Framework training, developmentally appropriate physical activities training, curriculum plans to include AR Framework for Infant and Toddler care, assessment using ITERS-R and meeting annual training hour requirement.

- Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

The licensing requirements have individual sections for each area that deal exclusively with infant-toddler requirements.

- Developing infant and toddler components within the early learning and development guidelines.

Describe:

Arkansas Framework for Infant and Toddler Care

- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

Arkansas has a Find Child Care website where families and the public can access information that pertains to their needs including licensing visits, complaints, and ages of care provided, QRIS level, public pre-k, Head Start/EHS and voucher participation. Additionally, the Better Beginnings QRIS website has a Parents & Families section providing information on choosing quality child care, preparing children for life, keeping children healthy, safety, importance of play, and a Resource section that includes information on brain and language development.

- 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:

Infant and Toddler Extravaganza Annual Conference, Conscious Discipline for Infants and Toddler series, Infant and Toddler Mental Health Conference.

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:

Program monitoring and review for compliance with BB standards, qualifications and professional development requirements using the DCCECE Professional Development Registry (PDR), assessment of classroom environment using ITERS-R, PAS and BAS.

## **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

Six (6) Child Care Aware Resource and Referral Agencies (CCR&R) are contracted through DCCECE to provide technical assistance to child care providers; maintain a child care referral database of licensed and registered programs within their defined region; and provide professional development training. All Arkansas counties are represented by a designated CCR&R. There is not an official statewide network in place at this time, but a goal is to form one in the future. The CCR&R report monthly progress to DCCECE.

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:

DCCECE contracts with agencies to provide CCR&R services. Each contractor is required to submit monthly progress and must spend a portion of their funding to evaluate the effectiveness of their services. In addition, training participants provide teacher and class feedback through the TAPP Registry evaluation.

### **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:

DCCECE uses our network of contractors to provide training and on-site technical assistance to improve levels of compliance and to promote quality child care. CCDF funding is used to provide quality professional development training to increase the knowledge of Arkansas' early childhood workforce. Contractors are not utilized for either training of staff or implementation of inspections, monitoring, health and safety and licensing strategies. All of these activities are carried out by the Division's Licensing staff.

#### **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:

The state is committed to using data to measure the state's progress in improving quality. All professional development contracts are monitored by DCCECE for quality and accessibility.

Each contractor is required to submit monthly reports to DCCECE and must spend a portion of their funding to evaluate the effectiveness of their services. In addition, training participants provide teacher and class feedback through the TAPP Registry evaluation.

## 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

Arkansas has tied our CCDF program to our QRIS - Better Beginnings and offer higher reimbursement rates with higher levels of quality. In Arkansas for higher levels of quality there are assessment tools required such as ERS, CLASS and YPQA.

### **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:

The participation level in Better Beginnings has increased 14% within the last State fiscal year.

## 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

Arkansas recognizes NAEYC accreditation and Head Start standards as meeting Arkansas quality standards through a reciprocal agreement.

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:

Progress is evaluated by closely monitoring the level of participation in the different levels of Better Beginnings.

## 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:

Arkansas is in the development phase of adding higher quality levels to the QRIS system that will include standards relating to health, mental health and screening tools.

### **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:

Arkansas tracks and evaluates participation in the different levels of Better Beginnings on a monthly basis. We use participation data to target the application of technical assistance and other resources.

## 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.**

The Division provides training and targeted technical assistance through professional development contracts in order to ensure that children are cared for in safe, nurturing and academically rich environments and environments where licensees are prepared for emergency situations. Training in specific areas are required of all licensed and registered child care providers, as follows:

1. Directors and Assistant Directors/Site Supervisors shall obtain fifteen (15) clock hours in early childhood education each year. Training shall be registered with the Division of Child Care and Early Childhood Education Professional Development Registry, or Department of Education or Department of Higher Education approved. Documentation of training shall be maintained and available for review.

2. Topics appropriate for continuing early childhood education shall include, but are not limited to the following:

- Child growth and development
- Nutrition and food service
- Parent communication and involvement
- Curriculum development and implementation
- Developmentally appropriate practice and learning environments
- Behavior guidance and positive interaction
- Emergency care and first aid
- Program planning, management and leadership of early childhood programs

## 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:

Arkansas has modified the Family Support procedure manual to include definitions of violations and improper payment procedures.

#### **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:

[Regular CCDF staff meetings.](#)

- 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:

The Lead Agency maintains overall control of CCDF services by:

- o establishing rules and policies for child care services;
- o establishing systems controls for improper payments;
- o providing oversight and monitoring services;
- o allocating child care funds

The Lead Agency prohibits non-governmental sub-recipients to directly administer CCDF services. DCCECE partners with its contractors to:

- o provide information to assist parents in making informed choices related to their children's care;
- o provide technical assistance and resources to providers; and
- o assist in the implementation of quality initiatives.

DCCECE's Finance Unit oversees the allocation of CCDF funds. The Finance department determines the allocation amount for each local workforce development area such as Transition Assistance for Needy Families (TANF) and the Division of Children and Family Services (DCFS) services. DCCECE provides an automated cash draw system to allow access to allotted funds and reports the expenditures through its KIDCARE system.

**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:

Northrop Grummandevelops systems with the capacity to share information and send notifications when additional information is received by other departments within the agency.

- 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:

Northrop Grummandevelops systems with the capacity to share information and send notifications when additional information is received by other departments within the agency.

- 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: **Improper payment of \$20.00 or more and less than \$500.00 will be handled by DCCECE Compliance Unit for participants and overpayments resulting in suspected fraud in excess of \$500 will be referred to the Fraud Unit for investigation.**

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:

**The Compliance Unit was developed to ensure program integrity and compliance of DCCECE programs. The Compliance Unit is comprised of the Administrator who is responsible for the overall operations of the Compliance Unit, program manager who is responsible for monitoring the compliance within the Family Support Unit, 3 senior auditors who are responsible for reconciling payments for providers participating in the Food and Nutrition Program, 2 program coordinators one monitors compliance issues**

related to overpayment and fraud matters for clients participating in the CCDF programs, and one who is responsible for the supervision of 2 fraud investigators and monitoring compliance issues related to providers receiving CCDF funding and monitoring providers participating for compliance issues to include overpayments and fraudulent billing. The Office of Quality Assurance Fraud Unit is responsible for investigating all suspected fraud cases submitted by the Compliance Unit. After investigating the case OQA Fraud unit if it is determined that an intentional violation to receive services or receive payment for services was fraudulent a hearing is scheduled. The participant or provider can choose to waive their hearing rights and agree to make repayment to the agency or they can go before a hearing officer to make a determination based on the evidence presented.

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: Improper payment of \$20.00 or more and less than \$500.00 will be handled by DCCECE Compliance Unit for participants and overpayments resulting in suspected fraud in excess of \$500 will be referred to the Fraud Unit for investigation.

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

The Compliance Unit was developed to ensure program integrity and compliance of DCCECE programs. The Compliance Unit is comprised of the Administrator who is responsible for the overall operations of the Compliance Unit, program manager who is responsible for monitoring the compliance within the Family Support Unit, 3 senior auditors who are responsible for reconciling payments for providers participating in the Food and Nutrition Program, 2 program coordinators one monitors compliance issues related to overpayment and fraud matters for clients participating in the CCDF programs, and one who is responsible for the supervision of 2 fraud investigators and monitoring compliance issues related to providers receiving CCDF funding and monitoring providers participating for compliance issues to include overpayments and fraudulent billing. The Office of Quality Assurance Fraud Unit is responsible for investigating all suspected fraud cases submitted by the Compliance Unit. After investigating the case OQA Fraud unit if it is determined that an intentional violation to receive services or receive payment for services was fraudulent a hearing is scheduled. The participant or provider can choose to waive their hearing rights and agree to make repayment to the agency or they can go before a hearing officer to make a determination based on the evidence presented.

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:

DCCECE will be responsible for repaying any improper payments that are a result of administrative error.

- 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:

DHS will use all means available through policy or the legal system to recoup any monies that have been determined to be owed by a client or provider.

Refusal of a client to cooperate in any fraud investigation will result in case closure and termination of benefits. Any Participant who refuses to cooperate in a DHS investigation will be subject to the termination of their CCDF Participant Agreement and exclusion from participation in DHS programs. The following actions may be taken against a Casehead or Participant when it is determined that there has been one or more instance of fraud. Disqualification may be imposed on a Casehead or Participant in addition to requiring repayment of the amount of the child care payment for which they were ineligible to receive.

## Right to a Case Review

Whenever an application is denied, or adverse action is taken, the casehead shall be informed in writing of the decision and the right for a review of that decision. The notice must state that the case head has ten (10) days from the date of the Notice of Action in which to submit a request for Internal Review of the decision. The Internal Review and Appeal Process are outlined in this procedure manual. The case head or authorized representative for the casehead may request an Internal Review regarding the following actions:

- o Reduction of child care services
- o Termination of child care services
- o Application, Redetermination or changes not processed according to procedure
- o Fee assessment

Unavailability of funds or reaching the lifetime limit of sixty (60) months is not subject to appeal.

Any appeal or request for review not received within the time frame outline in procedure shall be denied.

### Internal Review

1. Casehead shall request an Internal Review in writing to area program coordinator within ten (10) days of the adverse action.
2. The casehead shall be notified in writing of program coordinator's decision within ten (10) calendar days of receipt of request
3. If casehead is not satisfied with program coordinator's decision, they may request in writing an Internal Review from the Unit Administrator within ten(10) days of program coordinator's decision
4. If casehead remains dissatisfied with Unit Administrator's decision, they may request in writing an Internal Review from DCCECE Director within thirty (30) days of the Unit Administrator's decision

Refer to the instructions below for a detailed description of how to submit requests. The first step in appealing any adverse action is to request an Internal Review. Any complaint regarding an adverse action or service delivery must be made in writing, electronically using email address currently on file, or faxed in to the Area Supervisor within ten (10) days of the adverse action. Once received, the Supervisor will render a written decision within five (5) working days. If the Case head is not satisfied with this decision, the case head may request an Internal Review (in writing, electronically using the email address currently on file, or faxed) from the Unit Administrator within seven (7)

days of the date of the written decision of the Area Supervisor. The Unit Administrator will render a written decision within five (5) working days of the request.

If the client remains dissatisfied with the decision made by the Unit Administrator, the case head may request an Internal Review by DCCECE Director. This request for an Internal Review must be made in writing, electronically using the email address currently on file, or by fax. Request must be received within thirty (30) days of the date of the written decision of the Unit Administrator. The written request can be mailed to DCCECE Director, Division of Child Care and Early Childhood Education, Department of Human Services, P.O. Box 1437, Slot S-140, Little Rock, AR 72203-1737, electronically sent in using the Contact Us page, or faxed to 501-683-0034.

Once DCCECE Director has received the request for an Internal Review from the case head, DCCECE Director will inform the case head of the decision of the Internal Review, in writing, within ten (10) working days of the date the written request for the review was received.

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified:

DHS will use all means available through policy or the legal system to recoup any monies that have been determined to be owed by a client or provider.

Refusal of a client to cooperate in any fraud investigation will result in case closure and termination of benefits. Any Participant who refuses to cooperate in a DHS investigation will be subject to the termination of their CCDF Participant Agreement and exclusion from participation in DHS programs.

The following actions may be taken against a Casehead or Participant when it is determined that there has been one or more instance of fraud. Disqualification may be imposed on a Casehead or Participant in addition to requiring repayment of the amount of the child care payment for which they were ineligible to receive.

#### Administrative Hearing

The case head may request an Administrative Hearing within thirty (30) days from the date of the adverse action decision by DCCECE Director. The request shall be made to the Office of Appeals and Hearings, P.O. Box 1437, Slot N-401, Little Rock, AR, 72203-1437. The Administrative Hearing process is also available to clients or providers when allegations of overpayments and/or fraud in the Child Care Assistance Program have been made.

The Office of Appeals and Hearings will notify the Compliance Unit Administrator and the

Family Support Unit that a case head has requested a hearing. The Family Support Unit will then prepare a Hearing File which will contain that part of the record that was utilized in making the decision that is being appealed, a summary of the facts and actions that led to the decision, any supporting evidence and a list of witnesses. This file will be sent to the Compliance Unit Administrator, who will forward it to the Office of Appeals and Hearings. DHS employees are expected to attend hearings and present testimony without benefit of a subpoena and will be notified by the Compliance Unit Administrator if their presence at the hearing is required. The Family Support Unit will be notified of any witnesses requested by the case head, and will have five (5) days from the receipt of this notice to request subpoenas for rebuttal witnesses.

The individual requesting the hearing (hereafter called the Petitioner) and/or his/her representative(s) will be advised by Form DHS-3205 that he/she has ten (10) days from the date he signed the certified mail receipt to request witnesses. The DHS-3205 will be prepared by the Office of Appeals and Hearings and sent by Certified mail, Return Receipt Requested.

The Office of the Chief Counsel, Department of Human Services, will issue the subpoenas, pursuant to Arkansas Code Ann. 25-15-209. After the timeframes have expired for subpoenaing witnesses, the hearing will be scheduled at least ten (10) days prior to the date of the hearing. The scheduling letter will contain the time, date, and place of the hearing and the name of the Hearing Officer who will be in charge of the hearing. The location of the hearing will normally take place in the county of residence of the petitioner, unless the petitioner requests another, more convenient location.

If the petitioner fails to appear for the hearing and has not notified the Office of Appeals and Hearings prior to the date of the hearing of their inability to attend, the appeal will be considered abandoned.

It is the responsibility of the Family Support Unit to appoint a representative prior to the time of the hearing. The appointed representative should be knowledgeable of the circumstances of the case, be able to summarize all pertinent aspects of the situation, and to present the supporting documentation. The representative should be able to answer questions posed by the Hearing Officer or the Petitioner. The representative must be prepared to question any adverse witnesses.

The Compliance Unit Administrator may request an attorney from the Office of Chief Counsel. A hearing officer from the Office of Appeals and Hearings Section, who has no previous part in the decision, will be conducting the hearing. The Petitioner may be represented by a friend, legal counsel, or another designated individual.

The Hearing Officer may not review the case record of other material prior to or during the hearing unless the same material is made available to the Petitioner or the Petitioner's representative.

The hearing will be conducted in an informal, but orderly manner. The Hearing Officer will explain the hearing procedure to the Petitioner. The Family Support Unit Representative will read the Administrative Hearing Statement and will present the Division's case, introducing evidence and questioning witnesses. At the conclusion of the Division's case, the Petitioner will have the opportunity to present his case, including presenting witnesses, advancing arguments, offering additional evidence and questioning the Family Support Unit Representative. Questioning will be confined to the issue at hand. At the conclusion of the hearing, the Hearing Officer will advise the Petitioner of Petitioner's right to a judicial review in the event of an adverse ruling.

The decision by the Hearing Officer becomes final Agency Decision unless successfully appealed by the Petitioner.

Prosecute criminally

Other.

Describe: