

Guam 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 Guam 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 Guam 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 Guam CCDF Plan - The Plan describes the CCDF program to be administered by Guam 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 Guam Lead Agency in their CCDF Plans for Fiscal Years 2016-2018. The CCDF Plans offer a snapshot into current and planned efforts, initiatives and implementation plans for each State/Territory through September 30, 2018. These Plans are not a catalog of all activities undertaken by the State/Territory. Administration for Children and Families (ACF) is not responsible for the contents of these CCDF plans.*



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

June 21, 2016

James W. Gillan, Director
Guam Department of Public Health & Social Services
123 Chalan Kareta Street
Mangilao, Guam 96913

Dear Director Gillan:

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 Guam 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 Guam 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 Guam 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. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Maria Theresa L. Arcangel, Chief Human Services Administrator, Division of Public Welfare
Gwendolyn Jones, Regional Program Manager, Office of Child Care Region IX

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

1 Define CCDF Leadership and Coordination with Relevant Systems

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

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

1.1 CCDF Leadership

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

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

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

Name of Lead Agency: [Guam Department of Public Health & Social Services](#)

Address of Lead Agency: [123 Chalan Kareta Street, Mangilao, Guam 96913](#)

Name and Title of the Lead Agency Official: [James W. Gillan, Director](#)

Phone Number: [671-735-7102](#)

E-Mail Address: james.gillan@dphss.guam.gov

Web Address for Lead Agency (if any): <http://www.dphss.gua.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: [Maria Theresa L. Arcangel](#)

Title of CCDF Administrator: [Chief Human Services Administrator, Division of Public Welfare](#)

Address of CCDF Administrator: [123 Chalan Kareta, Route 10, Mangilao, Guam 96913](#)

Phone Number: [671-735-7301](tel:671-735-7301)

E-Mail Address: theresa.arcangel@dphss.guam.gov

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

Name of CCDF Co-Administrator: [Elsa S. Perez](#)

Title of CCDF Co-Administrator: [Human Services Program Administrator, Bureau of Management Support](#)

Phone Number: [671-735-7345](tel:671-735-7345)

E-Mail Address: elsa.perez@dphss.guam.gov

Description of the role of the Co-Administrator:

[To manage the Child Care Development Fund Grant and ensure that all registered licensed and non-licensed child care providers implement the programmatic and fiscal requirements in accordance with all the federal grant requirements and applicable local mandates and statutes.](#)

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [671-735-7344](tel:671-735-7344)

Web Address for CCDF program (for the public) (if any):
<http://www.dphss.guam.gov>

Web Address for CCDF program policy manual (if any):

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

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

Outreach and Consumer Education (section 2)

Agency/Department/Entity [Department of Public Health & Social Services \(DPHSS\)](#)
[Department of Public Welfare \(DPW\) Bureau of Management Support \(BMS\) Child](#)

Care Development Fund (CCDF) Section

Name of Lead Contact [Joseph E. Montague II, Program Coordinator IV \(PCIV\)](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [DPHSS DPW BMS CCDF](#)

Name of Lead Contact [Joseph E. Montague II, PCIV](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [DPHSS DPW BMS CCDF](#)

Name of Lead Contact [Joseph E. Montague II, PCIV](#)

Child Care Workforce (section 6)

Agency/Department/Entity [DPHSS DPW BMS CCDF](#)

Name of Lead Contact [Joseph E. Montague II, PCIV](#)

Quality Improvement (section 7)

Agency/Department/Entity [DPHSS DPW BMS CCDF](#)

Name of Lead Contact [Joseph E. Montague II, PCIV](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [DPHSS DPW BMS CCDF](#)

Name of Lead Contact [Joseph E. Montague II, PCIV](#)

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 Division of Public Welfare, Bureau of Economic Security administers the eligibility](#)

determination of all Public Assistance Programs.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

The Bureau of Management Support (BMS) CCDF Program recently hired a Registered Nurse and will use the position 50% of the time. This individual will be providing resource and referral services. The Nurse is identified as a Child Care Health Consultant (CCHC). The University of Guam's CEDDERS office is providing training to the CCHC and the DPHSS DPW BMS CCDF Section PC IV to address concerns. The CCHC will provide consulting services by tapping the services of the coached and mentors. The Department of Education's Guam Early Intervention Systems (GEIS) and other DPHSS grant funded programs e.g., Project LAUNCH, BASITA, TINITUHON, KARINU are other sources for which referral services may be tapped.

Community-based organizations

Describe.

Other.

Describe.

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

CCDF Lead Agency

TANF agency

Describe.

The Work Programs Section under the Bureau of Management Support, Department of Labor (DOL) and the Agency for Human Resource Development (AHRD) and Guam Community College Early Learning Program.

The Work Programs Section under the Bureau of Management Support, Department of Labor (DOL) and the Agency for Human Resource Development (AHRD) and Guam Community College Early Learning Program.

Work Programs Section under the Bureau of Management Support, Department of Labor (DOL), the Agency for Human Resource Development (AHRD), Guam Community College Early Learning Program, University of Guam and CEDDERS.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

The DPHSS' Project LAUNCH, BASITA, TINITUHON, Karinu, GEIS and Special Education Division (SPED) are other government of Guam resource and referral entities for families with a need to address concerns to promote positive learning at all registered and non-registered child care facilities.

Community-based organizations

Describe.

Other.

Describe.

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 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 Lead Agency meets with other DPHSS divisions/bureaus regarding the program requirements related to children at the child care centers who are licensed thus deemed eligible to receive subsidy. The state worked with the Guam Community College (GCC) in FY15 while the contract was active (FY13 - FY15). The state's director is a member of the Guam Early Learning Council (GELC) and is represented by a DPHSS designee (Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) Program Coordinator IV (PCIV), Joseph E. Montague II). The DPHSS DPW BMS CCDF PCIV attends all meetings and participates in trainings with the University of Guam's Center for Excellence in Developmental Disabilities Education Research, and Service (CEDDERS) office who is headed by the Co-Chairperson of the Guam Early Learning Council (GELC) at different levels. The Lead Agency participated and provided input during meetings and trainings regarding the child care program requirements.

[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:

The Guam Early Learning Council (GELC) is a cadre made up of government and private entities selected and assigned by the governor of Guam. The DPHSS director is a member of the GELC and is represented by the DPHSS DPW BMS CCDF PCIV. The GELC meets quarterly to discuss issues and concerns pertinent to Early Learning & Development of children on Guam. During meetings pertaining to the learning and development of children, information is exchanged and shared along with available resources. Discussions lead to the maximization of resources which also reduces the probability of duplicating quality services.

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

[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 Guam Department of Education's (GDOE) Head Start (HS) program. The HS program on Guam is a division within the GDOE. The HS program administrator is a member of the Guam Early Learning Council (GELC) and also a member of the committee (Guam's Plan for Professional Development (GPPD)) who (along with other representatives from the government and private agencies) reviews the education and training credentials of all employees in each child care center in accordance with Guam Public Law 31-73 which sets requirements for all employees at each licensed day care center. The representatives are instrumental at different levels in providing technical assistance, guidance and input to early childhood related development concerns.

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

Describe:

The Guam Department of Education's (GDOE) Guam Early Intervention Systems (GEIS) and Special Education Division (Sped) offices provide early intervention services when referrals are received or as needed. The Sped office is authorized under the Individuals with Disabilities Education Act Part C for infants and toddlers. The DPHSS has programs with trained personnel who are identified as Mentors and Coaches that are trained and able to provide technical support and intervention services to meet the special needs of children at all DPHSS registered Child Care Centers. These programs are project TINITUHON, project LAUNCH, project BASITA and project KARINU.

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

Describe:

The University of Guam (UOG) and the Guam Community College (GCC) are Post Secondary Institutions and may provide technical assistance, guidance and education but a contract will need to be in place to receive direct service.

State/Territory agency responsible for child care licensing.

Describe:

The Guam Department of Public Health & Social Services (DPHSS) Bureau of Social Services Administration (BOSSA) oversees the licensing of all registered child day care and group home providers. The licensing includes the submission of police/court

clearances and the checking of the child abuse and sex offenders registries.

State/Territory office/director for Head Start State collaboration

Describe:

The Guam Department of Education's (GDOE's) Head Start (HS) administrator is assigned and attends the Guam Early Learning Council (GELC) meetings at the governor of Guam's office. The DPHSS director's designee (BMS CCDF PCIV) reports the CCDF program statistics and attends the Guam Early Learning Council (GELC) meetings as necessary or when available. At the meetings the DPHSS representative (BMS DPW PCIV) shares information and resources with other government and private entities present. It is the expectation that through such collaboration and information sharing, it will promote to improve the delivery of the child care services on Guam.

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

Describe:

The Guam Department of Education's (GDOE) Head Start (HS) program is the lead agency for the Early Head-Start-Child Care Partnership grants.

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

Describe:

The Guam Department of Education's (GDOE) Food Nutrition Services Management Division (FNSMD) is the lead agency for the Child & Adult Care Food Program (CACFP).

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

Describe:

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program is authorized under the Child Nutrition Act of 1966. This WIC program is a division within the Department of Public Health & Social Services (DPHSS) directly under the Division of Public Health.

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

Describe:

Guam Department of Education's (GDOE) Guam Early Intervention System (GEIS), Special Education (SpEd) and the Guam Department of Public Health & Social Service's (DPHSS) projects LAUNCH, TINITUHON, BASITA and KARINU provide early childhood

and school-age/youth serving education and developmental services.

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

Describe:

Guam Department of Public Health & Social Services (DPHSS) Division of Public Health Bureau of Maternal Childhood Health (MCH) program is the lead division for the MCH program requirements.

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

Describe:

Guam Department of Public Health & Social Services (DPHSS), Division of Public Welfare (DPW) Bureau of Health Care Financing Administration is the lead division for the Early and Periodic Screening Diagnostic and Treatment (EPSDT) requirements.

- McKinney-Vento State coordinators for Homeless Education.

Describe:

- State/Territory agency responsible for public health.

Describe:

Guam Department of Public Health & Social Services (DPHSS) Division of Public Health is the lead division responsible for public health requirements.

- State/Territory agency responsible for mental health.

Describe:

Guam Behavioral Health and Wellness Center (formally known as the Department of Mental Health and Substance Abuse) is the lead agency responsible for mental health.

- State/Territory agency responsible for child welfare.

Describe:

Guam Department of Public Health & Social Services (DPHSS) Bureau of Social Services Administration (BOSSA) administers and manages various child welfare programs designed to protect and strengthen children and their families.

- State/Territory liaison for military child care programs.

Describe:

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

Describe:

Guam Department of Public Health & Social Services (DPHSS) Work Programs Section (WPS) under the Bureau of Management Support (BMS), the Guam Department of Labor (DOL) and the Agency for Human Resource Development (AHRD) are the government of Guam agencies/divisions responsible for employment services and workforce development requirements.

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

Describe:

Guam Department of Public Health & Social Services (DPHSS) Bureau of Economic Security (BES) plans, organizes, administers, directs and oversees the eligibility determination of the Temporary Aid for Needy Families (TANF) program requirements.

State/community agencies serving refugee or immigrant families.

Describe:

Child care resource and referral agencies.

Describe:

The Guam Department of Public Health & Social Services (DPHSS) Child Care Development Fund (CCDF) program, the Bureau of Social Services Administration (BOSSA) project's LAUNCH, BASITA, TINITUHON & KARINU, the Guam Department of Education's (GDOE) Guam Early Interventions Systems (GEIS) and their Special Education (Sped) offices are resource and referral agencies.

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

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

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

a) Date(s) of notice of public hearing: [02/22/2016](#)

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.

Initially a media news release was issued and disseminated to Guam's' local media (newspaper) on February 22, 2016 and a Public Hearing was conducted on March 11, 2016. On March 30, 2016 we received information via technical assistance and guidance from US Department of Health & Human Service's ACF/OCC Program Specialist, Mr. Kurt Gee that Guam will need to re-advertise and conduct a new public hearing due to Guam not providing the minimum required twenty (20) day notice of the territory-wide public hearing for the CCDF State Plan due to the hearing being held on March 11, 2016 which only allotted the public a nineteen (19) day notice in accordance with 658D(b)(1)(C).

In light of the above, the Guam Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) CCDF program office sent a second notice on Friday, April 1, 2016 to the public through Guam's media outlet via a News Release informing the public that a Public Hearing for Guam's CCDF completed State Plan will be held on Friday, April 22, 2016 from 1:30 - 3:30 pm. The scheduled CCDF State Plan Public Hearing was to be conducted at the DPHSS DPW BMS multi-purpose conference room located in the Legacy Square South, Suite 9, Route 10 Mangilao. A copy of the completed CCDF State Plan was available for public review and instructions were provided that the completed 2016 - 2018 CCDF State Plan may be reviewed and downloaded at the department's DPHSS website at <http://www.dphss.guam.gov>. On the media release sent for publication, the following detail

instructions were provided: "Once at the website at the far left below "Divisions", select "Division of Public Welfare" then scroll down to the Inside the Division of Public Welfare heading and select "Bureau of Management Support". Once at the page you'll have the option to select the "FY2016 - FY 2018 CCDF State Plan. The DPHSS DPW BMS CCDF office's location is accessible and in compliance with the American with Disabilities Act (ADA) requirements.

c) Date(s) of public hearing(s): 04/22/2016

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 Guam Department of Public Health & Social Services (DPHSS), Division of Public Welfare (DPW), Bureau of Management Support's (BMS) multi-purpose conference room located in the Legacy Square building in Mangilao behind Kentucky Fried Chicken (KFC). Being that Guam is a small island, the media release was the process which was used to inform the public that their input was requested.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) Individuals had the option to pick-up a copy at the CCDF program office at the aforementioned location or download and electronic version from the DPHSS's website.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? The second CCDF Stakeholder Public Hearing was conducted at 1:30 pm on April 22, 2016 in the Department of Public Health & Social Service (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support's (BMS) multi-purpose conference room located in the Legacy Square bldg in Mangilao. Present were the BMS administrator, Elsa S. Perez and the Child Care Development Fund (CCDF) Program Coordinator IV (PCIV), Joseph E. Montague II. Although the state agency advertised through the media and made the ad available on the DPHSS main website (<http://www.dphss.guam.gov>) notifying the public and any interested parties that a copy of the completed State Plan for the period of October 1, 2016 through September 30, 2018 was available to be viewed on the DPHSS website (with detailed instructions on how to get to the state plan) so the public or private entity(ies) interested in providing input may give their input, no one showed up as of 3:30 pm. If any interested stakeholder(s) showed up, the information per their input obtained during the scheduled public hearing received before the 2016 - 2018 CCDF State Plan was finalized, the input would be considered and incorporated into the completed draft state plan if compliant. The state plan was the end product of meetings with our network partners (Guam Community College, University of Guam, Center for Excellence in Developmental Disabilities Educational Services, Guam Department of

Education's Head Start and Guam Early Intervention System, DPHSS Bureau of Social Services Administration, DPHSS Maternal Childhood Health (MCH), DPHSS project TINITUHON, BASITA, KARINU & LAUNCH and established Guam Early Learning Council (GELC) set up by the governor of Guam). These network partners meet quarterly at Guam Early Learning Council meetings to discuss the requirements governing early childhood health, development and education.

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:

All input regarding the requirement will be incorporated into the state plan.

the state plan.

Working with child care resource and referral agencies.

Describe:

All input from child care resource and referral agencies will be considered and if acceptable and compliant, will be incorporated into the state plan through an amendment.

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

<http://www.dphss.guam.gov>

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

Describe:

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

Describe:

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

Describe:

The Department of Public Health & Social Services (DPHSS) thirty-nine (39) registered licensed child care centers all operate at the local level but receive federal subsidy through reimbursement along with Mt. Carmel Catholic and St. Francis catholic schools private schools at this time. The DPHSS licensed child care center's program incorporates age appropriate teaching and learning methods and strategies for children 0 - 5 years old in a full day. For children in the after-school program, the children will also be required to complete academic type requirements during the part-time or after-school program. The state coordinates and plans child care program requirements through collaboration which is shared during Guam Early Learning Counsel (GELC) meetings. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

[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:

Guam Department of Education's (GDOE) Guam Early Intervention Systems (GEIS) and Special Education (SpEd) local and federally funded programs. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV). The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in

Stages Questionnaire which is research based and administered by the respective child care center's director. The assessment will determine if the children in the center are learning at their expected level along side with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

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

Describe:

Children on Guam that are deemed homeless are served and priority. If a child is in this category, he/she is priority and moved to the top as they considered "at risk". The parent(s) of homeless children do not have to meet the income guidelines as this requirement is waved. All cases involving a homeless child(ren) is confidential and processed by the CCDF supervisor at this time. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

Children on Guam that are under foster care are served and priority. If a child is in this category, he/she is priority and moved to the top as they considered "at risk". The parent(s) of a foster child(ren) do not have to meet the income guidelines set forth by the CCDF requirement(s) as this requirement is waved. All cases involving a foster child(ren) is confidential and processed by the CCDF supervisor at this time. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's administrator (who oversees the foster children requirement for the DPHSS) and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

State/Territory agency responsible for child care licensing.

Describe:

Guam Department of Public Health & Social Service (DPHSS) Bureau of Social Services Administration (BOSSA) office. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's administrator and Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

State/Territory agency with Head Start State collaboration grant.

Describe:

State Advisory Council authorized by the Head Start Act.

Describe:

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

Describe:

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

Describe:

Child care resource and referral agencies.

Describe:

The Department of Public Health & Social Services (DPHSS) Lead Agency's CCDF section, the DPHSS Bureau of Social Services Administration's (BOSSA) projects KARINU, TINITUHON, LAUNCH and BASITA and the Guam Department of Education's (GDOE) Guam Early Interventions Systems and (GIES) and Special Education (SpEd) division offices. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator

through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV). The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in Stages Questionnaire which is research based and administered by the respective child care center's director. The assessment will determine if the children in the center are learning at their expected level along side with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

State/Territory agency responsible for public education.

Describe:

The Guam Department of Education (GDOE). The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

The Guam Community College (GCC) and the University of Guam (UOG) are the post-secondary institutions on Guam who are both accredited institutions. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

The Guam Department of Education's (GDOE) Food Nutrition Services Management Division (FNSMD) office. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) and GDOE's Head Start (HS) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

Department of Public Health & Social Services (DPHSS) Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program is authorized under Child Nutrition Act of 1966. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) and Maternal Childhood Health (MCH) administrators through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

Guam Department of Education's Guam Early Intervention System (GEIS), Special Education (SpEd) and the Department of Public Health's (DPHSS) projects LAUNCH, TINITUHON, BASITA and KARINU. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator and the GDOE GEIS administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor

(Joseph E. Montague II, PCIV). The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in Stages Questionnaire which is research based and administered by the respective child care center's director. The assessment will determine if the children in the center are learning at their expected level along side with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

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

Describe:

Department of Public Health & Social Services (DPHSS) Maternal Childhood Health (MCH) program office. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator and Maternal and Childhood Health (MCH) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

Guam Department of Public Health & Social Services (DPHSS) Bureau of Health Care Financing Administration. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) administrator and Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

State/Territory agency responsible for public health.

Describe:

Guam Department of Public Health & Social Services (DPHSS) Division of Public Health. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) administrator and Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV). The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in Stages Questionnaire which is research based and administered by the respective child care center's director. The assessment will determine if the children in the center are learning at their expected level along side with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

State/Territory agency responsible for mental health.

Describe:

Guam Behavioral Health and Wellness Center. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and attends the GELC quarterly meetings along with the Child and Adolescent Services Division (CASD) administrator who represents the director of the Guam Behavioral Health and Wellness Center (GBHWC). The GBHWC CASD administrator attends meetings along with other private and public representatives. The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in Stages Questionnaire which is research based and administered by the respective child care center's director. The

assessment will determine if the children in the center are learning at their expected level along side with with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

State/Territory agency responsible for child welfare.

Describe:

Division of Public Welfare (DPW), Bureau of Social Services Administration (BOSSA) provides updated information relating to child care initiatives. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) administrator and Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV). The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in Stages Questionnaire which is research based and administered by the respective child care center's director. The assessment will determine if the children in the center are learning at their expected level along side with with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

State/Territory liaison for military child care programs.

Describe:

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

Describe:

Guam Department of Public Health & Social Services (DPHSS) Work Programs Section under the Bureau of Management Support (BMS), Guam Department of Labor (DOL) and the Agency of Human Resource Development (AHRD). The GELC members are comprised of public and private members from entities throughout Guam which includes a representative from the Guam DOL. Additionally, the GELC's co-chair oversees the

University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) administrator and Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

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

Describe:

Guam Department of Public Health & Social Services (DPHSS) Bureau of Economic Security (BES) plans, organizes, administers, directs and oversees the eligibility determination of the TANF program. The GELC members are comprised of public and private members from entities throughout Guam. Additionally, the GELC's co-chair oversees the University of Guam's Center for Excellence in Developmental Disabilities Education Research and Service (CEDDERS) and has meetings and trainings coordinated with the DPHSS Department of Public Welfare (DPW) Bureau of Social Services Administration's (BOSSA) administrator through Early Learning Counsel meetings and the Bureau of Management Support's (BMS) administrator and Child Care Development Fund (CCDF) section's supervisor (Joseph E. Montague II, PCIV).

State/Territory community agencies serving refugee or immigrant families

Describe:

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

1.5 Optional Use of Combined Funds

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

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

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

Yes, If yes, describe at a minimum:

How do you define "combine"

Which funds will you combine

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families),

smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

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

How are the funds tracked and method of oversight

No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

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

Partner at the local level with the University of Guam's (UOG) CEDDERS office who in turn provide training in early childhood development for the employees at the child care centers and the Child Care Health Consultant (CCHC) in the CCDF program. The trainings and informational sessions consist of early childhood practices and the developmental monitoring, developmental screening - ages and stages questionnaire (ASQ) training. Additionally, partner with the Guam

Department of Education's Guam Early Interventions Systems (GEIS) and SpEd program offices. The SpEd program administers the ASQ SE which is geared towards children 4 years old and above.

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

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

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

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

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

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

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

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

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

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

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

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

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

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

The Lead Agency's Child Care Development Fund program through its contract afforded the opportunity and subsequently conducted the Emergency Preparedness & Response Plan (EPRP) training with all registered child care centers who responded to the EPRP training

announcement in FY15 (March 30, 2015). All attendees were provided an EPRP guide book. When the EPRP training was completed all child care centers in attendance will be able to quickly and safely Evacuate, Relocate, Close in an Emergency and Find a Safe Place. The EPRP Guide addresses the most likely disasters for our area (e.g., typhoon, earthquake, fire, flood, utility failure). The EPRP guide is easy to use for creating and updating your response plan. Once completed, your EPRP can go in your emergency backpack, on the staff bulletin board, and in an emergency supply box for quick access when needed. In the appendices there are templates (e.g., Emergency Shelter Relocation Agreement, Emergency Transportation Permission Agreement, Notice of Relocation Posting, Communications with Parents/Guardians, Child Pick-Up Authorization, Drill Log, Bomb Threat Checklist and Go Kit Checklist for Staff or Families that may be used and made part of the end-users processes. Additionally, the Lead Agency also requires that the Department of Public Health & Social Services (DPHSS) employees be designated as “First Responders” and must complete the Federal Emergency Management Administration’s (FEMA) Incident Command Systems IS 700.a and the National Incident Management System (ICS 100) applicable to Healthcare/Hospitals which aligns and complements the agency’s Continuation Of Operations Plan (COOP).

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)

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

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

[2.1 Information about Child Care Financial Assistance Program Availability and Application Process](#)

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

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

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

The CCDF program is a section within the Department of Public Health & Social Services (DPHSS). The Lead Agency while processing families who apply and qualify for public assistance (e.g., Supplemental Nutrition Assistance Program (SNAP), Temporary Aid for Needy Families (TANF), Medicaid, and the Medical Indigent Program (MIP)) makes available the different aforementioned programs available to include the Child Care Development Fund (CCDF) program. This process does not exclude families who are made aware of the

program from applying for child care which may also occur at Public Outreaches or by other possible means (e.g., other parents, family, friend(s), co-workers, other government entities etc).

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

The UOG CEDDERS office, the Department of Public Health & Social Service's (DPHSS) affiliated programs (e.g., Projects BASITA, TINITUHON, LAUNCH, KARINU etc.) and DPHSS Bureau of Social Services Administration (BOSSA) other government public awareness meetings (e.g., parent teacher conferences, public/private activities).

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

Outreach may be done using media streams, CCDF parent & provider orientations, during school parent teacher conferences, public events, or at the request of an organization.

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

Electronically via online application, mobile app or email.

Provide link

In-person interview or orientation.

Describe agencies where these may occur:

This occurs at the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) office located in the Legacy Square bldg. in Mangilao Guam.

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:

When the public (parents/guardians) come in to apply for government benefits at the Guam Department of Public Health & Social Services (DPHSS), the CCDF program one program that is on the application. When parents are in the process of entertaining families who apply and qualify for public assistance (e.g., Supplemental Nutrition Assistance Program (SNAP), Temporary Aid for Needy Families (TANF), Medicaid, and the Medical Indigent Program (MIP), the CCDF program is made aware to the applicants.

- 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

The information about full diversity of child care services to parents is accomplished in different ways. Information could be made available upon applying for public assistance (e.g., applying for SNAP, TANF, MIP, Medicaid). From other programs (e.g., Projects Tinituhon, BASITA, LAUNCH & KARINU, the Guam Department of Education's (GDOE) programs (e.g., Guam Early Intervention Systems (GEIS), Special Education (SpEd), through the University of Guam's (UOG) CEDDERS office when conducting an orientation or an outreach to the public. On internet websites of the Department of Public Health & Social Services (DPHSS) the Agency and CCDF guamkids.org), GDOE, GCC and UOG websites. The full diversity of child care information is also made available when conducting parent/provider orientations and public outreaches at schools and malls. The information is also made available upon request from schools and public/private organizations.

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

The information may be on outreach agendas, power-point presentations and CCDF program brochures.

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

We directly (through the Guam Early Counsel (GELC) meetings) partner with the Guam Department of Education (GDOE) Guam Early Intervention System (GEIS) and Head Start (HS) programs for intervention options as the administrators for the GDOE's GEIS and HS program administrators are members of the GELC cadre. We also work with the Guam Community College (GCC) for teaching & learning and the University of Guam's (UOG) CEDDERS office for intervention, training, teaching & learning, the Department of Public Health & Social Services (DPHSS) Bureau of Social Services Administration's (BOSSA) licensing division for intervention, teaching and learning and the Division of Environmental Health (DEH) inspection offices for information on inspections and permits. The information shared directly and made available from the partners listed above is shared with parents through parent orientations, when the parents come in to complete programmatic

requirements or on an "as needed" basis upon request.

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

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

The state's Lead Agency (the Department of Public Health & Social Services (DPHSS)) in FY14 piloted the Quality Rating & Improvement System (QRIS) requirements through its contractor (the Guam Community College (GCC) in FY14 and planned to expand the program in FY15 but due to the GCC reorganizing its management team and the final term of the contract between the DPHSS and the GCC, did not complete the requirement(s) as planned per the contracted activity. The QRIS requirement(s) is scheduled to be fully implemented once the contract is awarded in FY16 as this is stipulated in the scope of services of the Request for Proposal (RFP) from the DPHSS. The information from child care partners will be made available to parents of eligible children, child care providers and the general public through the Guam Early Learning Counsel (GELC) quarterly meetings which will be shared with parents through provider/parent orientations, when the providers/parents come in to complete programmatic requirements or on an "as needed" basis upon request.

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

The DPHSS Department of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund section office will provide programmatic information (e.g. child care Early Learning Guidelines (ELG) for ages birth to three (0 - 3 years old) and Three to Five (3 - 5 years old), a child care listing and all related forms) during annual required orientation meetings. The information will be provided to all parents who are deemed eligible for the program if the annual meeting was completed or will be upcoming. The meetings conducted with parents new to the program is conducted immediately after there are at least thirty-five (35) parents on the list. Once the RFP is awarded, the contractor selected will be another source to ensure parents are provided CCDF programmatic information.

c) Describe who you partner with to make information about child care quality available
The DPHSS Department of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund section office provides child care quality programmatic information (e.g. child care Early Learning Guidelines (ELG) for ages birth to three (0 - 3 years old) and Three to Five (3 - 5 years old), a child care listing and all related forms) during annual required orientation meetings. The information will be provided to all parents who are deemed eligible for the program if the annual meeting was completed or will be upcoming. The meetings conducted with parents new to the program is conducted immediately after there are at least thirty-five (35) parents on the list. Once the RFP is awarded, the contractor selected will be another source to ensure parents are provided CCDF programmatic information. The Guam Early Learning Counsel (GELC) quarterly meetings is another quality source of information that will be shared with all parents by the CCDF program office staff (as it applies) during orientations and on an "as needed" basis.

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)

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians, faith-based services.

b) Head Start and Early Head Start Programs

These are programs managed by the Guam Department of Education (GDOE) but may be made available while at the Department of Public Health & Social Service's (DPHSS) child care affiliated resource and referral agencies and other trusted advisors such as home

visitors, pediatricians, faith-based services.

c) Low Income Home Energy Assistance Program (LIHEAP)

Such assistance is made available through the Guam Housing and Urban Renewal to individuals who are living in such housing.

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

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians, faith-based services.

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

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services.

f) Child and Adult Care Food Program(CACFP)

Guam Department of Education's (GDOE) Food Nutrition Services Management Division (FNSMD) manages the CACFP on Guam. However, there are comparable programs such as the food pantry at Catholic Social Services, Salvation Army and the The Emergency Food Assistance Program (TFAP) which is also managed by the GDOE FNSMD.

g) Medicaid

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services.

h) Children's Health Insurance Program (CHIP)

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services.

i) Individuals with Disabilities Education Act (IDEA)

This program is managed by the Guam Department of Education (GDOE) but may be made

available while at the Department of Public Health & Social Service's (DPHSS) child care affiliated resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services.

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

The Head Start (HS) program is managed by the Guam Department of Education's (GDOE) HS administrator and may be made available to Department of Public Health & Social Service's (DPHSS) child care program children through affiliated resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The Guam Early Learning Council (GELC) is a cadre of individuals assigned and designated by the governor of Guam to ensure that there's continuity between all early child care activities and programs. The vice chairperson of the GELC oversees the University of Guam's (UOG) Center of Excellence in Developmental Disabilities Education Research and Services (CEDDERS) office. The CEDDERS office works closely with the Department of Public Health & Social Services (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) Program Coordinator IV (Joseph E. Montague II) who is designated to manage the CCDF grant program.

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

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services.

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

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

a) Temporary Assistance for Needy Families (TANF)

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public

assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents of the CCDF program on the DPHSS website.

b) Head Start and Early Head Start Programs

These are programs managed by the Guam Department of Education (GDOE) but may be made available while at the Department of Public Health & Social Service's (DPHSS) child care affiliated resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the DPHSS Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents of the GDOE Head Start (HS) program website. The HS administrator is a member of the Guam Early Learning Counsel (GELC) and the child care association has a representative who attends the quarterly GELC meetings.

c) Low Income Home Energy Assistance Program (LIHEAP)

N/A

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

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents at the DPHSS website.

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

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of

Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents at the DPHSS website.

f) Child and Adult Care Food Program(CACFP)

This program is managed by the Guam Department of Education (GDOE) but may be made available while at the Department of Public Health & Social Service's (DPHSS) child care affiliated resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services.

g) Medicaid

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents at the DPHSS website.

h) Children's Health Insurance Program (CHIP)

The human services information and other information regarding other related programs are available through linkages from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents at the DPHSS website.

i) Individuals with Disabilities Education Act (IDEA)

This program is managed by the Guam Department of Education (GDOE) but may be made available while at the Department of Public Health & Social Service's (DPHSS) child care affiliated resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request.

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

This program is managed by the Guam Department of Education (GDOE) but may be made

available while at the Department of Public Health & Social Service's (DPHSS) child care affiliated resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The Guam Early Learning Council (GELC) is a cadre of individuals assigned and designated by the governor of Guam to ensure that there's continuity between all early child care activities and programs. The vice chairperson of the GELC oversees the University of Guam's (UOG) CEDDERS office who works closely with the Department of Public Health & Social Services (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) who is designated to manage the CCDF grant program. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request.

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

The human services information and other information regarding other related programs are available through links from the application templates available online, universal (public assistance) applications, through intake process/front line workers, child care providers, child care resource and referral agencies and other trusted advisors such as home visitors, pediatricians and faith-based services. The information is made available by the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) program office upon request. The information is also available to providers and parents at the DPHSS website.

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

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

The information is made available to the parents of eligible children and child care providers

and general public by the state's Lead Agency managing the grant (the Child Care and Development Fund (CCDF) section. The Lead Agency director is a member of the Guam Early Learning Council (GELC) who is represented by the CCDF section's PCIV who attends and/or meets with the GELC's co-chairperson who manages the University of Guam's (UOG) CEDDERS office. The CCDF program in FY16 has opted to fund through Quality, the salaries of a nurse who is designated in the program as a Child Care Health Consultant (CCHC). The CCHC in FY16 will assess the children at all thirty-nine (39) registered child care centers to identify and readily available to provide intervention to all children that may have a social and emotional development concern(s) which may be identified through utilizing the Ages & Stages Questionnaire (ASQ). The ASQ SE (for children of ages four (4) and above) will be the assessment tool used to address social and emotional concerns that may affect the child(ren) ability to learn. The Guam Early Learning Guidelines (GELG) is information published in a book that may be used by parents/public which has detail as to what a child should know at a designated age (0 - 5 years old). The GELG is a tool provided to all parents at the CCDF parent orientations which may be used and easy to carry as it may be placed in a carrying bag and always ready to use.

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

The states Lead Agency (Child Care Development Fund (CCDF) provides information upon request or when identified through direct contact and/or completed assessments by the CCDF Child Care Health Consultant (CCHC). The CCHC does not provide direct services only intervention through referrals and completed assessments. The information provided is the services to be provided by coaches and mentors to address concerns that may hamper a child(ren) ability to learn along side their peers.

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

The University of Guam's (UOG) CEDDERS office, the Department of Public Health & Social Services (DPHSS) Child Care Development Fund (CCDF) Child Care Health Consultant (CCHC), the Guam Department of Education's (GDOE) Guam Early Intervention System's (GEIS), Head Start and Special Education (SpEd) offices.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion

of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

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

i. Parents

The states Lead Agency (Child Care Development Fund (CCDF)) provides the services of a Child Care Health Consultant (CCHC) to all children in the Department of Public Health & Social Services (DPHSS) registered licensed child care centers. The CCHC in FY16 will assess the children at all centers to identify if there are concerns related to cognitive social and emotional concerns by utilizing the Ages and Stages Questionnaire (ASQ) assessment tool. If a child is four (4) and above, the CCHC will utilize the ASQ SE. The CCHC will provide the needed intervention(s) through coaches and mentors from the DPHSS Bureau of Social Services Administration's (BOSSA) projects LAUNCH, BASITA, Tinituhon and KARINU programs. Additional support may be provided through Guam Department of Education's (GDOE) Guam Early Intervention Systems (GEIS) and Special Education (SpEd) offices, but a referral must be initiated.

ii. Providers

The states Lead Agency (Child Care Development Fund (CCDF)) provides the services of a Child Care Health Consultant (CCHC) to all children in the Department of Public Health & Social Services (DPHSS) registered licensed child care centers. The CCHC in FY16 will assess the children at all centers to identify if there are concerns related to cognitive social and emotional concerns by utilizing the Ages and Stages Questionnaire (ASQ) assessment tool. If a child is four (4) and above, the CCHC will utilize the ASQ SE. The CCHC will provide the needed intervention(s) through coaches and mentors from the DPHSS Bureau of Social Services Administration's (BOSSA) projects LAUNCH, BASITA, Tinituhon and KARINU programs. Additional support may be provided through Guam Department of Education's (GDOE) Guam Early Intervention Systems (GEIS) and Special Education (SpEd) offices, but a referral must be initiated.

iii. General public

The states Lead Agency (Child Care Development Fund (CCDF)) provides the services

of a Child Care Health Consultant (CCHC) to all children in the Department of Public Health & Social Services (DPHSS) registered licensed child care centers. The CCHC in FY16 will assess the children at all DPHSS registered child care centers to identify if there are concerns related to cognitive social and emotional concerns by utilizing the Ages and Stages Questionnaire (ASQ) assessment tool. If a child is four (4) and above, the CCHC will utilize the ASQ SE. The CCHC will provide the needed intervention(s) through coaches and mentors from the DPHSS Bureau of Social Services Administration's (BOSSA) projects LAUNCH, BASITA, Tinituhon and KARINU programs. Additional support may be provided through Guam Department of Education's (GDOE) Guam Early Intervention Systems (GEIS) and Special Education (SpEd) offices, but a referral must be initiated. The DPHSS DPW BMS CCDF office in FY 2016 hired a nurse and funds the position at 50% with the Maternal Childhood Health (MCH) program. The nurse is identified as a Child Care Health Consultant (CCHC) and is conducting assessments of the children at all forty-three (43) child care centers. The assessment conducted is the Ages in Stages Questionnaire which is research based and administered by the respective child care center's director. The assessment will determine if the children in the center are learning at their expected level along side with their peers. If there is any indication of concern after the assessment is completed, the CCHC will make the needed referrals to ensure that concerns are addressed so that the child(ren) will move forward along side their age group in the class.

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

The Department of Public Health & Social Services (DPHSS) projects LAUNCH, BASITA, Tinituhon and KARINU programs who are all identified below the Bureau of Social Services Administration (BOSSA). The Guam Department of Education's (GDOE) Guam Early Intervention Systems (GIES) and Special Education (SpEd) offices. University of Guam's CEDDERS office is another partner who may provide technical assistance and guidance. All the aforementioned partners may be able to support and/or intervention(s) to meet the cognitive and social emotional concerns that may plague our children at our child care centers but a referral needs to be initiated.

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

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

Yes.

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

No.

School-age children from programs receiving child care assistance?

Yes.

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

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

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

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

List the Lead Agency policy citation(s) and:

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

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

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

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

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

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

[The states Lead Agency \(the Child Care Development Fund \(CCDF\) PCIV is using funds under Quality to fund a nurse who is identified as a Child Care Health Consultant \(CCHC\) whose function is to identify and assess children in all the Department of Public Health & Social Services \(DPHSS\) 39 registered child care centers. The CCHC will not directly service the children at these centers but will use coaches and mentors from the project LAUNCH, TINITUHON, BASITA and KARINU programs to provide intervention\(s\) as identified by the Ages and Stages Questionnaires \(ASQ\) and the ASQ SE for children 4 - 12.](#)

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 complaint is any concern raised by a parent(s) at all forty-three (43) child care centers. A complaint may be a concern a parent(s) may have related to an incident or accident at a child care center that caused a minor or major injury. The difference between a minor a major incident/accident may be whether there was medical attention needed as a result of the incident/accident. Nonetheless, all incidents/accidents are recorded and reported. A Incident/Accident report form was recently adopted and the reporting of all incidents/accidents is required. All incidents/accidents are logged in a log book at each respective registered child care center. The Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's staff complete compliance reviews. The review(s) consist of all incidents/accidents reports completed which are in turn compared to the information logged in the log book to ensure that all child care centers are completing the requirement. Additionally, the CCDF Child Care Health Consultant (CCDF) hired in FY 2016 is currently reviewing all related applicable policies and procedures at all child care centers governing the reporting of incidents/accidents to ensure that the child care centers are in compliance with all local mandated provision. All mandated federal requirements related to the Reauthorization will be adhered to as required moving forward.

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)

If a complaint is received it is addressed immediately. The Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Social Services Administration (BOSSA) office who oversees the licensing requirements of all registered child care centers maintains a record of all complaints at their office. The local retention policy for holding recorded information is three (3) years and seven for financial information. This period to hold the information on file may be extended in the event the complaint filed in

court due to a law suit being generated. If need be an amended version to this section will be forth coming.

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

The Agency will make non-confidential information about the substantiated complaints available to the public upon request.

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

A complaint originating from anyone other than an individual identifying themselves as a parent during the initial reporting in which the allegations were substantiated through an investigation. If a complaint is received by a parent or from others about providers, it is addressed immediately. The Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Social Services Administration (BOSSA) office who oversees the licensing requirements of all registered child care centers maintains a record of all complaints at their office. The local retention policy for holding recorded information is three (3) years and seven for financial information. This period to hold the information on file may be extended in the event the complaint filed in court due to a law suit being generated. If need be an amended version to this section will be forth coming.

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

Chuukese, Tagalog, Chinese, Korean, Marshallese, Kosrian, and Vietnamese.

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

By conducting outreaches at public venues (e.g., school, government and private sector announced functions) and ensuring that the facility is compliant with ADA requirements or other accommodations as needed.

2.3 Website for Consumer Education

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

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

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

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

Provide the link to the website:

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

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

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

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

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

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

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

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

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

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

[The processes for conducting and completing criminal background checks as required by local law that prevent individuals from working at child care centers is implemented. The process in which this is completed is when the individual\(s\) obtain a police/court clearances and there is no record at the local level. All child care employees are checked at the federal level to ensure that they are not on the child abuse or sex offenders registries. All other requirements as set forth by the Reauthorization has not been implemented.](#)

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

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

[The information on the number of deaths, serious injuries and child abuse in child care settings are captured using the incident-accident report forms required of all registered child care facilities which is logged into a Master Log Book but not available on line as of June 2016. The Lead Agency is working together with other Department of Public Health & Social Services \(DPHSS\) divisions to have all inspection and background check information uploaded onto a central website which will be made available to the public. The Lead Agency has the ability to simply upload the information onto the agency's \(DPHSS\) website which will only be in pdf format.](#)

Projected start date for each activity: [04/30/2016](#)

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

Agency - Who is responsible for complete implementation of this activity [The](#)

Department of Public Health & Social Service's (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support's (BMS) Child Care Development Fund (CCDF) section's Program Coordinator IV, Joseph E. Montague II (State Office's Lead Agency).

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

The other Lead Agency's divisions (e.g., Bureau of Social Services Administration (BOSSA), Department of Environmental Health (DEH) within DPHSS). The Department of Public Health & Social Service (DPHSS) BOSSA office currently has the ability to load information onto the DPHSS website onto the respective divisions. The DEH is currently working on a website (identified as File Maker Pro) that will allow their division to upload program related inspections per the sanitary permits issued.

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 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 19 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: Any disability



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 19 (may not equal or exceed age 19)



No.

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

a) residing with -

An eligible child is living in a home or family setting with child's eligible caregiver.

b) in loco parentis -

In place of the parent i.e. charged with the rights, responsibilities and duties of a parent defined as an adult who resides with and is responsible for the care of a child, who at birth is taken permanently to be reared, educated and loved by someone other than the natural parents at the time of the child's birth or early childhood. The child is given outright and the natural parents renounce all claims to the child. The natural parents cannot reclaim the child except for the death or serious injury of the individual(s) who reared the child. The foster parent, adoptive parent, guardian, step-parent or relative is related to the child by blood, marriage or adoption or a person authorized by the caretaker through a power of attorney (valid for a period not to exceed 12 months). The caretaker designation may remain even when the caretaker is temporarily absent from the home as long as the caretaker continues to maintain responsibility for the care, education and financial support of the child. This includes a foster parent who may not provide financial support to the child but may be receiving support for the child from a public or private agency.

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:

The Lead Agency defines "working" as any individual(s) gainfully employed at part/full time status. Part-time status is 25 hours or less a week and Full-time status is more than 25 hours per week.

* attending job training

An applicant attending a job training must require the participant to engage activities that provide work experience and training to individuals to assist them towards employment and self sustainability. The hours accumulated must align and relate to the eligibility status of an applicant as detailed in the "working" definition.

* attending education

The definition of "attending education" is an applicant who is attending school. A school schedule is needed to determine the eligibility status of an applicant.

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 -

Any child to that are wards of the courts or living in protective conditions to include foster children are automatically eligible to receive child care assistance/benefits and allowed to be place at the front of the line and processed immediately. Child welfare services provided by the Department of Public Health & Social Services (DPHSS), Division of Public Welfare (DPW), Bureau of Social Services Administration (BOSSA), to children and the caretakers and siblings who reside together in their family unit and are children who are: (1) confirmed to have been abused or neglected, or (2) confirmed to have been threatened with abuse or neglect, or (3) in foster care. The assigned Social Worker must specify the need for child care services in the family's or child's plan as ordered by the court.

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 -

Money that is earned from work, investments, business etc.

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	1580	1343	N/A	Enter (a) & (c) value	N/A	N/A
2	2133	1813	N/A	Enter (a) & (c) value	N/A	N/A
3	2686	2283	N/A	Enter (a) & (c) value	N/A	N/A
4	3239	2753	N/A	Enter (a) & (c) value	N/A	N/A
5	3791	3222	N/A	Enter (a) & (c) value	N/A	N/A

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 [SMI Year FY2013 and SMI Source FY2014](#)

d) These eligibility limits in column (c) became or will become effective on: [October 1, 2013](#)

e) Provide the link to the income eligibility limits

<https://www.acf.hhs.gov/programs/occ/resource/lm2011-06>

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

[Income eligibility level is set at 85%, graduated phase out does not apply.](#)

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

The states Lead Agency's (Bureau of Economic Support (BES)) is the division that determines if an applicant is eligible to receive CCDF funds and the level of eligibility and the amount of subsidy received. The income of the applicant is taken into consideration and applied in accordance with the Income Eligibility Guidelines. In the event the applicant's income earnings fluctuate, the applicant may be required to provide additional pay information over a longer period of time but all information provided must be current. All applicants are approved and certified for twelve (12) month but must report any changes in their status related to household composition and/or earnings. It is not unusual that in some jobs for the income of an applicant to increase which may be considered seasonal and therefore will not apply unless permanent.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

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

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

Applicant identity.

Describe:

All applicants who apply must provide information related to the child(ren) served. A birth certificate, social security card and shot record is the information needed to allow a child to be deemed eligible to receive services paid for by the CCDF grant funds through subsidy. The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

Applicant's relationship to the child.

Describe:

All applicants who apply for must provide information demonstrating that the parent(s) is the legal parent or awarded court ordered guardianship. The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

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

Describe:

A birth certificate, shot record and social security card is needed to determine if a child is eligible to receive CCDF child care subsidy. The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

Work.

Describe:

All applicants must either be gainfully employed or going to school or job training in order to be deemed eligible for the CCDF program and must provide a Verification of Employment (VOE) or two current consecutive months of pay check stubs. The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

Job Training or Educational Program.

Describe:

All applicants applying for the CCDF program must be in a recognized job training or educational program and provide a certification from the training or education program on their respective letterheads to be deemed eligible for the CCDF program. The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

Family Income.

Describe:

All applicants deemed eligible must provide either two month's of current pay check stubs or a verification of employment (VOE). The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

Household composition.

Describe:

In determining household composition, all applicants must provide a mayor's verification which demonstrates the family's composition. The information will list all individuals in the family's household and the address of where the family resides. This is not needed for applicants who apply under the homeless or children who are wards of the courts, The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-

determination annually for all approved child care applicants.

Applicant Residence.

Describe:

All applicants must provide a mayor verification as part of the documentation needed to determine eligibility. The Lead Agency's Bureau of Economic Security (BES) has a policy and conducts an eligibility re-determination annually for all approved child care applicants.

Other.

Describe:

If during the annual certification there is information that is received from other agencies or the public in general, the Department of Public Health & Social Service's (DPHSS) reports the information to the DPHSS Quality Control section who completes a review of all information and if suspect fraud is possible, forwards the information onto the DPHSS Investigation Recoupment Office (IRO) section. There are policies in place to address fraud, waste and abuse which may lead to immediate disqualification for one (1) year for the first violation, disqualification for two (2) years for the second violation and disqualification for life for the third (3rd) violation. Families are required to report changes within ten (10) working days when the changed occurred. This includes, but is not limited to, montly gross income earnings, the source and amount of the household income, household size, address (mailing or physical), household composition, marital status and change of child care provider.

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 :

Upon the completion of the assigned appointment time and date, the application is processed and a certificate is issued no later than a week after completed application is received and all applicable documents (e.g. verification of employment or pay information, provider data, child's shot record, social security card and birth certificate etc.) are submitted and verified by the BES eligibility specialist.

Track and monitor the eligibility determination process

Other.

Describe:

The Department of Public Health & Social Service's (DPHSS) Bureau of Economic Security (BES) Eligibility Specialist (ES) reviews and determines (re-determines) whether the family continues to be eligible for the child care subsidy assistance based on the household size and income as well as the required approved activity and child care provider.

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 The Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) JOBS/GETP Works Program Section (WPS)

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

"appropriate child care":

Appropriate child care is defined as child care provided by a caregiver who meets the eligibility criteria for center and family based child care.

"reasonable distance":

Reasonable distance constitutes a location that is within 30 minutes travel time by public or private transportation from the participant's home or activity site.

"unsuitability of informal child care":

Unsuitability of informal child care constitutes friends or family members being considered to provide care who do not meet the criteria established for licensed-exempt providers under CCDF.

"affordable child care arrangements":

Affordable child care arrangements is defined as arrangements for child care that requires no co-payment or payments not exceeding the CCDF maximum payment rates.

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 individual requirements (as for education) of a person with a disadvantaged background or a mental, emotional or physical disability or a high risk of developing one.

and describe how services are prioritized:

Children with special needs are not placed on a waiting list and higher rates for special needs are afforded to such providers.

The services for an individual identified as meeting the definition are provided services from child care providers who accept children meeting the definition. Additionally, the Department of Public Health & Social Service (DPHSS) Bureau of Social Services Administration's (BOSSA) projects LAUNCH, TINITUHON, BASITA and KARINU and the Guam Department of Education's (GDOE) Guam Early Intervention Systems (GEIS) provide intervention and supportS for all children whose parents/guardians request for special need services. Children requiring special needs services are priority and the Lead Agency is currently working to ensure that the child care centers have qualified work staff to meet the different special needs of children applying for child care services. Additional program funds are provided to child care centers who stipulate that there is an additional cost to care for children with special needs but it must be indicated when applying for a child care license.

b. Provide definition of "Families with very low incomes": Those with incomes below the FPL are very low-income families. Low-income families are primarily working families with

income that is less than twice the FPL.

and describe how services are prioritized:

Families with low incomes pay a lower co-payment. And families below below the Federal Poverty Guideline of \$1,522 for household of 2 has zero co-pay, as example.

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) Child care services for TANF families are paid by CCDF funds as well as those families transitioning out of TANF.

Currently the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) JOBS/GETP Programs provides child care assistance for those receiving TANF or SNAP benefits and all families receiving TANF are provided services (training, education or "on the job" work experience in an attempt to have families/individuals transition off TANF.

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)(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

The Lead Agency accepts all children who are identified as homeless. These children are given priority and immediately processed so the child care is not delayed.

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

The Department of Public Health & Social Services (DPHSS) Division of Public Welfare (DPW) Bureau of Social Services Administration (BOSSA) currently works with families who have children who are wards of the court and in foster care. Through BOSSA, meetings with homeless families have materialized but the issue of transportation is an obstacle.

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

The Lead Agency allows children to be placed into child care once an application is received and approved but an appointment to receive the required immunization must be presented to the eligibility specialist.

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 Lead Agency approves all request for child care for twelve (12) months. In the event during the twelve month certification period the applicant exceeds the income limit, loses their employment, goes on maternity leave or on school break (e.g., summer, easter, Christmas ect.), the are placed on and continue to receive child care subsidy for ninety (90) days.

- 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

Effective October 1, 2015, parents/guardians deemed eligible to receive the CCDF child

care subsidy who lose their employment, receive a increase in income exceeding the established income guidelines, go on approved maternity/medical leave, go on school break or not able to continue school, will be granted a ninety (90) grace period allowing their child to continue to receive CCDF subsidy at the current approved level prior to the change. All that is needed to be granted the ninety (90) day extension is for the parent to complete a change report no later than ten (10) working days prior/after the change occurs.

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

Currently the Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Works Program Section (WPS) JOBS/GETP Programs provides child care assistance for those receiving TANF benefits.

The process used is not intended to disrupt a parents 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. The TANF office is willing to work out a schedule to ensure that parents do not lose any time from their employment, school or training.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income

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

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

Note - If the sliding fee scale is not statewide, check here

and describe how many jurisdictions set their own sliding fee scale

* The co-payment is dependent on the actual cost for child care services provided by a center and it's relation to the family's size and income. At computing a family's co-payment/co-payment the Lead Agency uses the Gross Income Table and the Maximum Child Care Payment Rates for Child Care Services.

For families with income between 100% and 125% of the FPL, the family will pay 25% of the cost of care. For families with income between 125% and 150% of the FPL, the families will pay 50% of the cost of care.

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	\$896	25%	n/a	\$1,343	50%	n/a
2	\$1,210	25%	n/a	\$1,813	50%	n/a
3	\$1,523	25%	n/a	\$2,283	50%	n/a
4	\$1,836	25%	n/a	\$2,753	50%	n/a
5	\$2,149	25%	n/a	\$3,222	50%	n/a

a) What is the effective date of the sliding fee scale(s)? [4/1/15](#)

b) Provide the link to the sliding fee scale [Go to: guamkids.org and select Downloadable Documents & Forms and see CCDF Payment Rates & Gross Monthly Income](#)

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:

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

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

Other.

Describe other factors.

No.

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

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

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

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

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

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

Check all that apply:

Limits the maximum co-payment per family.

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

- Other.

Describe:

If a family cannot afford the payment rate charged by a child care provider, the parent has the option to select a provider whose rate(s) (tuition) falls within the allowable CCDF grant subsidy for that size family therefore not requiring the family to pay a co-payment altogether.

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))

Guam only offers child care certificates. There are no grants or contracts with any of the providers. Families are given a provider data form in which the providers information such as fees, rates, etcetera are indicated. That reverse side of the Provider Data Form lists the assurances/certification that the provider is attesting too and must sign before the client submits the form to the agency.

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

[Child Care Website - guamkids.org](http://guamkids.org)

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

Assurance and certification affording parents unlimited access to their children is stated in item "f" of the CCDF Provider Data Form which is part 4 of the application documents provided to parents to complete. A parent(s) is allowed to visit the daycare their child is attending at anytime to observe the conditions of the daycare center and what is being taught to their child(ren) but must adhere to the child care center's policies and procedures while there visiting as teaching & learning is the objective of each child care center and the visitation may distract the attention of the child(ren).

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

- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

Restricted based on provider meeting a minimum age requirement

Describe:

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

Describe:

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or medical condition

Describe:

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

Describe:

Such providers are required to obtain and submit a health certificate and sanitary permit.

Other

Describe:

Such providers are required to obtain and submit police and court clearances, are subject to inspection(s) by the Division of Environmental Health and quarterly inspections by the Bureau of Social Services Administration to ensure safety and sanitation requirements are maintained. Additionally such providers may be subject to inspection by the Communicable Disease Control Section of the Division of Public Health for prevention and control of infectious disease. There is also a mandatory attendance of at least 15 hours of training and technical assistance annually on health, safety, nutrition, first aid, child abuse and detection, and or caring for children with special needs.

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:

The Market Rate Survey (MRS) was completed on or about August 2015 by Dr. Aline Yamashita who was contracted and tasked by the Guam Community College (GCC) to complete. The MRS assessment was completed by Age Groups (0-12 months, 13-24 months, 25-36 months, 37-48 months, 48 months and up and in children in the After-School sessions) by program but the age groups were not as written in the Child Care Development Fund contract with the GCC. The costs of each age group captured ranged in Mode, Medium and Mean for Part and Full-Time care. The costs captured during the MRS ranged from \$325 (part-time) to \$500 (full-time). The amounts stated in the Market Rate Survey were per the child's age and eleven months. The part-time service was defined by child care providers as four to five (4 - 5) hours per day with Full-Time being at ten (10) hours per day and also identified part-time as covering up to six (6) hours per day at thirty (30) hours per week which was inconsistent with what was reported in the market rate survey.

Both.

Describe:

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:

The Market Rate Survey (MRS) was completed through a contract. The Lead Agency contracted the MRS requirement out to the Guam Community College (GCC) and was one of the task orders with the MRS being the deliverable. It is the Lead Agency's understanding that the information in the MRS was a result of industry standard practices to include consultation with the Guam Early Learning Council (GELC) which is Guam's version of a State Advisory Council (SAC). The cost of child day care services was a result of the site

visits and information obtained from the day care centers.

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:

A market rate survey on the cost of providing child care services and other factors related to cost (evening and after school care, family rates, ages, etc.) was conducted between July and August 2015. Surveys were distributed and telephone interviews were conducted as well as site visits in order to determine the factors relating to the cost of child care services throughout Guam. These factors include the age of children attending day care centers, as well as the amount of time spent in the centers. As of July 23, 2015, there were 43 licensed care centers in addition to these centers data was also gathered from the Mayor's Council and the Guam Department of Education relative to the care they provide for students after school. In August 2015, 100% of the centers were contacted; 29% or 13 centers were visited; 51% or 36 center directors or administrators were contacted via phone. Overall, 80% or 36 out of 45 provided data on their fee structure. The remaining 20% did not respond. The survey provided names of the providers, fees for part time infant, toddler, preschool, fees for full time infant, toddler, preschool and fees for evening care. Data also describes fees at care centers - public and sectarian, the GDOE After School Care (ASPIRE Program) and the afterschool program offered by the Mayor's Office in Agana Heights.

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):

Due to Guam's size being small unlike the child care centers in the mainland and other

locations, the cost for child care services was the end result from site visits and information collected from each provider.

b) Type of provider:

The child care providers on Guam are subjected to the like requirements (e.g., permits and licensing fees) and do not differ except that some offer more hours in a day than others.

c) Age of child:

The age of a child will have an affect on the cost for child care services due to the ratio for infants being less than the cost to care for a toddler child. A child care center with a population of twenty-five (25), with 20 of those children being 3 months old and the other center having 20 being 5 year olds, will result in increase labor cost due to the amount of staff needed based on the ratio requirements.

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

Currently Guam has 11 licensed child care centers that are piloting the GQRIS (Guam Quality Rating Improvement System) however, based on the survey, quality did not play a significant role in cost determination, it was mainly on age.

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)

08/30/2015

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 08/30//2015

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

The report will be posted on www.guamkids.org and <http://www.dphss.guam.gov>

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

none

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

Rate \$ 525.00 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 75th

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

Rate \$ 0 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile:

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

Rate \$ 525.00 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 75th

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

Rate \$ 0 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile:

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

Rate \$ 430.00 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 75th

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

Rate \$ 0 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile:

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

Rate \$ 425.00 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 75th

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

Rate \$ 0 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile:

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

Full time care is between 30-45 hours per week. That was the information received based on the MRS.

j) Provide the effective date of the payment rates : August 2015

k) Provide the link to the payment rates : www.guamkids.org

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

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

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

- None.

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

Describe:

The rates established today were based on the Market Rate Survey information results. Although the outcome of the results reflect the rates today, it may not account for all the costs incurred associated with the child care services provided by the child care providers on Guam. The child care centers on Guam do not offer benefits (e.g. medical/dental insurance, retirement, annual/sick leave) and therefore the MRS information may only reflect the overhead utilities, maintenance and labor costs per the minimum wage act. The MSR information today may indeed not reflect the true cost of child care services on Guam based on this fact. In light of this the districts Lead Agency will be working with the contractor awarded MRS activity to ensure that the information derived from the MRS is inclusive of not only operational (i.e., utilities, maintenance, labor etc.) costs but also other costs (e.g. medical/dental insurance, retirement, annual/sick leave) as this will ensure stability at all child care centers and not promote the "revolving door" effect. All child care providers offer

the same level of quality of service as they all adhere to the same requirements. The License-Exempt Group-Home and In-Home providers are not required to meet the like requirements of the licensed child care centers in accordance with the districts Bureau of Social Services Administration (BOSSA) who issues child care licenses. Further, the In-Home Child Care providers are only required secure 15 hours of training in early childhood education, health and safety annually.

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:

Guam's Quality Rating Improvement System (QRIS) was piloted in FY2014 and was expected to expand in FY2015 but the contractor at the time (that was hired to complete the activity) did not complete the expansion. The contract services since then has expired and the Lead Agency is currently going through the required Request For Proposal (RFP) procurement process and the QRIS requirement is expected to start once the contract is awarded by September 2016. Once the contractor selected is awarded the QRIS activity contract services, the QRIS will be fully implemented at all the district's 43 child care centers. The QRIS process adopted by the districts Lead Agency has within its process a four Star Rating system that allows for incentives to be paid for the centers who adopt high quality services in accordance with the QRIS requirements. The set payment rates today paid out to the child care centers for their services will not be affected if the services provided is completed as required to remit payment for their services. The QRIS system promotes and encourages the districts child care centers to adopt and comply with the requirements of the QRIS which in turn allows for incentive funds to be paid out to those child care centers who excel to an established star (1 - 4 Stars) level in accordance with the provisions of the QRIS

implementation requirements.

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

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

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

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

Describe:

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

- 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:

Although the district's payment rates are at the 75th percentile in accordance with the provisions of the federal standards, the payment rates today enable families to access child care services because most of the providers charge comparable rates throughout the island and the agency's established rates are slightly lower or equal to most provider rates.

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

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

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

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

The State/Territory payment rates today although based on today's Market Rate Survey (MRS) information may not include the true costs for the services provided by the district's child care center providers as it does not include benefits (retirement, medical, dental, annual/sick leave etc.). The district's Lead Agency will be working closely with the contractor awarded the MRS services activity and the child care centers to ensure that the information derived from the MRS includes all the overhead cost to the child care providers for their services to ensure payment rates are sufficient and parents have equal access.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

[4.5 Payment Practices and Timeliness of Payments](#)

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child

care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

- Pays prospectively prior to the delivery of services.

Describe:

- Pays within no more than 21 days of billing for services.

Describe:

The providers are allowed 90 days in which to submit their certificates for payment processing. The government has 20 days (from date of receipt of receipt of completed child care certificate, calendar(s) and supporting information if it applies to absences) to process certificates for payment.

- 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

Payment will be made if the child has attended at least 50% +1 number of days and has provided a justification (e.g. written justification for reason of absence, doctor's excuse note, etc.).

- 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

The number of absences is less than 50% +1 and an excuse note is attached to the calendar.

- Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

The agency determines payment based on parents schedule for school and/or work hours to determine full time or part time eligibility for child care. There are

reimbursements on an hourly or daily basis.

- 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:

- 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.

- **Pays prospectively prior to the delivery of services** - *the Government is rules and regulations specify that payment is rendered when the services have been performed or received.*
- **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** - *the agency takes in consideration the providers' fixed cost, but also places responsibility on the provider that if the child has been absent for more than 10 days, to inform the agency so that the agency can work with the household to determine the reasons for the absence. If there is no such communication, the payments are pro-rated based on the number of days of attendance.*
- **Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)** - *the parents are given a level of responsibility by handling the fees on their own and not relying on the subsidy.*
- **Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment** - *the parents must sign a -consent with the agency to authorize release of information to the provider on the status of their eligibility or continued eligibility. The agency provides such information to the provider upon request.*

- **Has a timely appeal and resolution process for payment inaccuracies and disputes** - *Providers have 90 days in which to bring in their certificates for payment; within that time frame, providers are given an opportunity to bring up their concerns if there is a dispute on the payment amount or other issues.*

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:

Within 20 business days from the date of submission

- Track and monitor the payment process

Describe:

Payments processed through our system are reviewed weekly to ensure payment has been issued by the Department of Administration (DOA) accounting office via electronic funds transfer (EFT) or paper check. The Department of Public Health & Social Service (DPHSS) Lead Agency will contact the DOA accounting office there's a delay in issuing payments once the payment request has been keyed-in CCDF section data control clerk.

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

Describe:

Payment request is processed using our automated system PH Pro. Once the payments are keyed in, there is a function key option to inform Accounting that the certificate batch(es) are ready for payment processing. All providers are encouraged to authorize payment through EFT, however those that do not opt for EFT are issued a check.

- 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

No.

If no, how does the State/Territory determine most critical supply needs?

The agency has determined that there is a need for child care services for children with disabilities in which providers are trained to provide care for such children, especially children with severe disabilities. The agency assists providers who identify children that may potentially need intervention by working with the parent to get assistance from the Guam Early Intervention Services (GEIS) office. As of FY 2016, the agency has hired a Registered Nurse who serves as a Child Care Health Consultant (CCHC) for the agency to assess the children in the centers if there is a need for services or to work with the provider to help the child and family with their care.

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

The Department of Public Health & Social Services (DPHSS) works with the homeless shelter which is contracted out by the DPHSS Department of Public Welfare's (DPW) Bureau of Social Services Administration (BOSSA) to inform them that children placed in the shelters are priority cases as it relates to child care.

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above.

Describe

The agency prioritizes children in families who are homeless, are under foster care or under Child Protective Services (CPS), child care is also made available to families whose children are in after school care under the Department of Education's ASPIRE Program, families who are seeking employment through job search.

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

- Child Care Facility - any facility or home licensed by the Department of Public Health and Social Services to provide care, education, and supervision for twelve (12) or more children for all or part of a twenty-four hour day, whether or not the facility is operated for profit, or charges for the services it offers.*
- Group Day Care Home - a home or facility which provides child care for at least seven (7), and not more than twelve (12) children, during all or part of a twenty-four (24) hour day.*
- Family Day Care Home - a family home in which one but no more than six children receive care and supervision in a family setting during a portion of a 24-hour day. Here children, generally of varying ages, find care for some part of the 24-hour day in the home of another family, often within their own neighborhood.*

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

A license is not required for the following:

- For the care by a relative, friend, or neighbor with or without compensation, where the person furnishing such care does not regularly engage in such activity and does not advertise or hold himself/herself out as conducting a child care facility.*
- For the care of children in their own home*

License-exempt child care providers are required to obtain and submit the following:

a) Health Certificate from the Division of Environmental Health (DEH), Department of Public Health & Social Services (DPHSS);

- b) Sanitary Permit from DEH, DPHSS;
- c) Business license from the Department of Revenue & Taxation (DRT);
- d) Vendor Number from the Department of Administration (DOA);
- e) Police Clearance from the Guam Police Department (GPD); and
- f) Court Clearance from the Guam Judicial Center
- g) Mandatory attendance of at least 15 hours of training and technical assistance annually on health and safety, nutrition, first aid, child abuse and detection, and/or caring for children with special needs

Police and Court Clearances are required for every member in the household over the age of eighteen in which the child care is being provided.

The site in which child care is being provided will be subject to inspection by DEH. The initial inspection will be conducted to ensure all requirements for environmental health have been met before a Sanitary Permit can be issued. Once the permit is issued, quarterly unannounced inspections will be conducted.

Payment for child care services shall be authorized upon completion of all requirements for registration and submission of used child care certificates and calendar breakdown of services.

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) [8/30/16](#)

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

[The ratio for group size is based on the age groups within each group which must not exceed the established caregiver to child ratio.](#)

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:

[0 - 1 year old \(12 months\)](#)

- Ratio:

[4 Infants to 1 Staff](#)

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

Public 31-73 is up for revision and Guam will be working on implementing the requirements for group size for all age groups.

2. Toddler

- State/Territory age definition:

13 months to 3 years old (36 months)

- Ratio:

-13 months to 2 years old (24 months) - 6 Toddlers to 1 Staff

-25 months to 3 years old (36 months) - 10 Toddlers to 1 Staff

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

Public 31-73 is up for revision and Guam will be working on implementing the requirements for group size for all age groups.

3. Preschool:

- State/Territory age definition:

37 months - 54 months (the state's district uses months not years to identify the age range of a child in this category (Preschool))

- Ratio:

15 Pre-Schoolers to 1 Staff

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must

not exceed the established caregiver to child ratio.

Public 31-73 is up for revision and Guam will be working on implementing the requirements for group size for all age groups.

4. School-Age

- State/Territory age definition:

55 months to 12 years old (144 months)

- Ratio:

20 School Age to 1 Staff

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

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

Not applicable because the district does not have any "exempt" child care centers. Only In-Home providers fall under the "EXEMPT" status as they are only required to obtain a business license and not a child care license.

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

Not applicable because the district does not have established mixed age groups at child care centers. The ratio is a child care provider to a particular number of children based on the age of the child(ren).

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

**Licensed group home is a home in which provides family-like care for a group of seven and not more than twelve children with or without special needs during a portion of a 24-hour day. This day care program is located in a modified or extended family*

residence and is found within the neighborhood of the family needing day care services.0 - 1 year old (12 months)

- Ratio:

Birth to 12 months - 4:1

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

7 - 12 Children

2. Toddler

- State/Territory age definition:

**Licensed group home is a home in which provides family-like care for a group of seven and not more than twelve children with or without special needs during a portion of a 24-hour day. This day care program is located in a modified or extended family residence and is found within the neighborhood of the family needing day care services.13 months to 3 years old (36 months).*

- Ratio:

13 months to 24 months - 7:1

25 months to 36 months - 10:1

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

7-12 children

3. Preschool:

- State/Territory age definition:

**Licensed group home is a home in which provides family-like care for a group of seven and not more than twelve children with or without special needs during a portion of a 24-hour day. This day care program is located in a modified or extended family residence and is found within the neighborhood of the family needing day care services.* 37 months - 54 months (the state's district uses months not years, to identify the age range of a child in this category (Preschool))

- Ratio:

25 months to 36 months - 10:1

37 months to 48 months - 15:1

49 months to 54 months - 20:1

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

Group size 7-12.

4. School-Age

- State/Territory age definition:

**Licensed group home is a home in which provides family-like care for a group of seven and not more than twelve children with or without special needs during a portion of a 24-hour day. This day care program is located in a modified or extended family residence and is found within the neighborhood of the family needing day care services.* 55 months to 12 years old (144 months)

- Ratio:

54 month to 155 months - 20:1

- Group Size:

The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.

7-12 children

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

Seven (7) but not greater than twelve (12) children during a portion of a twenty-four (24) day.

6. If any of the responses above are different for exempt group child care homes, describe

The requirement(s) are the same in this category

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:

***Family Day Care Home:** *Is a family home in which one but no more than six children are received for care and supervision in a family setting during a portion of a 24-hour day. Here children are generally of varying ages, find care for some part of the 24-hour day in the home of another family, often within their own neighbor. The district does not have specific group size ratio requirements. If children are in a group, the allowable size is based on the age groups within each group, which must not exceed the established caregiver to child ratio.*

Note: *there are currently no licensed family child care providers*

Describe the group size:

no more than six children are received for care and supervision in a family setting during a portion of a 24-hour day

Describe the threshold for when licensing is required:

Licensing is required when the number of children exceeds six (6).

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

no more than six children are received for care and supervision in a family setting during a portion of a 24-hour day

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

Here children, generally of varying ages, find care for some part of the 24-hour day in the home of another family, often within their own neighborhood. Related children will be counted.

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

Only one (1) but no more the six (6) children are permitted for care and supervision in a family setting during a portion of a twenty-four (24) day.

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

The requirement(s) are the same in this category

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:

N/A

Describe group size:

N/A

Describe the threshold for when licensing is required:

N/A

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

N/A

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

N/A

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

The limits referenced above are applicable to this section.

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

- *Pre-credential level*
- *HS diploma or GED*
- *150 hrs or 15.0 CEU in ECE Core Knowledge Areas*
- *48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*

and assistant teacher qualifications:

Pre-credential Level

- *HS diploma or GED*
- *90 hrs or 9.0 CEUs or ECE Core Knowledge Areas*
- *24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*
- *48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes*

2. Toddler lead teacher

- *Pre-credential level*
- *HS diploma or GED*
- *150 hrs or 15.0 CEU in ECE Core Knowledge Areas*

- *48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*

and assistant teacher qualifications:

1. *HS diploma or GED*
2. *90 hrs or 9.0 CEUs or ECE Core Knowledge Areas*
3. *24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*
4. *48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes*

3. Preschool lead teacher

- *Pre-credential level*
 - *HS diploma or GED*
 - *150 hrs or 15.0 CEU in ECE Core Knowledge Areas*
 - *48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*

and assistant teacher qualifications:

1. *HS diploma or GED*
2. *90 hrs or 9.0 CEUs or ECE Core Knowledge Areas*
3. *24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*
4. *48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes*

4. School-Age lead teacher

- *Pre-credential level*
 - *HS diploma or GED*
 - *150 hrs or 15.0 CEU in ECE Core Knowledge Areas*
 - *48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*

and assistant teacher qualifications:

1. *HS diploma or GED*
2. *90 hrs or 9.0 CEUs or ECE Core Knowledge Areas*
3. *24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*
4. *48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes*

5. Director qualifications:

- **Level 3- Director/Assistant Director**
- *HS Diploma or GED*
- *57 semester hrs/college credits with 6 semester hours in ECE Core Knowledge Areas.*
- *4 years work experience with relevant & appropriate age group or CDA credential or USDOL Early Childhood Associate or Certificate in Early Care and Education and Child Care Management CD285*

b) Licensed Group Child Care Homes:

1. Infant lead teacher

- *Pre-credential level*
- *HS diploma or GED*
- *150 hrs or 15.0 CEU in ECE Core Knowledge Areas*
- *48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*

and assistant qualifications:

Pre-credential Level

- *HS diploma or GED*
- *90 hrs or 9.0 CEUs or ECE Core Knowledge Areas*
- *24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*
- *48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes*

2. Toddler lead teacher

- *Pre-credential level*
- *HS diploma or GED*
- *150 hrs or 15.0 CEU in ECE Core Knowledge Areas*
- *48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*

and assistant qualifications:

Pre-credential Level

- *HS diploma or GED*
- *90 hrs or 9.0 CEUs or ECE Core Knowledge Areas*
- *24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer*
- *48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes*

- 150 hrs or 15.0 CEU in ECE Core Knowledge Areas
- 48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer

and assistant qualifications:

Pre-credential Level

- HS diploma or GED
- 90 hrs or 9.0 CEUs or ECE Core Knowledge Areas
- 24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer
- 48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes

4. School-Age lead teacher

- Pre-credential level
 - HS diploma or GED
 - 150 hrs or 15.0 CEU in ECE Core Knowledge Areas
 - 48 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer

and assistant qualifications:

Pre-credential Level

- HS diploma or GED
- 90 hrs or 9.0 CEUs or ECE Core Knowledge Areas
- 24 months experience in camp counseling, babysitting, parenting, foster care, Group/Family /Center Child Care, Head Start parent Volunteer
- 48 months experience in relevant and appropriate age group and PD Plan completion with 75 hours in ECE or related classes

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

Like requirements for Center-Based, however Guam currently does not have any licensed Family Child Care Homes as none exist at this time.

d) Other eligible providers qualifications:

N/A

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

[Department of Public Health & Social Services \(DPHSS\) Child Care Development Fund Early Childhood education and training provides training and education which supports the provisions for permit and licensing in accordance with the DPHSS Division of Environmental Health \(DEH\) and the Bureau of Social Services Administration \(BOSSA\).](#)

- 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

All the following requirements are in place today and checked during inspections/reviews conducted by the DPHSS DEH and BOSSA offices when permits and licenses are issued.

- 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 (CPR) certification

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

agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

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

Overall Target Completion Date (no later than September 30, 2016) [9/30/16](#)

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

All requirements in accordance with the provision will be completed by the Lead Agency and/or incorporated into the Scope of Work of the Lead Agency's Request for Proposal (RFP) described in the following section (Section 6). The district has recently (2014) passed a law (Public Law 31-73) that details all the education and certification requirements for all child care provider employees. The district offers all child care providers the opportunity to avail from the education and training requirements which the RFP's scope of services outlines. The scope of services in the RFP are as follows:

- Developmentally Appropriate Practices

-Provision of training and activities in developmentally appropriate practices for young children in different areas of development such as cognitive, creative, language/literacy, social, emotional, physical, and self-help skills by improving the quality of child care to infants and young children. Training and activities must be aligned with developmentally appropriate practices as outlined by the National Association for the Education of Young Children and must be consistent with Guam's Early Learning Guidelines. Training in Community First Aid and Safety Cardiopulmonary Resuscitation (CPR) for childcare centers and in-home providers should also be provided as part of this training.

-Provision of activities that promote the awareness, benefits, and information on the importance of early childhood education, to CCDF block grant customers, caregivers and the general public. This includes the provision of a website with resources for those working with Guam's young children in center-based and family-based settings, including ideas for activities and lesson plans that caregivers can implement in their classrooms, links to related agencies, and electronic access to common forms. The DPHSS DPW/BMS CCDF Program Coordinator IV must have abilities to remove and upload documents. Other activities may include brochures, advertisements, and posters.

-Provision of a resource and referral database of licensed Child Care Centers that provides a record(s) of education and training of employees at licensed day care centers and after-school program providers. The information must also include the required 15 hours of training for license-exempt providers.

- Early Childhood Education College Courses

-Provision of college courses to increase the number of professionals in the field of

early childhood education (ECE) who hold a college certificate from an accredited local institution, and have a foundation for an AS and Bachelors in Early Childhood Education.

- Pathways to Quality Training

-Provision of activities and services to improve the quality in centers in the six identified pathways: learning environment, curriculum, family engagement, staff qualifications, professional development and administration. This includes the review, revision, and application of Guam's QRIS program, the rating of centers, technical assistance, and the mentoring/coaching of caregivers.

-Provision of activities to improve the quality of after-school programs, including after-school curriculum development and training, and suggestions for the revision of the CCDF Handbook and Manual to include best practices in providing after-school care.

-Provision of review of CCDF Handbook and Manual - to include recommendations for professional development activities and alignment with Guam's QRIS program.

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.)

All requirements set forth by this section are in place but the services (e.g. ongoing certification and training) that are secured through a contractor are not in place as the existing contract term expired in FY 2015. A Request For Proposal (RFP) was issued by the Department of Public Health & Social Services (DPHSS) for the child care program with a detailed scope of work outlining the requirements of this section which will ensure that the services not already done as an in-kind service will continue. The Lead Agency's estimated time to complete the RFP is September 2016. There are requirements within the provision (658E(c)(2)(l)(i)-shall relate to matters including health and safety topics consisting) that are completed by the district's Lead Agency's affiliated division at the Department of Public Health & Social Services that do not require contracted services and may be defined as in-

kind services as they are an existing requirements of the agency's division as it relates to health and safety.

The following task/activity will be completed through the Request for Proposal.

- Developmentally Appropriate Practices

-Provision of training and activities in developmentally appropriate practices for young children in different areas of development such as cognitive, creative, language/literacy, social, emotional, physical, and self-help skills by improving the quality of child care to infants and young children. Training and activities must be aligned with developmentally appropriate practices as outlined by the National Association for the Education of Young Children and must be consistent with Guam's Early Learning Guidelines. Training in Community First Aid and Safety Cardiopulmonary Resuscitation (CPR) for childcare centers and in-home providers should also be provided as part of this training.

-Provision of activities that promote the awareness, benefits, and information on the importance of early childhood education, to CCDF block grant customers, caregivers and the general public. This includes the provision of a website with resources for those working with Guam's young children in center-based and family-based settings, including ideas for activities and lesson plans that caregivers can implement in their classrooms, links to related agencies, and electronic access to common forms. The DPHSS DPW/BMS CCDF Program Coordinator IV must have abilities to remove and upload documents. Other activities may include brochures, advertisements, and posters.

-Provision of a resource and referral database of licensed Child Care Centers that provides a record(s) of education and training of employees at licensed day care centers and after-school program providers. The information must also include the required 15 hours of training for license-exempt providers.

- Early Childhood Education College Courses

-Provision of college courses to increase the number of professionals in the field of early childhood education (ECE) who hold a college certificate from an accredited local institution, and have a foundation for an AS and Bachelors in Early Childhood Education.

- Pathways to Quality Training

-Provision of activities and services to improve the quality in centers in the six identified pathways: learning environment, curriculum, family engagement, staff qualifications, professional development and administration. This includes the

review, revision, and application of Guam's QRIS program, the rating of centers, technical assistance, and the mentoring/coaching of caregivers.

-Provision of activities to improve the quality of after-school programs, including after-school curriculum development and training, and suggestions for the revision of the CCDF Handbook and Manual to include best practices in providing after-school care.

-Provision of review of CCDF Handbook and Manual - to include recommendations for professional development activities and alignment with Guam's QRIS program.

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

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

Agency - Who is responsible for complete implementation of this activity The Lead Agency's Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund's (CCDF) section personnel.

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

DPHSS's Division of Environmental Health (DEH), the Bureau of Economic Support (BES), the Bureau of Social Services Administration (BOSSA)

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:

A requirement in the Lead Agency's proposed contract agreement is currently going through the procurement process via a Request for Proposal (RFP)

Access to physical activity.

Describe:

All child care facilities conduct physical activities during the course of the day and the requirement is part of the scope of work in the Lead Agency's proposed contract agreement currently going through the procurement process via a Request for Proposal (RFP) as required by local law.

Screen time.

Describe:

All child care facilities who opted for a computer system to assist in teaching and learning at their centers allow for screen time or watch educational videos on a television during the course of the day and the requirement is part of the scope of work in the Lead Agency's proposed contract agreement currently going through the procurement process via a Request for Proposal (RFP) as required by local law. The Screen time is for teaching but is limited to allow a child(ren) to move around and do different activities during the day.

Caring for children with special needs.

Describe:

Caring for children with special needs is part of the Child Care Health Consultant's (CCHC) job description. The requirement is also part of the scope of work in the Lead Agency's proposed contract agreement currently going through the procurement process via a Request for Proposal (RFP) as required by local law.

Recognition and reporting of child abuse and neglect.

Describe:

All child care centers are mandated by local law to report all child abuse and neglect suspected cases. The Lead Agency's Bureau of Social Services Administration (BOSSA) who issues child care licenses also requires the registered child care centers to report all incidences of injury, abuse and neglect.

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

Describe:

All child care provider employees must submit a police and court clearance prior to being issued a child care license. Additionally, all employees working at these centers are subjected to child abuse and sex offender registry.

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or

orientation health and safety training on any or all of the listed topics?

- Yes, all relatives are exempt from all health and safety training requirements.
If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.
- Yes, some relatives are exempt from health and safety training requirements.
If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.
- No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

- Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

The Lead Agency's Department of Public Health & Social Service (DPHSS) Bureau of Social Services Administration (BOSSA) and Division of Environmental Health (DEH) have licensing and health and safety requirement policies. These policies are on the DHPSS website at dphss.guam.gov below "Divisions" under the category Division of Public Welfare and Division of Environmental Health (DEH).

- 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:

The Environmental Health Public Officer (EHPO I, II, or III) at a minimum, at the entry level, EPHO I, graduation from a recognized college or university with minimum of 30 semester hours or 45 quarter hours in basic sciences, and a course in college algebra or higher level math. Necessary special qualifications: credentialed as a Registered Environmental Health Specialist (REHS) or Registered Sanitarian (RS) with the National Environmental Health Association or from any State equivalent association, organization or entity recognized by that State's environmental agency (Public Law 31-233). The aforementioned training and education incorporates the child care health & safety requirement concepts as stipulated in 658E(c)(2)(K)(i)(I).

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

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

The Department of Public Health & Social Service (DPHSS) Division of Environmental Health (DEH) conducts prelicensure inspections upon receipt of a request for a permit. Inspections for the licenses issued are not announced but are conducted quarterly. A copy of the inspection report and their findings is generated and provided to the DPHSS Division of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section. .

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:

The Department of Public Health & Social Service (DPHSS) Division of Environmental Health (DEH) inspects all CCDF licensed and license-exempt providers at pre-inspection before issuing a license. All child care providers must comply with the requirements of obtaining and posting a valid sanitary permit and health certificate for the public to inspect. All child care facilities are inspected quarterly and inspections are unannounced. The district's DPHSS's DEH is able to complete the quarterly inspections due to the island being relatively small (35 miles L x 18 W miles at its widest point) and workforce man-power.

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:

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) [Substantially implemented](#)

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

The Department of Public Health & Social Service (DPHSS) Division of Environmental Health (DEH) administers and monitors health and safety inspections throughout Guam for all licensed and license-exempt child care facilities or providers. To date, DEH has been meeting the requirements of conducting a pre-inspection and quarterly inspections of these providers. The State/Territory policy citation and the ratio of licensing inspector information is not in place at this time but the Lead Agency will work with the the DEH to comply with the time requirement in accordance with the **658(c)(2)(K)(i)- Certification -- The plan shall include a certification that the State, not later than 2 years after the date of enforcement of the Child Care and Development Block Grant Act of 2014, shall have in effect policies and practices, applicable to licensing or regulating child care providers that provide services for which assistance is made available in accordance with this subchapter and the facilities of those providers.**

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

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 State/Territory policy citation and the ratio of licensing inspector information is not in place at this time but the Lead Agency will work with the the DEH to comply with the time requirement in accordance with the **658(c)(2)(K)(i)- Certification -- The plan shall include a certification that the State, not later than 2 years after the date of enforcement of the Child Care and Development Block Grant Act**

of 2014, shall have in effect policies and practices, applicable to licensing or regulating child care providers that provide services for which assistance is made available in accordance with this subchapter and the facilities of those providers.

Projected start date for each activity: 06/23//2016

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

Agency - Who is responsible for complete implementation of this activity The Department of Public Health & Social Services (DPHSS) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section's supervisor will work with the DPHSS Division of Environmental Health (DEH) to come to compliance. The DEH is aware of the requirement and the projected date of completion is September 30, 2016.

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

The DPHSS DEH will together with the CCDF section supervisor to come to compliance.

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):

Reporting requirements are covered in Guam Code Annotated 19 GCA Chapter 13, Article 2 and Guam-CCDF Parent and Provider Handbook

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) [8/30/16](#)

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

[A police and court clearance is required for all licensed and CCDF license- exempt providers; also a check into the Guam Sex Offender Registry is also required. A police, court and sex offender registry check is conducted at every license renewal which is every two years. Appeals process is in place in which a provider may request for a hearing with the department.\(Title 26 of the Guam Rules and Regulations\)](#)

Unmet requirement - Identify the requirement(s) to be implemented. [FBI fingerprint check using Next Generation Identification](#)

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

agencies, etc.)

Check into the National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification; and National Sex Offender Registry. 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.

Projected start date for each activity: 04/16/2016

Projected end date for each activity: 9//30//2017

Agency - Who is responsible for complete implementation of this activity The Department of Public Health & Social Service (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) supervisor. Although the court/police clearances are obtained from the Guam Superior Court and Police Department respectfully together with the research of the child abuse/sex offenders registry checks by the DPHSS Bureau of Social Services Administration (BOSSA) office, the CCDF supervisor will need to request from the grantor (ACF OCC, Mr. Kurt Gee) guidance regarding the funding source that will be used to come to compliance with the requirement.

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

DPHSS Bureau of Social Services Administration (BOSSA) will work with the CCDF supervisor to come to full compliance with the FBI finger print requirement of all employees as the 43 child care centers. The is collectively an estimate number of 300 plus private company employees who will need to be finger printed. The DPHSS BMS CCDF and the BOSSA office will work together to come to compliance with the mandate.

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:

The police and court criminal background checks respectfully information is requested by the individual (child care center employee) and requested from the Guam Police Department and Superior Court of Guam agencies. The criminal background check information obtained is

given to the Department of Public Health & Social Service (DPHSS) Bureau of Social Service Administration (BOSSA) office who oversees the licensing requirements for all child care centers which must be submitted soon after applying for a position at the child care center. The information (police/court clearance) is kept on file at the DPHSS BOSSA office which is secured with limited access in which only employees with a need to know and an access card, may enter. All criminal background check provided to the DPHSS BOSSA licensing office is kept, not only in a secured room, but the access to that room is also secured and all individuals entering any room at BOSSA must have an identification at all times. All child care center employees are required to obtain an official police and court clearance. Additionally, a background check of the sex/child abuse registry is completed by the Department of Public Health & Social Service (DPHSS) Bureau of Social Service Administration (BOSSA) division who issues child care licenses after all requirements are met.

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:

Upon the receipt of an official request, the DPHSS BOSSA division will provide and/or complete any related request.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes.

Describe:

No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Yes.

Describe:

Title 26 Guam Rules and Regulations

Violating the provisions section 2408 of the Child Welfare Act Services Act

The following are the crimes associated with this section:

(1) Felony kidnapping, felonious restraint, felony child stealing, and custodial interference, as defined and punished in COL10312014 9 GCA CRIMES & CORRECTIONS CH. 89 CRIMES AGAINST MINORS AND SEX OFFENDER REGISTRY 2 Chapter 22 of Title 9 of the Guam Code Annotated, Kidnapping, and Related Offenses, when the victim is a minor; (2) promoting prostitution, abetting prostitution, compelling prostitution, as defined and punished in Article 1 of Chapter 28 of Title 9 of the Guam Code Annotated, Prostitution, when the individual committing or engaging in prostitution is a minor; (3) participation in obscenity, use of one's own child in obscene acts, indecent exposure, photography of minors' sexual acts, as defined and punished in Article 2 of Chapter 28 of Title 9 of the Guam Code Annotated, Obscenity and Related Offenses, when a minor is employed or used; (4) criminal sexual conduct, as defined and punished in Chapter 25 of Title 9 of the Guam Code Annotated, Sexual Offenses, when the victim of the crime is a minor; or (5) any attempt to commit, solicitation to commit, or conspiracy to commit the crimes stated in paragraphs (1) to (4) of this Subsection (b), in violation of Chapter 13 of Title 9 of the Guam Code Annotated.

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.

Guam will not charge fees for criminal background checks, however, the court and police clearances are to be paid by the individual. The cost for Police/Court Clearances do not exceed the actual cost. The only related costs the Lead Agency is concerned about at this point is the FBI finger print costs which was metioned in a previous section.

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.

Such policies and procedures will be available on the Department of Public Health & Social Service's (DPHSS) main ofical website. When the required mandated procurement RFP process is completed (which is scheduled to be completed by September 30, 2016), we will have the CCDF website set-up as that activity is part of the Scope of services. Our intention is to create a website that is inter-active which will be used to post CCDF program information requirements and used as a median to communicate with CCDF parent as it relates to concerns or where they may get updates on activities related to the CCDF program requirements.

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes.

List types of crime included in the aggregated data:

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key

components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

[6.1 Training and Professional Development Requirements](#)

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge

and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [0/9//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

[All requirements detailed in items "b\) through e\)" below are in place and ongoing and part of Department of Public Health & Social Service's \(DPHSS\) child care network support but for item "a\)", this requirement is pending the processing and award of the Lead Agency's Request for Proposal \(RFP\). The RFP procurement process has commenced as required by the established local procurement regulations. The contract award for the services is being projected to take place on or about September 30, 2016.](#)

[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 and children with disabilities.

All requirements in accordance with the provision will be completed by the Lead Agency and/or incorporated into the Scope of Work of the Lead Agency's Request for Proposal (RFP) described in this Section (6). The district has recently (2014) passed a law (Public Law 31-73) that details all the education and certification requirements for all child care provder employess. The district offers all child care providers the opportunity to avail from the education and training requirements which the RFP's scope of services outlines. The scope of services in the RFP are as follows:

- Developmentally Appropriate Practices

-Provision of training and activities in developmentally appropriate practices for young children in different areas of development such as cognitive, creative, language/literacy, social, emotional, physical, and self-help skills by improving the quality of child care to infants and young children. Training and activities must be aligned with developmentally appropriate practices as outlined by the National

Association for the Education of Young Children and must be consistent with Guam's Early Learning Guidelines. Training in Community First Aid and Safety Cardiopulmonary Resuscitation (CPR) for childcare centers and in-home providers should also be provided as part of this training.

-Provision of activities that promote the awareness, benefits, and information on the importance of early childhood education, to CCDF block grant customers, caregivers and the general public. This includes the provision of a website with resources for those working with Guam's young children in center-based and family-based settings, including ideas for activities and lesson plans that caregivers can implement in their classrooms, links to related agencies, and electronic access to common forms. The DPHSS DPW/BMS CCDF Program Coordinator IV must have abilities to remove and upload documents. Other activities may include brochures, advertisements, and posters.

-Provision of a resource and referral database of licensed Child Care Centers that provides a record(s) of education and training of employees at licensed day care centers and after-school program providers. The information must also include the required 15 hours of training for license-exempt providers.

- Early Childhood Education College Courses

-Provision of college courses to increase the number of professionals in the field of early childhood education (ECE) who hold a college certificate from an accredited local institution, and have a foundation for an AS and Bachelors in Early Childhood Education.

- Pathways to Quality Training

-Provision of activities and services to improve the quality in centers in the six identified pathways: learning environment, curriculum, family engagement, staff qualifications, professional development and administration. This includes the review, revision, and application of Guam's QRIS program, the rating of centers, technical assistance, and the mentoring/coaching of caregivers.

-Provision of activities to improve the quality of after-school programs, including after-school curriculum development and training, and suggestions for the revision of the CCDF Handbook and Manual to include best practices in providing after-school care.

-Provision of review of CCDF Handbook and Manual - to include recommendations for professional development activities and alignment with Guam's QRIS program.

Unmet requirement - Identify the requirement(s) to be implemented Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory

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.)

Complete the Request for Proposal (RFP) procurement process from advertisement, solicitation, evaluation, negotiation, award and contract formation required by Guam Procurement Regulations. In accordance with the provisions of the procurement process, we are not allowed to provide any information pertaining to the RFP as it will be a violation of the procurement process. Once award has been made the RFP information becomes public with full implementation to start no later than September 30, 2016.

All requirements detailed in items "b) through e)" below are in place and ongoing and part of Department of Public Health & Social Service's (DPHSS) child care network support but for item "a)", this requirement is pending the processing and award of the Lead Agency's Request for Proposal (RFP). The RFP procurement process has commenced as required by the established local procurement regulations. The contract award for the services is being projected to take place on or about September 30, 2016.

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 and children with disabilities.

All requirements in accordance with the provision will be completed by the Lead Agency and/or incorporated into the Scope of Work of the Lead Agency's Request for Proposal (RFP) described in this Section (6). The district has recently (2014) passed a law (Public Law 31-73) that details all the education and certification requirements for all child care provider employees. The district offers all child care providers the opportunity to avail from the education and training requirements which the RFP's scope of services outlines. The scope of services in the RFP are as follows:

- Developmentally Appropriate Practices

-Provision of training and activities in developmentally appropriate practices for young children in different areas of development such as cognitive, creative, language/literacy, social, emotional, physical, and self-help skills by improving the quality of child care to infants and young children. Training and activities must be aligned with developmentally appropriate practices as outlined by the National Association for the Education of Young Children and must be consistent with Guam's Early Learning Guidelines. Training in Community First Aid and Safety

Cardiopulmonary Resuscitation (CPR) for childcare centers and in-home providers should also be provided as part of this training.

-Provision of activities that promote the awareness, benefits, and information on the importance of early childhood education, to CCDF block grant customers, caregivers and the general public. This includes the provision of a website with resources for those working with Guam's young children in center-based and family-based settings, including ideas for activities and lesson plans that caregivers can implement in their classrooms, links to related agencies, and electronic access to common forms. The DPHSS DPW/BMS CCDF Program Coordinator IV must have abilities to remove and upload documents. Other activities may include brochures, advertisements, and posters.

-Provision of a resource and referral database of licensed Child Care Centers that provides a record(s) of education and training of employees at licensed day care centers and after-school program providers. The information must also include the required 15 hours of training for license-exempt providers.

- Early Childhood Education College Courses

-Provision of college courses to increase the number of professionals in the field of early childhood education (ECE) who hold a college certificate from an accredited local institution, and have a foundation for an AS and Bachelors in Early Childhood Education.

- Pathways to Quality Training

-Provision of activities and services to improve the quality in centers in the six identified pathways: learning environment, curriculum, family engagement, staff qualifications, professional development and administration. This includes the review, revision, and application of Guam's QRIS program, the rating of centers, technical assistance, and the mentoring/coaching of caregivers.

-Provision of activities to improve the quality of after-school programs, including after-school curriculum development and training, and suggestions for the revision of the CCDF Handbook and Manual to include best practices in providing after-school care.

-Provision of review of CCDF Handbook and Manual - to include recommendations for professional development activities and alignment with Guam's QRIS program.

Projected start date for each activity: 04/30/2016

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

Agency - Who is responsible for complete implementation of this activity The Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section (Lead Agency).

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

The Department of Public Health & Social Services (DPHSS's) Lead Agency is solely responsible to complete the Request for Proposal (RFP) procurement requirement in accordance with Guam's procurement regulations. Once the RFP is awarded the information in the RFP becomes public. The contractor awarded the scope of service will partner with the DPHSS.

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.

The Professional Standards and Competencies requirements are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work.

- Career ladder or lattice.

Describe.

The Career ladder (or lattice) requirements are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work.

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

Describe.

The Articulation agreements between two- and four-year postsecondary early childhood education or degree programs requirements are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work.

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

The Community-based training approved by a state regulatory body to meet licensing or regulatory requirements are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work. Additionally, trainings offered by the University of Guam's Center for Excellence in Developmental Disabilities Research (CEDDER) whose lead is the co-chairwoman for the Guam Early Learning Council (GELC) which is equivalent to State Advisory Council (SAC) on Early Childhood Education and Care.

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

The Workforce data, including recruitment, retention, registries or other documentation, and compensation information are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work.

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

Describe.

The Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework requirements are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work. Additionally, trainings offered by the University of Guam's Center for Excellence in Developmental Disabilities Research (CEDDER) whose lead is the co-chairwoman for the Guam Early Learning Council (GELC) which is equivalent to State Advisory Council (SAC) on Early Childhood Education and Care.

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

Describe.

The Continuing education unit trainings and credit-bearing professional development requirements, are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work.

State-approved trainings.

Describe.

The State-approved trainings are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work. Additionally, approved trainings offered by the University of Guam's Center for Excellence in Developmental Disabilities Research (CEDDER) whose lead is the co-chairwoman for the Guam Early Learning Council (GELC) which is equivalent to State Advisory Council (SAC) on Early Childhood Education and Care.

Inclusion in state and/or regional workforce and economic development plans.

Describe.

The Inclusion in state and/or regional workforce and economic development plans requirements are part of the requirements in the Lead Agency's (Bureau of Management Support (BMS) Child Care Development Fund (CCDF)) Request for Proposal (RFP) scope of work. Additionally, trainings offered by the University of Guam's Center for Excellence in Developmental Disabilities Research (CEDDER) whose lead is the co-chairwoman for the Guam Early Learning Council (GELC) which is equivalent to State Advisory Council (SAC) on Early Childhood Education and Care.

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 Lead Agency's director (James W. Gillan) is a member of the Guam Early Council (GELC) which is a cadre of individuals from the public, private, secular and non-secular

workforce on Guam. The GELC was created to provide a coordinated framework, involving all child-serving agencies and family representatives, to develop a comprehensive system of supports for young children and their families. First established by Executive Order 2004-14 by the governor (at the time) and then mandated legislatively through Public Law 31-62 in 2011. The GELC's composition, goals and objectives focus upon the efficient and effective delivery of services and support to young children birth to eight (8) and their families. The GELC and all corresponding partners from the public, private, secular and non-secular workforce on Guam, meet quarterly (or as needed) to discuss all requirements governing the teaching and learning for all children on Guam. The director has a designated individual who attends these early learning counsel meetings and he is the supervisor of the CCDF office, Joseph E. Montague II.

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.

The University of Guam's Center for Excellence in Developmental Disabilities Research (CEDDER) lead person is the co-chairwomen of the Guam Early Learning Council (GELC). The CEDDER office recently completed the updating of the Guam Early Learning Guidelines (GELG) Birth to Three (3) years and Three (3) to Five (5) years old. The GELG contents cover the Physical Development and Health and Safety, Self-Concept and Social-Emotional Development, Cognitive Development, Communication, Language Development & Literacy and Creative Development. The GELG is used to inform families about the development and capabilities of children who are preparing for kindergarten, serve as a guide to inform educators about the development of early childhood curriculum and educational strategies, provide a framework for administrators to oversee early childhood curricula practices and advocate for resources, and guide the selection of assessment tools that are appropriate for learners from a variety of backgrounds with differing abilities. The GELG is divided into five broad developmental domains which are, physical development and health & safety, self-concept and social-emotional development, cognitive development - math (numeracy), science, & social studies, communication, language development, and literacy and creative

development. The GELG is organized in a three-column structure under each domain: 1st column: content standards; 2nd column: performance indicators and 3rd column: Guam Public School System (GPSS) kindergarten standards. The GELG was recently updated and now consist of the adopted common-core state stadards used by the GPSS which is now know as the Guam Department of Education. The updated version has not been released until the CEDDER office completes the training on it's updated requirements.

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 Lead Agency's director (James W. Gillan) is a member of the Guam Early Council (GELC) which is a cadre of individuals from the public, private secular and non-secular workforce on Guam. The GELC was created to provide a coordinated framework, involving all child-serving agencies and family representatives, to develop a comprehensive system of supports for young children and their families. In the GELC meetingsthe State/Territory's training and professional development requirements 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 and children with disabilities are discussed and part of the plan to ensure compliance district wide which was adopted and made part of the scope of services in the Request for Proposal even if the requirement is in place and ongoing. All lessons taught at each child care center are age appropriate in accordance with the Guam Early Learning Guidelines (GELG) which was recently updated.

The GELG come in two editions which are 0 - 3 and 3 - 5 years old. The GELG now includes the adopted Common-Core State Standards teaching curriculum. The GELG at the minimum provides information to all parents as to what their child(ren) should be doing at a specific age and what the parent should be doing to promote progress in the stimulation of the child's brain.

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.

The Lead Agency's Bureau of Management Support (BMS) Child Care Development Fund (CCDF) pays for the education of all the child care center employees. The benefit allows the employees at each center to earn a minimum of 30 college credits towards thier Post-Secondary degree(s) at no cost to the employee.

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.

The Department of Public Health & Social Service (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section's Program Coordinator IV, Joseph E. Montague II is currently working with all child care provider centers to secure the Business Plan for each center in an effort to include the paid sick leave provision but the cost to provide the benefit will be incorporated in the center's overhead costs to operate their business.

Policies for paid annual leave.

Describe.

The Department of Public Health & Social Service (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section's Program Coordinator IV, Joseph E. Montague II is currently working with all child care provider centers to secure the Business Plan for each center in an effort to include the paid annual leave provision but the cost to provide the benefit will be incorporated in the center's overhead costs to operate their business.

Policies for health care benefits.

Describe.

The Department of Public Health & Social Service (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section's Program Coordinator IV, Joseph E. Montague II is currently working with all child care provider centers to secure the Business Plan for each center in an effort to include the Health Care provision but the cost to provide the benefit will be incorporated in the center's overhead costs to operate their business.

Policies for retirement benefits.

Describe.

The Department of Public Health & Social Service (DPHSS) Division of Public Welfare (DPW) Bureau of Management Support (BMS) Child Care Development Fund (CCDF) section's Program Coordinator IV, Joseph E. Montague II is currently working with all child care provider centers to secure the Business Plan for each center in an effort to include the retirement provision but the cost to provide the benefit will be incorporated in the center's overhead costs to operate their business.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

Other.

Describe.

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.

Guam currently has providers for whom English is not their first language who are employed at our child care centers. The child care centers find this beneficial as communication between the parents and child care center is not an issue. The English language on Guam is a second language for the majority of the people living here. The majority of the people who identify English as their first (primary) language are usually people from the mainland states. Additionally, on Guam some cultures have multiple languages which is a challenge but as stated in the first and second sentence above, English on Guam for the majority of the population is a second language.

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.

Guam has a variety of cultures on the island. If the need arises to interpret any requirement, they may come to the lead agency on a case by case basis to address the need.

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

Chuukese, Korean, and Chinese

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 Lead Agency meets with all the registered licensed child care providers and provides training on the Child Care Development Fund (CCDF) programmatic requirements via orientations annually. The Lead Agency works with the child care center upon the request of the parent(s) of the homeless child(s). The Lead Agency's CCDF section office were asked by the homeless families to not treat them differently but also not announce that they are homeless. In light of this when communicating with the provider for which a homeless parent is seeking services, the CCDF section supervisor meets with the director privately to ensure the privacy as it relates to their situation of the homeless family is not compromised.

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 Department of Public Health & Social Service (DPHSS) Lead Agency through a contract will make available and provide early childhood education, training and professional development activities to all employees working at the child care centers on Guam. Since the enactment of Guam Public Law 31-73 in 2014, the Lead Agency's CCDF office is now tasked to support the processing of the requirements of the law. In the law there is a provision identified as "Guam's Plan for Professional Development" (GPPD). The GPPD requires that all employees at a center have a high school diploma at the minimum but the director or assistant director must have an Associates Degree at

the minimum with 51 or 57 college credits with 6 of those credits being is early childhood education. In addition, the director/assistant director must be leveled at 3 or 4 which respectfully aligns with the aforementioned college credits, and also pass the required Child Care Management course (CD285 or equal). The GPPD requirement has 3 type categories, and they are: 1). Early Childhood Assistant Provider, 2). Early Childhood Lead Provider and 3). Early Childhood Master Provider/Early Childhood Director/Early Childhood Assistant Director. Each type category has 5 levels with the Pre-Credential Level proceeding Levels 1, 2, 3 & 4. If an center's employee is leveled at the Pre-Credential Level in any of the 3 categories, the Lead Agency's Licensing office (BOSSA) has the option to issue a provisional license to the center the employee is working so that the center may operate until the employee(s) comes to compliance to meet the requirements but must move to Level 1 for that category type within the timeframe allotted during the provisional license period. Section 5.1.5 details the type Categories and Levels. If an employee is at Level 4 in any of the three categories the law requires that the employee take a minimum of 15 hours of training and education when the center license is renewed. Additionally, if an employee is leveled at a certain point (ex. Level 1) within the different type categories, and a license is issued, the employee must move up to Level 2 the next time the center renews their child care license (which is bi-annual or every two years) or the employee cannot longer work there if the DPHSS licensing office refuses to issue a provisional license or, the center is at risk of being shut down due to not complying with the provisions of PL 31-73.

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

CCDF funds.

Describe:

Quality Set-Aside Funds to be used to support CCDF program compliance, the program staff training and the professional development of the child care workforce.

Other funds.

Describe:

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using

scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

- 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:

- 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:

- 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:

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

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

Describe:

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

Describe:

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

Describe:

- Supporting positive development of school-age children.

Describe:

- 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:

- 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

Since the enactment of Guam Public Law 31-73 in 2014, the Lead Agency's CCDF office is now tasked to support the processing of the requirements of the law. In the

law there is a provision identified as Guam's Plan for Professional Development (GPPD). The GPPD requires that all employees at the center have at the minimum a high school diploma, but the director must have at the minimum an Associates Degree with 51 or 57 college credits with 6 of those credits being in early childhood education. In addition, the director/assistant director must be at the Early Childhood Master Provider/Early Childhood Director/Early Childhood Assistant Director and at level 3 or 4 which respectfully aligns with the aforementioned college credits and must pass the required Child Care Management course (CD285 or equal). The GPPD requirements have 3 type categories and they are: 1). Early Childhood Assistant Provider, 2). Early Childhood Lead Provider and 3). Early Childhood Master Provider/Early Childhood Director/Early Childhood Assistant Director. Each type category has 5 levels with Pre-Credential Level preceding Levels 1, 2, 3 & 4. If an employee is at the Pre-Credential Level within any of the 3 categories, the Lead Agency's Licensing office (BOSSA) has the option to issue a provisional license to the center the employee is working which will allow the center to operate until the employee(s) comes to compliance and meets the requirements to move to Level 1 for that category type. Section 5.1.5 details the type categories and levels. When an employee reaches Level 4 of the 3 categories the employee is required to take 15 hours of education and/or training in an early childhood developmental course to in order for the child care center to remain compliant and be issued a Child Care License. If an employee is leveled at a certain point (ex. Level 1) within the type categories, and a license is issued, the employee must move to Level 2 the next time the center renews their child care license (which is bi-annual or every two years) or the employee cannot longer work there if the DPHSS licensing office refuses to issue a provisional license, or the center is at risk of being shut down due to not complying with the provisions of PL 31-73. If an employee is leveled at Level 4 in any of the categories, the employee must obtain 15 hours of education/training in Early Childhood Development to remain working at the center or the center will be penalized as detailed above. .

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

b) Licensed Group Child Care Homes

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

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

c) Licensed Family Child Care Provider

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

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

d) Any other eligible CCDF provider

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

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

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

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

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

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

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

[The networking and partnership with other government programs \(e.g., Department of Public Health & Social Service \(DPHSS\) Division of Public Welfare \(DPW\) Bureau of Social Services Administration \(BOSSA\), Division of Environmental Health \(DEH\), Guam Department of Education's \(GDOE\) Guam Early Intervention Systems, Department of Mental Health's \(DMH\) Systems of Care, University of Guam \(UOG\) Center for Excellence in Developmental Disabilities \(CEDDER\) etc.\)](#)

Unmet requirement - Identify the requirement(s) to be implemented [Policies and practices to strengthen provider's business practices.](#)

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.)

- Processing of the Request for Proposal (RFP) and award of the contract which scope of work is designed to address the requirements of this section which includes Early Childhood Education and Training in Developmental and Appropriate Practices, Pathways to Quality Training and College Courses. The RFP's scope of work is designed to support the child care center's Policies and Practices to strengthen the providers business practices. The projected award of the RFP's scope of services is on or about September 30, 2016.

Projected start date for each activity: [07/15/2016](#)

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

Agency - Who is responsible for complete implementation of this activity [The Department of Public Health & Social Service \(DPHSS\) Division of Public Welfare \(DPW\) Bureau of Management Support \(BMS\) Child Care Development Fund \(CCDF\) Section.](#)

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

[The contractor awarded the services outline in the RFP's scope of work.](#)

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

January 2016

- 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:

<http://www.guamelc.org/wp-content/uploads/2013/03/early-learning-guidelines-birthto3years.pdf>

- Three-to-Five

Provide a link:

<http://guamkids.org/pdf/Downloadable%20Docs/Guam->

[Early%20Learning%20Guidelines-3-5yrs.pdf](#)

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:

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:

The district's Guam Early Learning Guidelines (GELG) (Birth to 3 years old and 3 to 5 years old) were updated in late FY 2015 but will not be disseminated until the required training on the updated versions are completed. The updated versions now include the district's newly adopted Common-Core State Standards. The Center for Excellence in Developmental Disabilities Education, Research and

Services (CEDDERS) will be providing the training at no cost to the CCDF grant program. The CCDF program has agreed to print the GELG's which will be used for the upcoming training when completed and at future parent and provider orientations and scheduled CCDF program outreach venues.

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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.)

The CCDF program has agreed to print the district's GELG's (Birth to 3 years old and 3 to 5 years old) which will be used for the upcoming training (outlined in item "a)" above) when copies are available which will be used future CCDF parent and provider orientations and scheduled CCDF program outreach venues.

- Other funds.

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

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

[7.1 Activities to Improve the Quality of Child Care Services](#)

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

This fiscal year the Lead Agency will be working with the following goals at this point to promote and support quality improvement at all Child Care Development Fund program day care centers. The Lead Agency's preliminary goals are:

1. Support and Train the existing child care workforce (item #1 above) - *The agency is in the process of re-advertising the Request for Proposal (RFP) due to the initial attempt not being successful. The scope of work in the RFP initially put out in the past was broken up into three RFP's in hopes to secure lower costs and promote competition due to the contractor in the past not completing the activities in a timely manner and requested for multiple extension or not completing them at all. The RFP also did not allow non-post secondary institutions to compete due to the scope of services being incorporated together with college level activities which required that College Credits and Continuing Education Units (CEUs) be awarded from an accredited institution. The new design of the current RFP scope of work allows for institutions (businesses/companies) to compete as the Developmentally Appropriate Practices and Pathways to Quality Training scope of services have been separated from the Early Childhood Education College Courses. The Scope of Services in the RFP's are designed to: Support the training and professional development of the child care workforce; Improve the implementation of early learning and development guidelines; Develop, implement, and enhance the quality rating system for child care providers and services; Improve the supply and quality of child care programs and services for infants and toddlers; Establish and/or expand a Statewide system of child care resource and referral services; Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety; Evaluate the quality of child care programs in the State/Territory, including evaluating how programs positively impact children; Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development; Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety and child well-being are the end result.*
2. Support the implementation of the Guam's Early Learning Guidelines (Item #2 above) - *The Gaum Early Learning Guidelines (GELG) birth to 3-years old and 3 - 5 years old have recently been updated and now has a new look and includes the common-core state standards curriculum adopted by the district's public school system (Guam Department of Education). The lead person at the University of Guam's Center for Excellence in Developmental Disabilities Education Research (CEDDER) office is the co-chairwomen for the Guam Early Learning Council. The Department of Public Health & Social Service's CCDF program coordinator IV is a designated representative for the agency's director and attends meetings when convened. We are currently waiting on training by the CEDDER's office on the new*

version of the GELG. The existing GELG is still available and acceptable. We plan to use the CCDF grant quality funds to produce copies of both the birth to 3 year old and 3 to 5 year old updated GELG and other cost.

3. The full implementation of the Quality Rating Improvement System (QRIS) (Item #3 above)- In FY 15 the QRIS was set to be expanded at ten (10) additional child care new centers but the contractor was not able to due to change in management. Although contracted to do so the QRIS activity never officially started. This fiscal year (FY16) we hope to contract out the services using the Request for Proposal process and fully implement the QRIS requirement. The QRIS ties the different divisions together which will require us to work together to improve the program collectively. As stated in item number one above, we have split the scope of work into Three (3) categories in hopes to receive, provide and apply the full potential of the QRIS program's intent which is to improve the quality of the services provided at all our child care centers.
4. Cost allocate a Child Care Health Consultant (CCHC) position (Item #4 above) - The CCDF program on Guam is currently funding at 50% the salaries of a nurse who is identified as a Child Care Health Consultant (CCHC) using quality set-aside funds. The duties and responsibilities of the CCHC will be to provide child care resource and referral services to all our registered license and non-licensed (In-Home) child care providers. The CCHC will oversee the Ages in Stages Questionnaire (ASQ) that will be made available and completed at all child care centers. Although the assessments will be offered to all children at the centers, the population funded by the CCDF child care subsidy will be required to complete the assessment if referred. The CCHC completed ASQ and CCHC training requirements together with the CCDF Program Coordinator IV administered by the University of Guam (UOG) Center for Excellence in Developmental Disabilities Education Research (CEDDER) office staff.
5. Implement and Support a System of Care approach (Item #5 above) - The Department of Public Health & Social Service (DPHSS) Child Care Development Fund section personnel will be attending a one month course which will take place every Saturday for the entire month of April. The training will be on "Systems of Care" which will promote and support the Child Care Resource & Referral (CCR&R) concepts. There are many benefits of the System of Care approach and everyone working together is just one. The I Famaguon Ta ("Caring for Our Children" in the local Chamoru (Guam's) language) office will be funding 5 slots for the one month training and the DPHSS CCDF program section's program coordinators II & IV will be attending the training. The System of Care is primarily for children and families. The program concepts are family driven and community first.
6. Work closely with the agency's Bureau of Social Services Administration (Item #6 above) - The Department of Public Health & Social Service (DPHSS) Bureau of Social Services Administration (BOSSA) oversees the licensing requirements for all our registered child care centers and homes. BOSSA works closely with the DPHSS Division of Environmental Health (DEH) which is a bureau within the DPHSS and

administers the island's environmental public health programs. The BOSSA and DEH work closely to ensure that all licensing, inspection, monitoring, training, and health and safety work compliance requirements are completed.

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

- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
[Quality set-aside and Infant and Toddler set aside funds.](#)
 - Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

- Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
[Quality set-aside and Infant and Toddler set aside funds.](#)
 - 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.)

[Quality set-aside and Infant and Toddler set aside funds.](#)

- Other funds.

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

- Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[Quality set-aside and Infant and Toddler set aside funds.](#)

- Other funds.

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

- Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

- Other funds.

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

- Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical

development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[Quality set-aside and Infant and Toddler set aside funds.](#)

Other funds.

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

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[Quality set-aside and Infant and Toddler set aside funds.](#)

Other funds.

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

[7.2 Quality Rating and Improvement System](#)

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

[The Lead Agency piloted the Quality Rating Improvement System \(QRIS\) requirement in](#)

FY2015 at eleven (11) of forty-three (43) child care centers. In FY15 the QRIS was to be expanded to ten (10) child care centers but due to internal management reorganization at the Guam Community College, the expansion never happened. In FY17 we are requesting the the QRIS be fully implemented by the selected contractor once the Request for Proposal procurement requirement is completed and the contractor is awarded and approved.

- 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.)

Upon completion of the Request for Proposal procurement requirement and award of the contract, the Quality Rating Improvement System will be fully implemented at all child day care centers.

- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS.

Describe:

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

Once the Quality Rating Improvement System is fully implemented, the amount of incentives paid will be based on the amount of "Stars" a child day care center is awarded.

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other.

Describe:

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

The state initiated the implementation of the Quality Rating Improvement System (QRIS) by contracting the services of the Guam Community College (GCC). The GCC piloted the QRIS at eleven (11) of forty-three (43) child care centers in fiscal year 2014 and was to expand

the QRIS to an additional ten (10) child care centers in fiscal year 2015 but was not able to due to their management team being re-organized. In light of the requirement not being completed, the state did not pay for the failed attempt of the QRIS expansion. The state has recently advertised through a Request for Proposal which stipulate that the QRIS be fully implemented at all child care centers.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The states Lead Agency is currently going through the Request for Proposal (RFP) procurement process required by law to secure the training and professional development to promote and expand child care provider's ability to provide developmental appropriate services for infants and toddlers.

- 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:

The states piloted Quality Rating Improvement System (QRIS) program requirements have a star rating that includes in percentages tied to Star rating (1 - 4 Stars) which equal to monetary values that would require the Lead Agency to compensate the respective child care center based on their rating to be compensated once fully implemented district wide to promote and/or increase the supply and quality of infant-toddler care.

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

Describe:

The Lead Agency will be utilizing the mentors and coaches from other programs as an intervention in the process of addressing children with developmental disabilities after assessments (Ages and Stages Questionnaire/ASQ) are completed. In the process, and as a result of the ASQ assessment, there may be cost involved which may require the Lead Agency to blend funds to support the networks of qualified infant-toddler specialist.

- 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:

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

Describe:

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

Describe:

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

Describe:

The Guam Early Learning and Development Guidelines (identified as the Guam Early Learning Guidelines (GELG)) are broken up into Birth to Three (3) year old and Three (3) to five (5) year old categories and published as two separate publications. The state together with the child care development centers receive information, training and education from the committee assigned to complete the requirement and may need blend funding from the Lead Agency's CCDF grant funds to develop infant and toddler components within the early learning and development guidelines.

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

Describe:

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

- Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The Lead Agency's implementation of the Quality Rating Improvement System (QRIS) is the activity that will be used to evaluate the states progress in improving quality of child care programs and services. Although still in the QRIS pilot stage, the Lead Agency in the interim is collaborating with other divisions within the Department of Public Health & Social Service (DPHSS) and government agencies to improve the child care development fund program. Once the QRIS is fully implemented at all child care centers, the Lead Agency will come to full compliance as we are still in the pilot stage in the development of the QRIS provision requirement.

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

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:

The Lead Agency in the current fiscal year (FY16) is cost sharing a nurse's position but is identified as a child care health consultant (CCHC) for the purposes of completing assessments and making referrals. The CCHC together with the Lead Agency's CCDF program coordinator IV recently completed training on the CCHC requirements and Ages & Stages (ASQ) and ASQ SE (assessment tool for ages 4 and up) which was conducted by the University of Guam's (UOG) Center for Excellence in Developmental Disabilities Research (CEDDER). The states Lead Agency's Child Care Development Fund (CCDF) section will also use the I Famaguon Ta (Caring for Our Child in the local Chamoru (Guam's) language) office to promote and support the Child Care Resource & Referral (CCR&R) requirements.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

The Lead Agency's CCDF quality funds will be used to fund the inspector position's at the Department of Public Health & Social Services (DPHSS) Division of Environmental Health (DEH) office who in turn inspect each child care provider's establishment(s) so the respective center can come to compliance. Additionally, the DEH will place the results of the inspections completed on a website available for public review.

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 Lead Agency's implementation of the Quality Rating Improvement System (QRIS) is the activity that will be used to evaluate the states progress in improving quality of child care programs and services. Although still in the QRIS pilot stage, the Lead Agency in the interim is collaborating with other divisions within the Department of Public Health & Social Service (DPHSS) and government agencies to improve the child care development fund program. Once the QRIS is fully implemented at all child care centers, the Lead Agency will come to full compliance as we are still in the pilot stage in the development of the QRIS provision requirement.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory

evaluates that such programs positively impact children

The Lead Agency's implementation of the Quality Rating Improvement System (QRIS) is the activity that will be used to evaluate the states progress in improving quality of child care programs and services. Although still in the QRIS pilot stage, the Lead Agency in the interim is collaborating with other divisions within the Department of Public Health & Social Service (DPHSS) and government agencies to improve the child care development fund program. Once the QRIS is fully implemented at all child care centers, the Lead Agency will come to full compliance as we are still in the pilot stage in the development of the QRIS provision requirement.

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 Lead Agency's implementation of the Quality Rating Improvement System (QRIS) is the activity that will be used to evaluate the states progress in improving quality of child care programs and services. Although still in the QRIS pilot stage, the Lead Agency in the interim is collaborating with other divisions within the Department of Public Health & Social Service (DPHSS) and government agencies to improve the child care development fund program. Once the QRIS is fully implemented at all child care centers, the Lead Agency will come to full compliance as we are still in the pilot stage in the development of the QRIS provision requirement.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

N/A

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

The states Lead Agency is working with other divisions within the Department of Public Health & Social Services (DPHSS) to include other early childhood driven government entities (University of Guam's Center for Excellence in Developmental Disabilities (CEDDER), Guam Department of Mental Health's I Famagoun Ta (caring for our children) office's Systems of Care program, the Guam Community College (GCC), Guam Department of Education Guam Early Intervention Systems (GEIS), Special Education (SpEd) and the private sector) associated with the learning and development of children.

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:

The Lead Agency's implementation of the Quality Rating Improvement System (QRIS) is the activity that will be used to measure and evaluate the territory's progress in improving the quality of child care programs and services. Although the state is still in the QRIS pilot stage, the Lead Agency in the interim is collaborating with other divisions within the Department of Public Health & Social Service (DPHSS) and early childhood focused government agencies to improve the child care development fund program. Once the QRIS is fully implemented at all child care centers, the Lead Agency will come to full compliance as we are still in the pilot stage in the development of the QRIS provision requirement.

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.

N/A

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:

The Department of Public Health & Social Services (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) in fiscal year 2016 implemented a ninety-day provision which allowed parent(s) to continue their eligibility status even if they lost their job, went on maternity leave, exceeded the established eligibility income threshold, went on school break and/or quit school/training. The ninety day provision allows the parent(s) in the program to seek employment for the next three months and not worry about child care service for their child(ren). In the case of parents exceeding the income guidelines threshold, the provision allows the child to have time to transition instead of abruptly being removed from the day care he/she is attending which in turn, also allowed the parent(s) to either find a way to sustain the cost of the services at the current day care the child(ren) is attending, or make arrangements and/or give for the child time to transition to a new environment. This provision was not in place in the past and caused undue stress on the families receiving the subsidy dollars.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

Issue policy change notices

- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies.

Describe:

The last policy Change was completed in 2010. Although the information in section 3 stated that there was a policy regarding the CCDF 90 day provision (BMS 16-001), the policy and the implementation has not been approved agency wide but is enforced by the CCDF program staff.

- Other.

Describe:

If the grantor or Lead Agency's state office implements a policy the information is passed down from the Chief of the Division of Public Welfare (DPW) onto the Bureau of Management Support (BMS) administrator for review. The BMS administrator then passes down to the section supervisors for review, dissemination and enforcement. The section supervisor then passes it down to the program staff.

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:

Through written contract agreements outlining the roles and responsibilities for meeting the Child Care Development Fund (CCDF) requirements which will have established task orders and deliverables.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types)

Describe:

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

Child Care Certificates and corresponding Calendars to ensure the dollar amount per the established rate and the authorized signatures are true and correct.

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types)

Describe:

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: 500.00

- 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 Bureau of Management Support (BMS) division is one of four sections in the division and the Investigation Recoupment Office (IRO) section who conducts investigations when fraud is suspected will complete investigations upon request. The IRO office investigates other programs within the Department of Public Health & Social Service (DPHSS) and recoups any funds that have been identified as a result of fraud due to falsification of information.

- 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: 500.00

- 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 Bureau of Management Support (BMS) division is one of four sections in the division and the Investigation Recoupment Office (IRO) section who conducts investigations when fraud is suspected will complete investigations upon request. The IRO office investigates other programs within the Department of Public Health & Social Service (DPHSS) and recoups any funds that have been identified as a result of fraud due to falsification of information.

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: 500.00

- 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 Bureau of Management Support (BMS) division is one of four sections in the division and the Investigation Recoupment Office (IRO) section who conducts

investigations when fraud is suspected will complete investigations upon request. The IRO office investigates other programs within the Department of Public Health & Social Service (DPHSS) and recoups any funds that have been identified as a result of fraud due to falsification of information.

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

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

The Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) has four sections (1. Child Care Development Fund/CCDF, 2. Program Information Management Evaluation/PIME, 3. Investigation Recoupment Office/IRO and 4. Quality Control/QC). The the PIME section has a process identified as the Fair Hearing (FH) which was established to allow individuals who have been cited for program violations due to fraud address contested sanctions placed on clients who have been identified to have committed a Intentional Program Violation (IPV). The FH process is similar to a court proceeding without a judge or jury which allows the client/provider and the DPHSS to present all physical evidence which led to the sanction or negative action imposed by the DPHSS. The FH process has a preliminary review conducted as an option that the client/provider may use which mirrors the FH but is called the Agency Conference (AC) which is not as formal as the FH.

Disqualify provider.

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

The Department of Public Health & Social Service (DPHSS) Department of Public Welfare (DPW) Bureau of Management Support (BMS) has four sections (1. Child Care Development Fund/CCDF, 2. Program Information Management Evaluation/PIME, 3. Investigation Recoupment Office/IRO and 4. Quality Control/QC). The the PIME section has a process identified as the Fair Hearing (FH) which was established to allow individuals who have been cited for program violations due to fraud address contested sanctions placed on clients who have been identified to have committed a Intentional Program Violation (IPV). The FH process is similar to a court proceeding without a judge or jury which allows the client/provider and the DPHSS to present all physical evidence which led to the sanction or negative action imposed by the DPHSS. The FH process has a preliminary review conducted as an option that the client/provider may use which mirrors the FH but is called the Agency Conference (AC) which is not as formal as the FH.

Prosecute criminally

Other.

Describe:

*The Director of the Department of Public Health & Social Service (DPHSS) has the final authority and will have to make the decision as it pertains to prosecuting any case. The DPHSS director makes the final decision on all Fair Hearing decisions.